

FEEDBACK: DIFFERENT CONCEPTS AND PRACTICES IN A CULTURALLY DIFFERENT ENVIRONMENT-FACULTY PERCEPTIONS

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ABSTRACT

Objective: To explore the faculty perceptions regarding the phenomenon of feedback and its' practices in a traditional undergraduate dental college in Pakistan.

Study Design: Qualitative following principles of phenomenology.

Place and Duration of Study: Rawal Institute of Health Sciences, Islamabad from Feb to Apr 2017.

Methodology: Purposive sampling was done, and data was gathered using semi-structured individual interviews of 12 BDS faculty members. Data was organized using qualitative software package Atlas.ti 8.0 and analyzed using thematic framework analysis.

Results: Feedback practices were found to be informally practiced in traditional BDS curriculum. Perceptions regarding purpose and beliefs on oral and written feedback were explored. The essence of the phenomenon under focus is described in terms of five domains denoted by five emergent themes: 1) 'Understanding Feedback' through participants' response to/use of the term, 2) highly variant experiences of information exchange, 3) modes and forms of feedback, 4) factors affecting feedback and 5) methods achieving learning progression.

Conclusion: Faculty in our culturally different learning environment is devoid of formally instituted feedback practices, have understandings and practices that are both similar and dissimilar in nature to those often described in western-centric literature. Education about the phenomenon of feedback and faculty training to use it appropriately may help streamline the educational process in this context.

Keywords: Faculty, Feedback, Institute, Pakistan, Qualitative, Research undergraduate.

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INTRODUCTION

Feedback in its many forms is considered an important part of the educational process for all stakeholders. One of the key factors is use of constructive feedback¹. Butani *et al*, perceived constructive feedback as most important teaching role². Ridder *et al*, described the process of feedback to have more favourable outcomes when the feedback-provider and feedback-receiver share a similar cultural background³. Lack of formal feedback of teachers on their teaching hinders improvement of teaching skills⁴. Feedback is also affected by power differentials within a group of learners as happens within a student-teacher relationship⁵. Faculty training by microteaching is also based on student and peer feedback to improve teaching skills⁶.

In Pakistan, participants from all nursing and medicine areas perceived lack of a feedback, as a formal established curricular feature, to be a major hindrance in its effective and constructive utilization⁷. Studies in the nursing educational environment identified teachers' perceptions as similar to those in other countries:

teachers recognized the usefulness of timely and detailed written feedback but expressed lack of training in how to give feedback that would bring about desired improvements in students' work⁸. A unique determinant perceived by teachers as a hindrance to the delivery of honest and accurate feedback was a fear of receiving threats of harm or intimidation by student-associated individuals (extended family, influential individuals in society), outside the academic environment at the behest of low performing students⁹. Though, not yet reported in any of the other studies, anecdotally, this may be due to the chronically adverse law and order situation of the city where those institutions are located.

Western studies also showed that medical educators gave feedback to medical trainees, whereas trainees reported feedback is rare. In a study, 90% surgeons reported they gave feedback successfully, but only 17% of their residents agreed with this assertion. This reinforced our viewpoint that mutual understanding on meaning of feedback is vital to have feedback as a successful educational tool. This lead to the fact that a clear, operational definition of feedback is needed for every context¹⁰.

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Globally, most studies took perceptions of clinical teachers, whereas in our local context, half of the educational programme is taught by pre-clinical faculty. It is, therefore, pertinent to see how tutors outside the clinical-dentistry teaching perceive feedback and what are their practices of information exchange or dialogues occurring in academic environment for learning progression. Moreover, except for formative assessment, so far, no other study from medical or dental context, in Pakistan, has been conducted on perceptions of faculty regarding feedback. In addition, there is absence of a counterpart for the word 'feedback' in local Urdu language. We need to look at participant's understandings of the phenomenon, the need to explore and describe an arena that is, hitherto, relatively untouched in the South-East Asian traditional curricular dental setting, with the expectation to shed light on diverse ways of understandings and practices that are not solely informed by the researcher's own preconceptions.

The questions aimed to be answered in this study were two-fold. Firstly, what are teachers' lived experiences of 'feedback' in a traditional dental curriculum in Pakistan. Secondly, as evidenced through their experiences, how do teachers in this cultural context achieved the aim of learning progression-devoid of formal, explicit, and systemized feedback mechanisms/procedures/guidelines.

METHODOLOGY

This study was conducted from Feb 2017 to Apr 2017. The dental school of Rawal Institute of Health Sciences, Islamabad lacked a functional ethical review board, so ethics review from University of Dundee School of Medicine Deanery, Research Ethics Committee (CW/sms 23/11/16) was presented to Principal of the college and permission sought.

