

GUIDELINES FOR GOOD CLINICAL TRAINING IN THE WORKPLACE OF AN ODONTOLOGIST

Guidelines for good clinical training in the workplace of an odontologist cover three main aspects (Figure 1):

1. odontology training teamwork,
2. student's qualities,
3. lecturer's - clinical practitioner's qualities.

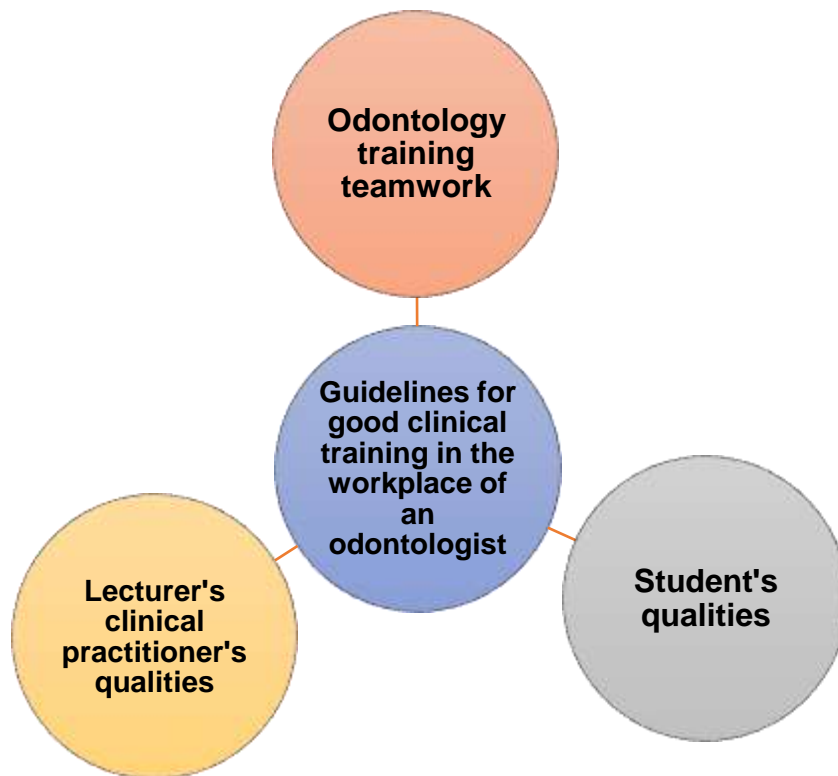


Fig. 1 Guidelines for good clinical training in the workplace of an odontologist

1. Odontology training teamwork guidelines

1.1. Clinical ethics and morals

The lecturer-clinical practitioner forms the ethics and moral principles of the work of the odontology practice team and the student. It is recommended to focus on the patient first. Communication needs to be effective, and this requires ensuring the patient's confidence in your behaviour. It is necessary to find out the reasons for the patient's complaints and, after

assessing the risk factors, to obtain the patient's consent to perform therapeutic procedures. The work must be team-based, working according to your professional competence and skills. The protection of patient data must be ensured.

1.2. Safety

Appropriate ergonomics, correct posture and a suitable working environment must be ensured in the treatment of patients by teachers, students, assistants, oral hygienists. Guidelines for healthy and safe clinical practice and an appropriate teacher-student ratio must be followed.

1.3. Odontology training team communication

Communication between all members of the odontology practice team must be based on respect and understanding. In some cases, an inexperienced student may learn more from an experienced odontology assistant than from a lecturer. The importance of each team member in the study process must be highly valued, as learning is a common process for all team members and does not belong only to the lecturer or student.

The teaching environment should not be antipathetic to the student, and the lecturer should take into account the individual characteristics of the student's character. Even a small amount of criticism when heard by a patient, assistant, or other student can overwhelm the student and undermine self-confidence. Negative remarks should be made individually according to the student's character, safe environment. The reasons for the remarks must be calmly explained and the student allowed to expound, and only then, if necessary, harsh negative criticism is made. Sarcasm should be avoided and a positive learning outcome should be pursued so that the student does not feel stress and tension before meeting another lecturer.

1.4. Training consistency

Lecturers must apply the same teaching methodologies to all students and avoid ambiguity. Lecturers must also coordinate material with each other and use the same methodologies so as not to discompose students' perceptions. Lecturers must act professionally and ensure that clinical study time is used appropriately. The lecturer must set an example for the student, inspire them to work and study, and avoid stressful, tense situations. The teaching process is like a teaching / learning agreement between a lecturer and a student, in which both parties participate, making their contribution, with the right of ownership and respecting the agreed rules and standards.

