

Perceptions of Undergraduate Dental Students Regarding the Teaching and Learning Strategies in Prosthetic Dentistry

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ABSTRACT

Introduction

The undergraduate dental students at the higher learning institutes are expected to acquire clinical skills to deliver proper oral healthcare to patients. Various teaching strategies are used by lecturers to teach the students, and these teaching strategies need to be reviewed by obtaining feedback to improve teaching and learning.

Aims and objectives

To describe the experiences of dental students regarding the teaching and learning strategies being used in the Prosthetic Dentistry module.

Methods

Final year dental students were asked to participate in the study since they were recipients of teaching and learning in the department of Prosthetic Dentistry. Semi-structured interviews were conducted and the data captured in this study were analysed by means of a six-phase approach to thematic analysis.

Results

The participants' responses to teaching strategies revealed that students perceived that in preclinical teaching, different teaching strategies were used. However, a few participants perceived some of these strategies were not effective.

Conclusion

The recommended methods of teaching were those that promoted active student participation. Lecturers in the department of Prosthetic Dentistry use didactic teaching and this may be due to a lack of knowledge regarding other teaching strategies as options in health professions' education.

INTRODUCTION AND BACKGROUND

In general, Prosthetic Dentistry is one of the largest components of dental curricula and reaching the outcomes in the module is essential for students to become competent dental practitioners. The Prosthetic Dentistry module consists of theoretical knowledge as well as practical and clinical skills, and students therefore need to gain competency in all the components. Traditional teaching strategies are based on a teacher-centred approach where teachers are the main role players in the delivery of lectures to students.¹ They deliver learning material without actively engaging the students in their learning, who are then expected to reproduce what was delivered in class for them to pass the subject. According to the literature, transformation in teaching and learning led to the development of the teaching strategy that changes the role from a teacher-centred approach to a student-centred approach.¹ During the latter approach, students participate in the instructional learning process, with lecturers functioning as facilitators who help them to develop intellectual skills such as critical thinking and improve their power of reasoning.

Teaching strategies should facilitate future learning, and the beliefs about teaching should be translated into action.² Effective teaching strategies should be able to develop pedagogies of social knowledge and collaborative intelligence, create pedagogies of intense engagement, focus on higher order thinking and, finally, promote lifelong and life-wide learning.³ It is crucial to attain the perceptions of students with regard to teaching strategies used in the Department of Prosthetic Dentistry while aiming to improve students' learning.

Students' perceptions of teaching are utilised globally by faculties and schools to measure performances in institutions that emphasise teaching effectiveness.⁴ Some authors believe that students' perceptions are the most valid source of data to evaluate the effectiveness of teaching.⁵ The evaluation of teaching effectiveness is important because the evidence produced can be utilised for major decisions regarding the performance of academics.⁶ Furthermore, it can provide two kinds of decisions – namely, formative and

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Author contribution

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| Reviewing and editing of paper. | |

summative. Formative decisions can be used as evidence to improve teaching and learning, while summative decisions can be used to evaluate performances for promotion or remuneration.⁶

Problem statement

Various dental schools use different teaching strategies in the field of Prosthetic Dentistry to facilitate students' development in clinical skills and competency in construction of dental prosthesis. Teaching and learning with regard to removable prosthesis take place from the second year until the final year. On completion, the students should be confident and competent to manage dental prosthesis cases. Confidence in the provision of clinical care is considered an essential educational outcome. Various methods of teaching are used to train undergraduate students in Prosthetic Dentistry. The clinical knowledge of lecturers may be excellent, but the teaching strategies may be outdated. One of the main concerns for lecturers is to ensure that the best education is provided to learners.⁷ The teaching strategy of the department needs to be reviewed by obtaining feedback from students. The evaluation of teaching and learning strategies by students is an important part of higher education and it can be used to improve teaching and learning.

AIMS AND OBJECTIVES

The aims and objectives of the study were to describe the experiences of final year dental students regarding the teaching and learning strategies used in the Prosthetic Dentistry module. Furthermore, to describe the students' understanding of the various teaching strategies and to determine how the current teaching strategies influence students' learning.

STUDY DESIGN

This study has adopted a qualitative research study with a phenomenological approach which provided experiential understanding of the phenomenon at stake. This approach was extensively utilised as a methodology to understand deeper nuances of a phenomenon in health professions educations from the view of those (final year dental students) who experienced this phenomenon.⁷ Phenomenological Research Design usually provides experiential understanding of the phenomenon at stake. Ethical clearance was obtained from both the South African medical and dental universities (HREC Project ID: 15104), since participants were students from the dental university where the study was conducted.

