

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by Paul Hellyer

What is competency based dental education?

Competence, competency-based education and undergraduate dental education: a discussion paper

Chuenjitwongsa S, Oliver RG, Bullock AD. *Eur J Dent Ed* 2018; **22**: 1–8

The competence of dental educators is as important as the competence of dental graduates.

Becoming a competent dental practitioner is a staged process – from novice, to beginner, to competent, progressing to proficient and finally expert.

Competence is different to performance, yet often dental undergraduates are assessed on the performance of task, rather than overall competency. Competency is a capability which covers a broad scope of professional attributes, whereas performance refers to a specific set of skills appropriate to a professional. Performance can therefore be seen as a part of competence. Competence includes a wide range of personal attributes, including perceptiveness, openness, creativity and social skills.

Whilst traditional dental education focuses on specific tasks, and is influenced both by what the teachers themselves know and the institutional structures within which they work, a competency-based education (CBE) is informed both by the needs of patients and society as a whole. CBE also emphasises student-centred learning and flexibility of learning opportunities for students who may develop at different rates. Assessment of competency measures more than the ability on a one-off occasion to perform a specific task as in Observed Structured Clinical Examinations (OSCE) or Structured Clinical Operative Tests (SCOT), which may not encourage the student to deeper learning and understanding. Whilst recognising that CBE requires greater resources than traditional education, the authors also discuss the difficulties of assessing the integration of knowledge, skills and attitudes which competency implies.

The authors also discuss competence in relation to dental educators. They suggest that they progress, as dental students do, from novice to competent, as they acquire the knowledge and understanding of educational principles. The role of the dental educator should not be seen simply as an information provider, but should be progressive, encouraging learning and competence by providing support and feedback. They would become expert as they gained understanding of different educational strategies and the ability to lead innovation in educational practice and to mentor and guide new teachers. Dental educators should perhaps see their teaching careers as separate but parallel pathways to their clinical careers which require as much time to develop and maintain as their clinical competencies.

Undergraduate dental education is more than the learning of clinical procedures and the authors hope is that this discussion of competency based education will provide a baseline for further development of the profession as a whole.

DOI: 10.1038/sj.bdj.2018.295

European cultures, learning styles and teaching

Culture and its influence on dental education

Chuenjitwongsa S, Bullock A, Oliver RG. *Eur J Dent Ed* 2018; **22**: 57–66

An understanding of the differences in European culture may benefit student learning.

We live in an era of multiculturalism. The free movement of people across Europe and increasing numbers of international students at UK universities raises the importance of an awareness of the relevance of cultural background in the delivery of teaching and of the learning styles of students.

‘Culture’ is difficult to define and is more than broad national characteristics. It includes a number of general areas such as arts, education, language and customs and, at a narrower level, a set of behaviours and values through which the world is seen and filtered. There is a recognition that each cultural group will contain sub-cultures within them and both may have an influence on learning behaviours.

No model of culture is universally validated but using Hofstede’s cultural dimension model, six dimensions are recognised – hierarchy, identity, gender, truth, virtue and happiness. These allow extremes with each dimension to be identified. The extremes of hierarchy, for instance, are a ‘small power distance’ (SPD) in which people are treated as equals and a leader consults their followers, whereas with a ‘large power distance’ (LPD), obedience and respect are taught and leaders tell subordinates what to do. On this basis, in general, Scandinavian countries are at the SPD end of the spectrum and eastern European countries are at the LPD end. Using these six different dimensions, the authors identify cultural characteristics which may affect learning in an undergraduate course.

The authors distinguish between the Anglo Saxon culture of Northern and Western Europe and the Greco-Roman and Muslim-influenced cultures of Southern and Eastern Europe. Those with an Anglo Saxon cultural background, for instance, perceive educators to be facilitators who support learning and will actively participate in small group projects from the start. Those from Eastern Europe are less willing to take part in groups until trust and stability within the group has been established and tend to believe all they are taught without question. Within the gender domain, western cultures tend to be ‘masculine’, motivated by academic success and a sense of achievement, whereas the eastern cultures tend to be ‘feminine’, avoiding argument and challenge and are more focussed on maintaining harmony.

The authors recognise the generalised nature of these discussions but stress the importance of recognising cultural differences in learning. They ask the question whether it is the responsibility of the teacher to adapt to learning styles or the student to adapt to the learning environment. Whilst this paper discusses learning and cultural differences in an undergraduate environment, the discussion is relevant to the provision of oral health education in our multicultural society.

DOI: 10.1038/sj.bdj.2018.296