1.5. University management support and recognition

The learning process is usually successful in those institutions where management expresses support for the teaching process and the career development of lecturers. The quality of teaching should not be compromised for the sake of scientific and financial results.

2. Student's qualities

Once a safe clinical study environment has been created, the student must take responsibility for making the most of all opportunities. The lecturer indicates specific study goals, and the student in turn must show a positive attitude and take responsibility for the implementation of these goals. The student must also take responsibility for acquiring sufficient knowledge baggage for the implementation of future clinical procedures, with a clear understanding of the priorities required to achieve results. The student can record the experienced aspects of treatment and studies in his / her reflective diary / portfolio. During clinical training, students must be able to self-assess their actions. This will allow them to understand, identify, choose from a wide range of possible solutions justified by science / research, interpret them and critically evaluate them. The lecturer should not implement only direct instructions on what to do so as not to suppress the student's independence.

3. Lecturer's qualities

Odontology is a practical speciality and both academic education and learn clinical skills should be pursued. Despite the fact that students often feel that after a pre-clinical course where simulators have been worked on, they are already competent enough, many students feel a great deal of tension and fear before embarking on clinical procedures for patients. They often ask for help or advice when doing something for the first time, stop work, and ask how to complete the treatment procedure. This can be stressful for the lecturer, especially with a large group of students and high level of activity. In this emerging situation, care must be taken not to intimidate or humiliate students.

The lecturer should try to interfere as little as possible and only give practical advice if necessary. However, less confident students should be helped. At the same time, the lecturer, taking into account the patient's opinion, should assess what the student is able to do and what the best result will be achieved by working with the student in each individual case. Tact and diplomacy are essential to intervening in any clinical situation, regardless of the heavy workload experienced or the tension felt by the lecturer.

All students are different. Some students need very clear instructions and guidance to gain confidence, while others adapt naturally and easily to clinical conditions. This is completely understandable and a good lecturer needs to teach students of different character types effectively.

In summary, the following principles of the lecturer's work can be distinguished:

1. Allow the student to act independently to achieve a result in each specific episode of clinical work.
2. To find out and adapt to the learner's needs and level of competence.
3. Establish rules so students know when they should ask for help or advice.
4. To adapt teaching to the identified study competencies.
5. Give clear and detailed instructions to students.
6. Provide opportunities to ask questions.
7. Be sure that the student has understood the information provided to them.
8. Try not to interfere in clinical procedures unless the patient's health is at risk.
9. Show respect and support for the student developing clinical abilities.
10. Encourage the student's critical thinking.
11. Understand the student's expectations, worries, and fears.
12. Provide constructive feedback wherever possible.

3.1. Instruction and feedback

Before each clinical procedure, it is very important to assess the student's level of preparation and the competence required to perform the procedure. A brief individual or collective discussion provides an opportunity for students to ask questions, more because of the consolidation of their own knowledge than because they know nothing about the future clinical procedure. If this opportunity is ignored, it can lead to a negative outcome of clinical work and suppress confidence, especially in the presence of the patient and other students. Lower year students can particularly benefit from individual discussions, while older students benefit from collective discussions, as they provide an opportunity to learn from the experiences of other students. This allows the teacher to model the situation and increase students' self-confidence, especially for those who need it. In addition, the lecturer has the opportunity to identify unprepared or poorly prepared students who need help before working with patients. If possible, additional work with these students should be done individually.

A necessary trait for the medical practitioner is the ability to learn from clinical experience and thus improve the quality of their practice. The lecturer can encourage this process by creating a non-judgemental atmosphere, facilitating oral discussion and questioning, and recording written impressions and experiences.

Feedback is a very important training tool to identify what has worked well and what needs to be improved. In this process, it is important to keep in mind the patient as well, as they may indicate certain characteristics and abilities of the student's character. Group sessions give

students the opportunity to explore the problem with each other and expand their knowledge in a non-clinical setting and to ensure effective work in the future. The teacher has the opportunity to explain the details of the treatment that have been misunderstood or misinterpreted.

The compilation of the students' reflective diaries / portfolios is extremely useful, where they can describe and comment on the clinical procedures performed. This can help in documenting the student's progress and be part of a resume. Reflection has recently become an integral part of odontology clinical practice and student training.

3.2. Assessment

Assessment is necessary in the study of clinical disciplines in order to protect the patient from undesirable situations that may arise during the teaching / learning process. The assessment helps to establish that the student is able and competent to perform clinical procedures and has sufficient self-confidence.