MATERIALS AND METHODS

Semi-structured interviews were conducted with eight final year dental students. The class is predominantly dominated by young students (from 23 to 24 years). All participants gave consent for the interview to be audio-recorded. Open-ended questions were utilised to enable the participants to further elaborate, thereby enhancing the quality of the data. A discussion schedule was used as a guideline to assist the researcher to maintain focus and to ensure coverage of the research topic.

Population and sampling

The final year dental students were asked to participate in the study (n=34). This current group of students were recipients of teaching and learning in the Department of Prosthetic Dentistry from their second year of study; therefore, they could provide valuable feedback. Based on the ease of access to potential participants who would be most likely

to have the necessary information needed to answer the research questions, eight students were randomly selected as participants in the study. Even numbers of male and female students were randomly invited from the sampling frame of the BDS fifth-year list. This is in line with the proportional random sampling process, which ensured equal gender distribution in the study population. The age and the gender of the participants were collected to describe the study sample.

Data collection and management

Semi-structured interviews were conducted with eight students in the BDS fifth-year class. All participants were comfortable and gave their consent for the interview to be audio-recorded. The interviews were conducted in a private room. A recording device, a clock, papers and pens were made available in the interview room. The duration of each interview was approximately 15 minutes. Online interviews were offered as an option for those students who were not comfortable; however, all participants opted for a face-to-face interview. Open-ended questions were utilised to enable the participants to further elaborate, thereby enhancing the quality of the data. A discussion schedule was used as a guideline to assist the researcher to maintain focus and to ensure coverage of the research topic (see Table 1). The interviews were transcribed, and the transcriptions were then analysed thematically using an inductive method.^{8,9}

Interview schedule

1. Welcome and thank you for volunteering to participate in the study.
2. How do you feel about teaching of Prosthetic Dentistry?
 - 2.1 Why?
3. Tell me about your experience regarding the teaching of Prosthetic Dentistry
 - 3.1 How would you describe this experience?
 - 3.2 Can you please elaborate on the teaching strategies used?
 - 3.3 How would you best describe these strategies?
4. Can you elaborate on how lecturers vary their teaching strategies?
 - 4.1 Can you explain further?
 - 4.2 What are your opinions about the teaching strategies used?
5. How do these strategies help you to understand the content?
 - 5.1 How do these strategies influence your learning?

Table 1: Interview questions

DATA ANALYSIS

The data captured in this study were analysed by means of a six-phase approach to thematic analysis process revised.⁹ These steps are familiarisation, coding, generating, reviewing, defining, naming themes and writing up. Thematic analysis has been used in most fields of scholarship in the social and health sciences, and groups any subdiscipline and area where general qualitative research questions about experience, understanding, social processes and human practices and behaviour make sense. NVivo (ver.12) software was used to analyse the data. NVivo is a form of computer-assisted qualitative data analysis software that supports code-based inquiry, searching and theorising, combined with the ability to annotate and edit documents.¹⁰ Different themes were identified according to the categories which were developed.⁸ Initially, 15 codes were generated and, eventually, three themes and six subthemes were identified.

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| Participant 1 | <i>"Our course when we start is theory based, and then when we take it to the clinical, starting with the phantom, and then we can proceed to the clinic, working on patients. So, we first do the theory work, and then we practice on the phantom heads, and then we now start dealing with real patients".</i> |
| Participant 2 | <i>"I have seen through me that I have improved a lot throughout the course, from my first year till now, the final year that I was able to learn and apply what I have learnt practically, so, clinically, on the patients. So, it's very, very working. Now I had to link that theory versus the practical, live on the patient."</i> |
| Participant 3 | <i>"I did not really enjoy it, because it was most of the things that you don't get to see and understand. It's just most of theory".</i> |
| Participant 4 | <i>"So, the way they teach us it's beautiful, especially here in SMU, because there is a lot of practicality to what they are saying. It's not just about the way, like they tell us the theory work in class and all that. So immediately after they teach us in class, we are also able to go to the lab, experience what they teach us, get to see the materials, the instruments they talk about, and get to have a feel of what they talk about."</i> |
| Participant 5 | <i>"I honestly didn't know what was happening when I was like looking at, even going to lectures and trying to understand things, I didn't know what was happening, until we actually went into the clinic and then we had a demo case on a patient."</i> |
| Participant 6 | <i>"Well, it's practical. The theoretical part of it and the practical side of it, you can correlate them. It's not something that you just do theoretically without applying it, so you can actually apply it".</i> |
| Participant 7 | <i>"I prefer their teaching because we get more exposure, which is through the phantom, the phantom experience, whereby we work on the simulations, phantom simulations. We do crown preps there and then we get corrections, where we don't understand, we get help."-</i> |
| Participant 8 | <i>"How we received them last year, it was like a contact lecture, so you'd be in a class, and then you will be allowed to participate if you have any questions, and then we would obviously write tests after, like every – like when the work is covered, then we would have tests in between. So, the teaching is divided into two. So it's like theory and clinical. So, we do the theory part, and then we go and practice what we were taught. So, after doing that, that's when we can go and do the work on the patients."</i> |

