

## STAFF PERCEPTION OF THE QUALITY OF EDUCATION IN A DENTAL COLLEGE

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### ABSTRACT

*The aim of this study was to assess the quality of education in a dental college in Lahore, Pakistan. Eight performance indicators for teaching and learning were modified from the UK code of quality for higher education and used for a staff survey. Respondents were asked to either agree or disagree with each of the eight indicators. There were 42 responses; 23 faculty members and 19 house surgeons. Response rate was 59%. Majority of staff agreed with six of the eight indicators. Faculty and house surgeons had similar views for seven of the eight indicators. The perceived strengths of the institute were: shared strategic vision well resourced faculty equal opportunities for students to achieve learning outcomes. Room for improvement was perceived in providing information and feedback to students, and in providing appropriate learning environments. Lack of evidence based teaching practices and lack of resources to support learning were perceived as challenges for the future. Staff identified strengths, opportunities and weaknesses in the quality of teaching and learning. There was an overall positive perception of the quality of education in the college.*

**Key Words:** Quality education, dental staff perception.

### INTRODUCTION

Quality is a measure of excellence, and has been defined as the degree to which a set of inherent characteristics fulfills requirements.<sup>1</sup> Quality of education in an institute is dependent on a strategic plan executed by a well resourced faculty using evidence based approaches. Each student requires feedback and access to adequate resources to achieve the desired learning outcomes.<sup>2,3</sup>

Both external and internal measures for control of quality may be utilized by an educational institute. Licensing bodies set minimum quality standards to conform by. External accreditation organizations affiliate institutes and programs providing further guidelines for quality. Internal (institutional) quality measures include quality control (QC) which examines the product (e.g. student results), quality assurance (QA) which intends to refine the educational process to produce the most appropriate product, and total quality management (TQM) where the staff, students and stakeholders are all responsible for improving the process, product and results.<sup>3,4</sup>

In Pakistan, licensing is provided by the Pakistan Medical and Dental Council (PMDC), and all dental colleges are affiliated to a degree awarding university.<sup>5</sup> Accreditation is provided by the College of Physician and Surgeons (CPSP) to selected departments in colleges for postgraduate training.<sup>6</sup> Some colleges affiliate with foreign universities and organizations for further accreditation.<sup>7</sup> Internal measures vary from institute to institute. Some relying solely on student results for basic quality control, despite increasing pressure for implementation of quality assurance and improvement models in health care.<sup>8</sup>

This study documents perceptions of staff members of a dental college about the quality of education provided by their institute, using quality assurance indicators for teaching and learning.

### METHODOLOGY

This cross sectional descriptive study was conducted in June 2012 at a private dental college in Lahore, Pakistan. A questionnaire comprising of eight quality indicators for teaching and learning in higher educational institutions was developed, modified from the UK quality code for higher education.<sup>2</sup> Respondents were asked to agree or disagree with each of the eight quality indicators (Table 1).

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Permission was sought from the Principal of the institution, and 75 questionnaires were distributed to all the staff members (dentists) present on the day, including Professors, Associate Professors, Assistant Professors, Demonstrators and House Surgeons. The questionnaires were collected an hour later. Data was analyzed using statistical software (SPSS 17, SPSS Inc., 2007). Respondents were grouped into House Surgeons and Faculty, and according to gender. Difference in responses amongst groups was analyzed using the chi square test, with p values of less than 0.05 considered statistically significant.

**RESULTS**

There were 42 valid responses, 19 (45%) House Surgeons and 23 (55%) Faculty members (Fig 1). The response rate was 59%. Data for gender was available for 30 respondents, with 15 males and 15 females. Data for the year of Bachelor of Dental Surgery (BDS) graduation of respondents is summarized in Fig 1.

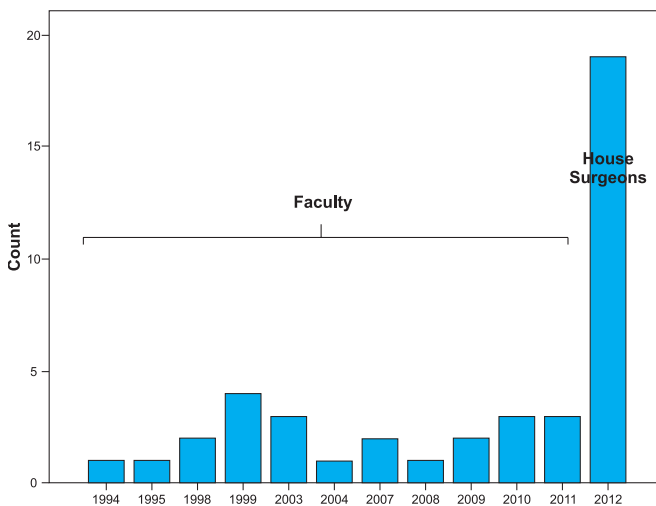


Fig 1: Respondent’s year of BDS graduation

Table 1 summarizes the responses to each quality indicator into two categories of agreed and disagreed. Both house officers and the faculty agreed strongly with indicators 1, 2 and 6, whereas both consistently disagreed with indicators 3 and 8. There was a significant disagreement between the house officers and faculty on indicator 7 (p=0.025). No other significant differences were noted in the results when comparing groups.