It was a qualitative study in which phenomenological approach was used. We sought to learn from the depth and richness of experiences of dental teachers regarding phenomenon of feedback¹¹.

A purposive sampling was done. Inclusion criteria of participant's selection to ensure maximum variation sampling included tutors who had taught the BDS undergraduates, for at least one year and each from different training level. All those tutors having joined only a few months prior, who taught minority/non-examining subjects, whose educational credentials/experience/subject/position matched a previously interviewed participant were excluded. Therefore, to obtain variety of responses from participants, 8 (67%)

males and 4 (33%) female teachers were taken as interviewee (three demonstrators, five Assistant professors, two Associate Professors, one Registrar and one Professor). Six teachers taught the first two (basic sciences) years, whereas six teachers were teaching subjects in clinical and non-clinical environments in third and fourth year. Individual semi structured interviews of average 12 minutes were recorded using videos, except female tutors who requested not to make videos. A broad interview guide describing areas to be probed was prepared, beforehand, to help explore areas of interest from the participants (table-I). There were no dropouts of participants in the study.

Audio-visual digital recordings were transcribed verbatim, in-house by the researchers, and then discarded to respect confidentiality. All participants used Urdu language to varying degrees as a means of expression, mixed with the English language. The researchers were fluent in both Urdu and English languages whereas rigour of research through second-person review¹² required that bilingual data be translated before analysis and subsequent steps were taken to increase verbal authenticity. The Urdu component was transcribed verbatim using roman Urdu and subsequently translated to English and re-translated back into Urdu to obtain the best balance between accuracy of meaning and similarity of original wording.

Using Atlas.ti 8.0, an initial coding framework was formed using an individual tutor interview. Further iterative revisions using inductive and deductive processes produced the coding framework that was used to code the transcribed interview data. As a best practise, the coding framework contained both a-priori codes that revolved around the areas of interest to answer the research questions, as well as emergent codes from the data itself.

Categories and themes were compiled on the basis of codes. Going back and forth between data, codes, categories and themes, alignment was ensured among each other and a link with the data itself. The resulting themes were also re-checked with participants to ensure correct reflection of their viewpoint.

RESULTS

Interviews of participants resulted in core interview data (sans introduction, study explanation, closing interactions) of approximately 24000 words. Qualitative analysis of participants' interview data through thematic framework analysis employing inductive and deductive coding resulted in emergence of five themes that described the essence of the phenomenon under

study; these are elaborated below using quotes by participants (table-II).

I. Understanding 'Feedback' through Participants' Response to/use of the Term.

Faculty members called feedback a praise given to them about their teaching. (T7) *"I think that feedback*

have performed in written and what performance is coming in viva".

They realized the importance of feedback and, being members of a patriarchal society, think that it is the duty of parents to take feedback about their child's performance. (T3) *"So the kid, I think his parent should*

Table-I: Interview guide for individual interview of undergraduate dental faculty regarding phenomenon of feedback.

1. Welcome and Introduction
<ul style="list-style-type: none"> • Thank you for volunteering to be part of the study. • In this study we are trying to understand the phenomenon of feedback in your educational environment through the stories of your experiences. • Everything you say will be confidential and you are able to withdraw at any time without needing a reason.
2. Ground Rules
<ul style="list-style-type: none"> • The information shared herein is requested to stay within the group, and not be shared or discussed outside this group. • You are requested to avoid naming/identifying individuals such as tutors or colleagues that are a part of your experience • There is no judgement of right or wrong, all stories told, all experiences shared are welcome. • You are also requested to not pass any judgement on a colleague's expression. You may share a similar or different experience to express your participation. • Speak one at a time, but no specific order is necessary.
3. Core Interview
<p>The following questions are approximate in eliciting initial responses to be probed deeper, tailored to the participants' response.</p> <ol style="list-style-type: none"> 1. Can you share an incident that shows how you improve the quality of your students' learning /performance? 2. Can you tell a story describing how you brought about an improvement in a student's educational performance? 3. In this experience, how did you bring your student up to the desired performance level? 4. Individually or collectively? 5. Work w/student or simple info delivery? 6. Did it work? What showed that it worked? 7. What do you think the student was feeling at the time? 8. Did it bring about a change in student's learning/ practices/performance? 9. Was this an isolated experience? 10. How often does it recur? 11. And with whom? 12. Any contrasting story you might have experienced or witnessed or heard about? 13. Is this the same experience throughout or does it vary according to individuals, study years etc?
4. Closing Interview Session
<ul style="list-style-type: none"> - Acknowledge participants' sharing of knowledge. - Taking clarifying questions from interviewees.

given to me by one of my students was when I, due to my postgraduate exam and my students had graduated, and they came to me I just met them, incidentally, and they said that everything that you taught us, which at that time seemed like theory, when we came into that clinical environment, it all clicked".