Table 2: Summary of participants interviews

RESULTS

The three main themes identified are *preclinical teaching strategies*, *practical exposure promotes independence in clinicals* and *the use of modified traditional teaching methods*. All themes identified resulted from the data generated by interviewing eight participants. There was, however, considerable overlap between the themes as they related to learning and teaching strategies utilised in the Prosthetic Dentistry module. Themes identified are linked to the experiences, understanding and influences of teaching and learning strategies.

The participants' responses to teaching strategies revealed that students perceived that in preclinical teaching various teaching strategies were used. However, a few participants mentioned that some of these strategies were not effective. Most participants reported that teaching initially emphasised theoretical learning, with some perceiving this emphasis to be overwhelming and difficult to understand. The participants shared that the integration of practical and theory made an easy transition into clinical and voiced that combining the two approaches assisted them in understanding the content. Some of the interview answers are summarised in Table 2 below.

Theme 1: Preclinical teaching strategies

The participants' responses to the teaching strategies revealed that students perceived that in preclinical teaching, different teaching strategies were used, and a few participants perceived some of these strategies not to be effective. Three sub-themes emerged, namely, *Emphasis on theoretical learning*, *Integration of theory and practical* and *No longer fearful of prosthetic dentistry*. Preclinical teaching takes place in the fourth year of study where students are actively involved in simulation exercises in the skills laboratory. The main aim is to integrate theoretical knowledge into practice.

Emphasis on theoretical learning

Most participants reported that teaching initially emphasised theoretical learning. Some perceived this emphasis to be overwhelming and difficult to understand. They found the theoretical information confusing, until it was practically demonstrated in an authentic environment. Some students did not enjoy the theoretical lectures as they did not find it relevant.

"I honestly didn't know what was happening when I was like looking at, even going to lectures and trying to understand things, I didn't know what was happening, until we actually went into the clinic and then we had a demo case on a patient." – Participant number 5 (P5).

"I did not really enjoy it, because it was most of the things that you don't get to see and understand. It's just most of theory." – P3.

Integration of theory and practical

The participants shared that the integration of practical and theory made an easy transition into clinicals and voiced that combining the two approaches assisted them in understanding the content and concepts. They were able to link the theory to practical which assisted them in constructing the knowledge by engaging the theory into practical experiences and even to the assessment opportunities. They emphasised the value of practical application, specifically on real patients.

"I think they should continue doing that on the next coming generation for dental students, because it has really, really worked for me. Like I said, I was able to link what I have learnt through the assessments and the class teachings, and then in the clinic. So, that information I could not forget." – P2.

"Well, it's practical. The theoretical part of it and the practical side of it, you can correlate them. It's not something that you just do theoretically without applying it, so you can actually apply it." – P6, F, 24.

"How we received them last year, it was like a contact lecture, so you'd be in a class, and then you will be allowed to participate if you have any questions, and then we would obviously write tests after, like every – like when the work is covered, then we would have tests in between. So, the teaching is divided into two. So it's like theory and clinical. So, we do the theory part, and then we go and practice what we were taught. So, after doing that, that's when we can go and do the work on the patients." – P8.

"Our course when we start is theory based, and then when we take it to the clinical, starting with the phantom, and then we can proceed to the clinic, working on patients. So, we first do the theory work, and then we practice on the phantom heads, and then we now start dealing with real patients." – P1.

No longer fearful of Prosthetic Dentistry

From a learning experience, participants were initially fearful of prosthetics, but through the integration of theory and practice they became more confident when approaching patients. The students perceived this teaching strategy as enjoyable and assisting them to build their competence and confidence while applying these practical skills on real-life patients.

