



FEEDBACK AS AN EDUCATIONAL TOOL IN DENTISTRY.

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Giving effective feedback is essential for dental educators to promote learning. The medical education definition of feedback is, *'..a process whereby learners obtain information about their work in order to appreciate the similarities and differences between the appropriate standards for any given work, and the qualities of work itself, in order to generate improved work'*. The definition highlights that feedback is not solely in terms of inputs that are made, but also the effects that result.

Teachers and trainers providing feedback (inputs) can confirm that learning has resulted from the information provided (outputs) only when the learner acts to bring about a desired change, thus completing the feedback loop (Baud D 2013). Feedback promotes student learning in three ways (Gipps 1999, Shepard 2000):

- It informs trainees of their progress or lack thereof;
- It advises trainees regarding observed learning needs and resources available to facilitate their learning; and
- It motivates trainees to engage in appropriate learning activities.

Feedback is utilized as a tool in variety of teaching methodologies and work place based assessment as well (WPBA). We conducted an educational research on feedback as educational tool in DOPS for

the procedure of extraction of tooth in the subject of oral and maxillofacial surgery for final BDS students. The total 50 students were divided in two groups. The extraction of tooth is taught to dental students in third year theory and demonstration is done in clinics. Few easy cases like mobile tooth extraction are also done in third year posting.

The skill of extraction of tooth is a must know area and essential clinical competency for final BDS student. So Final BDS students has to master this procedure in final BDS clinical posting of two weeks. Group A of 25 students was exposed to DOPS with feedback. A checklist for the procedure of extraction of tooth was prepared and validated for the procedure and three teachers were trained for the DOPS as well as feedback. Each student went through DOPS three times in their fifteen days of clinical posting. Each times the procedure was observed followed by checklist and feedback from the teacher.

Group B of 25 students were performing procedure without the DOPS and checklist but under supervision as a routine clinical learning module. The clinical assessment for extraction of tooth procedure was done for all the students at the end of the posting. This competency has set assessment pattern.



Thus scoring was done according to the MUHS score card for this procedure. The performance was compared. The Group A students scored 32% more than group B students. The confidence level of group A was better. Group B was exposed to DOPS in the next term clinical posting. The feedback from students included that the feedback helped them to improve their clinical skills. Few students were anxious while receiving feedback and needed counseling.

The teachers had increased workload. One of the teacher said her attitude towards clinical teaching changed after this work. The basic principles of providing effective feedback are that it must be delivered in an appropriate setting, and should be clear, specific and based on direct observations. Feedback should focus on the performance, not on the individual, and should be delivered using neutral, non-judgmental language. Effective feedback should emphasize positive aspects and be descriptive, rather than evaluative. It should acknowledge and reinforce exemplary behavior, which will give the learner confidence in their skills, highlight areas requiring improvement and suggest measures for improvement.

Feedback to the learners could come from various sources: teachers/trainers, patients, standardised patients, peers and from inter professional teams. We involved

teachers feedback and the training is a key for using feedback as an educational tool. The feedback from patients, peers can also be considered in this type of educational practise.

Role of feedback in performance development:

- 1) Unconscious incompetence – the learner is unaware of weakness – role of feedback is to help learner recognise the weakness.
- 2) Conscious incompetence – the learner is aware of weakness but lacks skills to improve – role of feedback is to help learner define and refine skills.
- 3) Conscious competence – the learner demonstrates competence but not fully integrated– role of feedback is to help learner refine skills and encourage through positive feedback.
- 4) Unconscious competence- the learner carries out tasks without conscious thoughts, the role of feedback is to build strengths, identifies weaknesses.

Although the supervision of students in clinics already has some element of feedback. Teachers feel that they provide ample feedback whereas students perceive that they do not receive enough, or a complete lack of feedback. 'Feedback' if used as structured format and by well trained teachers can change the attitude of both teachers and students towards the clinical competency training.