Lecturers must evaluate students' work honestly, using the assessment systems and standard protocols established by the university, and using evidence-based feedback. For students, this is an opportunity not only to continue their studies, but also to learn how they are progressing in mastering clinical patient care procedures. Students should be able to assess themselves and, with the help of the lecturer, draw the right conclusions. Grades must fairly reflect the assessment. The student must be given the opportunity to discuss the assessment if they feel they have been assessed incorrectly. This provides an opportunity for discussion and deepening of knowledge even if the grade is below average. On the other hand, a lecturer will not achieve good results if they write only good grades. Sometimes a very low grade can reveal too much self-confidence of an inexperienced student.

3.3. Pedagogical development

Lecturers need to improve their teaching skills continually. They must be able to combine teaching theory and effective teaching techniques with clinical practice training. Being a good lecturer does not just mean passing on knowledge and being a favourite among students. It is the ability to facilitate the student's learning, to teach not only didactically, what is needed in teaching clinical techniques, but also to develop the student's critical thinking, as this is the main goal of education. It is very useful to have a mentoring scheme at the university to support inexperienced novice lecturers, especially in cases where the lecturers themselves are dissatisfied with the achievements of their pedagogical work.

Regular evaluation of lecturer training is one of the best ways for lecturers to improve their pedagogical qualifications. This needs to be done in a non-confrontational environment and on a regular basis to become an integral, universally acceptable tool for lecturer development.

3.4. Innovative teaching

Students are well aware of the innovative forms of teaching used by advanced lecturers. Students value the fact that the lecturer promotes independence rather than immediately attacking to help solve problems. Interactive lectures (as opposed to didactic) encourage and provoke the listeners to be a part of the process, do not allow them to get bored. Small group work with larger groups can be applied, especially if students are prepared in advance. Role-swapping sessions, where, for example, a patient is simulated, are very popular. Computer-based teaching methods and various tests can be widely used.

3.5. Lecturer training

There is currently a provision that good teaching can be learned by mastering a variety of advanced teaching methodologies. The use of feedback shows that students distinguish very quickly which lecturer is better prepared in the field of pedagogy and can teach more. This applies to all lecturers, regardless of seniority or experience. Lecturers also note the benefits of developing interpersonal communication skills. Even a professional with no communication skills can improve their interpersonal communication skills, not to mention those who have difficulty doing so.

For the above-mentioned reasons, LSMU requires to see proof during the attestation of lecturers that the lecturer has attended at least 30 hours of pedagogical qualification improvement courses.

3.6. What is expected of lecturers?

The teaching process of clinical odontology involves odontology practitioners, novice university lecturers, senior lecturers (specialists in their field) and academic leaders (as well as specialists in their field).

Odontologists have experience in clinical work and are constantly improving in the field of pedagogy. They ensure sustainable and stable clinical teaching and the study environment, helping to maintain students' self-confidence. Odontology practitioners' teaching guidelines:

- be consistent at the level of basic knowledge;
- apply a holistic approach to teaching and learning experiences;
- be able to apply appropriate established student assessment methods;
- feel responsible for personal learning and professional development.

Senior lecturers (professionals in their field) can take on more responsibility in teaching and helping other lecturers because they have a lot of experience. They set an example of professional ethics and good teaching. Teaching guidelines for senior lecturers:

- to teach lecturers and students innovative teaching and assessment methods tested and approved in practice;
- to help students and lecturers feel good in the study environment;
- to be a leader and set a professional example;
- to mentor and assist beginning lecturers;
- to contribute towards the education of lecturers through non-formal education courses.

Academic leaders (professionals in their field) use clear and innovative teaching guidelines that determine the success of their faculty's clinical teaching. They must be highly qualified and have high leadership skills to be able to support the continuous improvement of their employees. Academic leaders must provide vertical channels of communication with the university's various levels of management and horizontal channels of communication within the odontology clinical practice team. The function of academic leaders – not to succumb to any pressure and to defend the teaching process – is one of the most important. The success of clinical training in odontology depends on finding the right balance between practical and classroom training and the ability to adapt the curriculum flexibly. In addition, academic leaders need to ensure that the principle of feedback is established at all levels, allowing for proper learning and exchange.

Teaching guidelines for academic leaders (specialists in their field):

- to set clear study goals related to the study programme and results;
- to support the opportunities for lecturers by applying the principle of feedback;
- ensure consistent and impeccable lecturing;
- participate in the interprofessional training process;
- set thresholds for competencies and training to be supported by assessment;
- seek funding and support for training;
- ensure vertical and horizontal integration;
- optimise formal training and clinical practice;
- maintain curriculum dynamics and implement innovations;
- respond appropriately to feedback outcomes and challenges.