"Like the way, their teaching strategy, the way it's structured, it encourages you to want to see more prosthodontics patients than running away from them, because before, we used to be afraid that we can't do certain things. But the way they teach, they encourage you to want to see more cases than the way we perceived pros before." – P1.

"At first, it was very overwhelming with the new topics and ideas and landmarks. But once we got more into it and did a lot more practical work, it made a lot more sense, and I really started enjoying it then." – P5.

"I have seen through me that I have improved a lot throughout the course, from my first year till now, the final year, that I was able to learn and apply what I have learnt practically, so, clinically, on the patients. So, it's very, very working. Now I had to link that theory versus the practical, live on the patient." – P2.

Theme 2: Practical exposure promotes independence in clinicals

Over and above the preclinical teaching strategies, participants felt that being exposed to practical opportunities assisted them to become more independent and build confidence when entering into clinicals. A sub-theme developed, namely demonstration improves understanding.

Demonstration improves understanding

The participants shared the view that having demonstrations of clinical procedures helped them to understand and assisted with their application when they had to perform procedures on patients. This teaching strategy allowed more exposure for students to receive feedback from lecturers during practical sessions.

"I saw, like I saw the videos and I saw the pictures, after we had the lectures. I went to the clinic and I saw the demonstration on how things were done, I picked up quite fast. So, like seeing the work and the representation of the work, really did make a difference for me." – P5.

"They are more on the practical side, the lectures, making sure that we understand how to apply it, as I said, why I enjoy it. So, they like demonstrating more of how – it's like they are emphasising the need to understand the theoretical part of it by demonstrating the practical side of it." – P6.

"The way they teach us, projecting the slides, and then they teach us and then sometimes they can come with some models, and they can show us, if something is too more practical. I feel like with what they teach, they make sure that we understand. They give us more exposure. They explain too much in depth." – P7.

"I prefer their teaching because we get more exposure, which is through the phantom, the phantom experience, whereby we work on the simulations, phantom simulations. We do crown preps there and then we get corrections, where we don't understand, we get help." – P2.

"So, the way they teach us it's beautiful, especially here in SMU, because there is a lot of practicality to what they are saying. It's not just about the way, like they tell us the theory work in class and all that. So immediately after they teach us in class, we are also able to go to the lab, experience what they teach us, get to see the materials, the instruments they talk about, and get to have a feel of what they talk about." – P4.

Participant number 4 expressed that having exposure to specialists in the field enhanced their learning.

"All the theory work they give us, all the lectures we have in the mornings, we had last year, and then all the clinical time they have given us, the way that they give us specialists also in terms of maybe let's say it's a fixed time, they give us specialists. So, for me that's really excellent because you can learn more, you experience more, and you get to have the feel of what is being taught, not just you hear about it". – P4.

Theme 3: Use of modified traditional methods

Participants shared that the use of a variety of teaching methods covered different students' learning styles and, as a result, improved their learning. Sub-themes emerged from the analyses, namely the use of different teaching styles and a student-centred approach. These are highlighted below.

Use of different teaching methods

The participants were exposed to a variety of teaching methods, and these were beneficial for students' learning. Some students mentioned students being actively participative and engaged in the learning process.

"They teach using a lot of visual aids, like pictures when we were doing survey and design, to classify

and to design. We had a lot of pictures on how different designs can be drawn, and how like different components of the designs are. Then when we were doing fixed work, we had more videos. So, we would watch videos of how a crown or a bridge is prepped, and how the temps are made and stuff, and that's how we'd learn". – P5.

"They teach us in different ways of – even if it's the same problem, then they give us alternatives to do. So, it helps, because they are not from the same school of thought, so you get to learn all the alternatives of materials that you can use in the field". – P1.

"In second year, we had a demonstration on how to do immediate dentures when a lecturer brought in models, and we trimmed them ourselves, and then like others were like videos and pictures and stuff like that." – P5.

"There are those who only come to class, teach, and then after, take questions, and then there are others who prefer to have an engagement in class, in a sort of discussion. They bring it to a peak, we discuss." – P3.

"It's basically a thorough explanation through demonstration in the phantom labs, through teaching in the slide shares. So, we can ask questions when we don't understand. You know, it's very, very interesting the way the lecturers teach us is that they teach us through different approaches. Number one, which most of the case is through slide shares, in which they come to the class, explain whatever the topic or the subject that will be discussed for that day, and then when we don't understand we ask questions. And after that, we get assessments in the form of assignments and tests, and then we get assessed, based on that." – P2.