**DISCUSSION**

The quality of teaching and learning in the college was generally perceived positively by the staff, with the majority agreeing with six of the eight quality performance indicators used in this study (Table 1).

Half the staff comprised of House Surgeons who had all recently graduated from the institute. Their views represent student feedback. The faculty appeared to agree more than the house surgeons with most of the performance indicators, though the only statistically significant difference was for indicator 7, where majority of the faculty disagreed.

Based on the level of agreement of the respondents, indicators 1, 2 and 6 have been categorized as strengths of the institute (Table 1). The staff perceived the institute to have a strong, well resourced faculty, with a shared strategic approach to learning where every student had opportunities to achieve the learning outcomes.

Indicators 4, 5, and 7 have been categorized as opportunities (Table 1). Room for improvement was perceived by the respondents in provision of information and feedback to the students, and in the use of physical and virtual learning environments.

Respondents mostly disagreed with indicators 3 and 8, which have been labeled as challenges (Table 1). Majority of staff felt that the teaching and learning activities were not based on evidence or research, and that adequate resources had not been provided for learning.

The results of this study have limited reliability as they represent perspectives of staff in one of six dental colleges in Lahore, and one of 39 in Pakistan.<sup>9</sup> Additionally, the indicators represent a small segment of the quality code for higher education in the UK.<sup>2,10</sup> A more thorough analysis would include more colleges, other stakeholders, and in addition to teaching and learning, necessitate the study of program design, admissions, student support and engagement, internal and external examinations, complaints, collaborations, change in behaviour of the students, and their performance as dentists after graduation.<sup>10,11</sup>

The National Education Policy of Pakistan devotes space to recommendations for educational quality improvement, but fails to identify standards or quality performance indicators.<sup>12</sup> This study thus modified and used performance indicators from the UK higher education quality code.<sup>2</sup> Organizations like the General Dental Council UK, the American Dental Association and other dental institutes have developed documents that define learning outcomes and standards for procedures and care.<sup>13-17</sup> Tools and systems for quality assurance in dentistry have also been identified.<sup>18</sup> These and other key performance indicators for education may be used

TABLE 1. SUMMARY OF RESPONSES BY THE FACULTY (N=23) AND HOUSE SURGEONS (N=19). THE P VALUE SIGNIFIES THE DIFFERENCES IN RESPONSES BETWEEN THE FACULTY AND HOUSE SURGEONS.

Quality Indicator		Respondents (n=42)	Agree %	Disagree %	p value
1	The institution articulates, implements and monitors a strategic approach to learning and teaching. It promotes a shared understanding of that approach among all their staff and students. <b>(Strength)</b>	H. Surgeons	79	21	0.096
		Faculty	96	4	
		<b>Total</b>	<b>88</b>	<b>12</b>	
2	The design of learning and teaching activities provides every student with an equal opportunity to achieve the intended learning outcomes. <b>(Strength)</b>	H. Surgeons	74	26	0.127
		Faculty	92	8	
		<b>Total</b>	<b>83</b>	<b>17</b>	
3	The learning and teaching practices use evidence-informed approaches/methods derived from the outcomes of research, scholarship and the evaluation of professional practices. <b>(Challenge)</b>	H. Surgeons	37	63	0.663
		Faculty	43	57	
		<b>Total</b>	<b>40</b>	<b>60</b>	
4	Every student has opportunities to engage with feedback, to further their development as an active and independent learner. <b>(Opportunity)</b>	H. Surgeons	63	37	0.879
		Faculty	61	39	
		<b>Total</b>	<b>62</b>	<b>38</b>	
5	Students receive clear information that specifies the opportunities for learning available to them; this information is monitored, reviewed and evaluated by students and staff working in partnership. <b>(Opportunity)</b>	H. Surgeons	58	42	0.432
		Faculty	70	30	
		<b>Total</b>	<b>64</b>	<b>36</b>	
6	Staff involved in teaching and supporting student learning are qualified, supported, and adequately resourced. <b>(Strength)</b>	H. Surgeons	95	5	0.89
		Faculty	96	4	
		<b>Total</b>	<b>95</b>	<b>5</b>	
7	For every student both the physical and virtual (computer) environments provided are safe, accessible, reliable and usable and that their use is characterized by dignity, courtesy and respect. <b>(Opportunity)</b>	H. Surgeons	74	26	0.025
		Faculty	39	71	
		<b>Total</b>	<b>55</b>	<b>45</b>	
8	Accessible, adequate and appropriate resources are provided to support the learning of every student. <b>(Challenge)</b>	H. Surgeons	47	53	0.801
		Faculty	43	57	
		<b>Total</b>	<b>45</b>	<b>55</b>	

for developing standards and performance indicators for quality assurance in dental colleges in Pakistan.

## CONCLUSION

Staff's perception of the quality of education in the dental college was positive. The perceived strengths of the institute were: shared strategic vision, well resourced faculty, equal opportunities for students to achieve learning outcomes. Room for improvement was identified in providing information and feedback to students, providing appropriate learning environments. Lack of evidence based teaching practices and lack of resources to support learning were perceived as challenges for the future.

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