A participant highlighted that considering COVID-19 and the shift to more virtual teaching, the use of online platforms continued to be used and were integrated as teaching strategies.

"What I have seen now during COVID, I think the other approach that can happen is to have, also, to record the lectures, so that if you don't, there is something that you missed or you did not understand, then you can go back to that lecture and then try to recap what was happening, then also improve learning out of class." – P3.

Student-centred approach

Participants voiced that they preferred when the focus of instruction was on the students, the lecturer was aware of the students and their needs addressed. They also mentioned peer-learning that was incorporated as a strategy and that this enhanced their learning. One-on-one supervision sessions assisted in enhancing their clinical reasoning. This they experienced as a valuable individual growth session. These sessions allowed students confidently to disclose their knowledge gap with their supervisors. Students were also encouraged towards self-directed learning.

"Personally, I think the latter one is the better one [teaching through discussion], because you get to be

more active in class, than just listening to one person talking the entire time. I would prefer the discussion one, where you discuss as a class, because at the end of the day, you get more information, even from – you can also learn from other students, not necessarily from the lecturer. It advances learning because you get to have different views, even from other students." – P3.

"The one-on-one sessions, they really help in terms of it's just you and the supervisor. So, they give you that – they open your mind in a way, when you are sitting together, and they also give you that critical thinking element. They ask you like questions, which lead you to answers, they help you in terms of you could have done this here better, better to do it this way, and they can even give you a second chance to do it, if maybe you didn't do it the right way, which you were supposed to do. The way they teach, it is such that the supervisor is able to reach every student at their level, you know. You come to them, one-on-one. They talk to you without anybody, without you feeling ashamed. They don't even belittle you or anything. So, for me, that's beautiful. It's amazing." – P4.

"Also, they encourage us to – not to rely on them, so that when we go out there, we are able to deal with prosthodontics problems on our own, they encourage student participation, more than them taking over in the clinic. So, they allow us to own the work that we deliver to the patients". – P1.

Within a student-centred approach, the use of smaller groups was preferred by participants as they perceived these smaller groups enabled them to have more engagement with lecturers which allowed them more opportunities to ask questions and be supervised during practice.

"I can say that if maybe they can increase more on the time that they schedule to teach us, and then what else? If they can also maybe when they are showing us practical, maybe they can just divide us into smaller groups, so that we can really understand more than explaining, like when we are 80 to 50, and that can help. I feel that when it comes to maybe a more practical way when we go to the lab, dividing students into smaller groups, according to them and give them more – I don't know, maybe more time." – P7.

DISCUSSION

Similar to other studies,^{11,12} most participants in this study valued the importance of preclinical teaching, practical exposure and the use of modified traditional teaching methods in enhancing teaching and learning in the Department of Prosthetic Dentistry. All the participants showed understanding of the topic and were willing to engage openly about their perceptions of the teaching strategies used in the Department of Prosthetic Dentistry. Most of the participants were positive about the current teaching strategies. They identified three strategies, namely preclinical teaching, practical exposure and the use of modified teaching methods as beneficial to their learning. The preclinical strategy eliminated the fear of engaging in Prosthetic Dentistry and assisted with translation of theory into clinical practice. The practical demonstrations improved

their understanding of Prosthetic Dentistry, and the student-centred method of teaching was highly recommended, as it allowed them to actively participate in the learning process. Three themes were identified based on the interview results. The first theme focused on the preclinical teaching strategy that was used in the department of Prosthetic Dentistry. The second theme explored the practical exposure promoting independence when students were exposed to the clinical environment. The third theme refers to the teaching aspect in the department and focuses on the use of modified traditional methods of teaching that were used by the department. The three themes were equally important, and they all played a role in the participants' perceptions regarding the teaching and learning strategies used in the Department of Prosthetic Dentistry.

Preclinical teaching strategies

The participants emphasised how the department's strategy of applying theoretical teaching, coupled with practical exposure, helped them to integrate theory and practice, and this enabled them to overcome their fear of Prosthetic Dentistry. Some participants did not agree as they seemed to be confused by too many theoretical lectures. Theoretical teaching is crucial as it prepares the students for the preclinical and clinical component of learning.¹³ Lecture tutorials in the form of PowerPoint presentations were used by the department to empower students with theoretical knowledge since this is a widely used method of teaching.¹⁴

The students were predominantly involved in preclinical exercises in the skills laboratory in their fourth year of study. They were exposed to simulation exercises whereby a clinical environment is simulated and procedures that are going to be performed in the clinics are done in the preclinical environment. The skills laboratory has about 60 phantom heads that are used to train students and plastic teeth are used by students to perform procedures. The literature has shown that these exercises are used worldwide to equip students with clinical knowledge.¹⁵ The first objective was to describe the experiences of the final year dental students regarding the teaching and learning strategies being used in the Prosthetic Dentistry module, and the preclinical teaching strategies ties up with this objective. The students highly recommend the simulation exercises and the video recording that were used in the preclinical environment. This theme has also answered the third objective of determining how the current teaching strategies influence students' learning. According to the students, the clinical teaching strategy was beneficial to their learning.

Practical exposure promotes independence in the clinical setting

The participants emphasised how practical exposure assisted them to acquire independence in clinical by improving their understanding. The students were exposed to practical demonstrations prior to treating patients in the clinics. This enabled them to achieve the autonomy stage that enabled them to routinely treat patients without fear, leading to learner neutralisation.¹⁶ The students participated in various simulation exercises, and this assisted them to improve their clinical skills. According to some participants, they were able to link that knowledge with the expected clinical practice. Furthermore, students were exposed to experiential learning when they started seeing real-life patients after experiencing practical and preclinical exercises in the skills laboratory. These were highly appreciated by some of the participants.

Learning and knowledge construction are facilitated through experience and this process of constructing knowledge from real-life experience was a clear demonstration of experiential learning.¹⁷ The experience that was acquired by the students from practical exposure acted as an assimilation to the real-life clinical environment.

The use of modified traditional teaching methods

The teaching methods that were utilised by the Department of Prosthetic Dentistry encouraged the students to do more in the clinics thereby exceeding the minimum clinical requirements. The students were involved in deliberate practice which improved their learning.¹⁸ The use of visual aids, such as videos and pictures, were some of the methods used by the department and were recommended by the participants. Problem-based learning (PBL) was found to be useful in theme 3 as it assisted the participants with lateral thinking by giving them alternative approaches in managing cases. PBL emphasised the importance of learning about various dental materials, and this was recognised by the participants during case discussions. The participants also valued the importance of peer-to-peer learning as it gave them an opportunity to listen to the views of fellow students.¹⁴ The lecturers who did not encourage student participation and only repeated lecture presentations without students' engagement were not recommended by the participants compared to those lecturers who encouraged students' participation. Hence, the student-centred approach to teaching was highly recommended by the participants. The chairside teaching, which is synonymous to the bedside teaching in medical education, was also one of the recommended methods of teaching. The participants referred to these methods as the one-on-one sessions. They were helpful as it was only the student and the supervisor present, and this was found to improve their critical thinking.

The study has demonstrated that some staff members in the Department of Prosthetic Dentistry often make use of didactic teaching and they seldom use other methods of teaching. This may be due to a lack of knowledge about alternative teaching strategies that can be used in health professions education. Knowing the skills does not translate a lecturer to be a good teacher but applying the appropriate teaching strategy is key to efficient learning.

STUDY LIMITATIONS

Limitations of a study represent all the weaknesses that might influence the outcomes and the conclusions of a study.¹⁹ In the current study, students may provide inputs that are biased by responding to questions in a more favourable way to the researcher rather than on authentic response.²⁰ Confidentiality was ensured and their perceptions were not shared with any staff member. It was emphasised that their participation would not affect their academic ratings

CONCLUSION

The outcomes of the study are as follows: Although different teaching strategies were used, a few participants perceived some of these strategies were not effective. Theoretical learning was found to be overwhelming and difficult to understand by some participants. The integration of practical and theory made an easy transition into clinical and combining the two approaches assisted the students in understanding the content. The integration of theory

and practice helped students to become more confident when approaching patients. Demonstration of clinical procedures helped the students to understand and apply the procedures on patients. The utilisation of a variety of teaching styles improved their learning.

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Online CPD in 6 Easy Steps



The Continuing Professional Development (CPD) section provides for twenty general questions and five ethics questions. The section provides members with a valuable source of CPD points whilst also achieving the objective of CPD, to assure continuing education. The importance of continuing professional development should not be underestimated, it is a career-long obligation for practicing professionals.