Fewer responses were about students' grades and performance in exams depicting their teacher's hard work. (T10) *"tests that we give or the assignments that are given. In this, their feedback comes. More importantly the modules and sendup results, in that we see that how they*

keep feedback. Ok go two three times in a year that what is my kid doing. That's important in this situation. And the life that we are living, mobile (cell phone) and in this life. Very important that parents should keep a check on their kids that what their kids are doing".

When inquired about recalling any incident where they might have given feedback to students, they denied any formal system of feedback implemented by their institute. (T6) *"No. Unfortunately, there were no proformas given to students regarding the evaluation of the faculty. However, the words of appreciation were*

very much put forward by my head of department to the principal and he did acknowledge me”.

Table-II: Themes and subthemes of concepts of feedback from dental faculty viewpoint.

1. Understanding ‘feedback’ through participants’ use of the term
Words of appreciation by HoD and students Students’ grades Parents’ inquiry about their child’s progress and behavior Interaction with students regarding their performance in exams
2. Highly variant experiences of information exchange
Information sought by tutors regarding their teaching style and medium of instruction preference. Tutors’ comments on students’ performance Hard work on strugglers
3. Modes/Forms of Feedback
Verbal comments/critique by a third person Counseling of individual students Memes on social media Word of mouth Pointing out mistakes in written and clinical work
4. Factors Affecting Feedback
Simplifying content Hearsay Credibility Rapport Private setting Senior faculty who will take assessment in summative Discreditable sources like lab technicians Round the clock tutors’ availability
5. Methods Achieving Learning Progression
Summative exams Mentoring Attendance Traditional learning strategies Laboratory and clinical work Active learning strategies

Another tutor identified feedback as interaction of teachers with students about their performance in exams. (T8) *“Talking with them, involving them, it has been good. Like, I shouldn’t say that I’ve been disappointed, mostly haven’t. Maybe one or two times, but its ok, there are variations. They have not passed the exams so we’ll sit, teach them each thing. Sit them in front of me, making them realize things which they have not done, individually. We’ll talk to them and then ask them to perform”.*

II. Highly Variant Experiences of Information Exchange.

Eight faculty members indicated that they had previously sought information to improve their teaching results. Teachers shared their experiences of both positive and negative performances after their guidance. (T1) *“Students normally they did not have such satisfactory response. Actual response, like, every time students had some new story, the kind of serious that I wanted them to be, they never looked serious”.* In these shared experiences, we found both tutors who owned students’ performance responsibility and some didn’t. (T2) *“Whoever I have told whichever thing, from my own side, I have explained very sincerely, but there hasn’t been a very noticeable change What they will do, they will do. Now I don’t know, maybe my way of explaining isn’t every effective”.*

Tutors also shared their own experiences with students with positive results. (T8) *“I remember uh wrong extraction he was made to leave the department for that very day. Sit outside the department. Come in the next, and start doing it again. He was afraid that he will extract the wrong tooth, again. So breaking that thing it took us a long time, his fear. So like demo was always with him. I was also there. And in summer vacations, we made him do two weeks, independently”.*

(T3) *“I was teaching embryo for example, is a new thing, totally new thing, like how the germ layer is derived n all that, there were some students of the type, so I asked mate are you not getting it? Tell me. Then I went back, from the start I explained to them. That I repeated in the last lecture some ten times. I said, now you get it? They said sir we get it”.*

III. Modes/Forms of Feedback.

Modes of feedback included verbal comments, critique by a third person, counselling of individual students, written comments and pointing out mistakes in written and clinical work. Students’ bad academic or clinical performance was mostly communicated with harsh criticism while few demonstrated empathies. Good performance was communicated with little appreciation.

(T11) *“I tell them. In this case I straight away told them BUT, not in front of patient. First I get everything done, ok. Then I tell him that when this gets fixed, when you’ve sent the patient, then come to me I will tell you that this was your mistake and kindly next time it should not be so”.*

(T4) *“Means like first of all I ask them why, why you don’t know because there are 5-10 students who attended*

the same lectures, they are like having a good healthy discussion. You were sitting in the same class, but you do not know, they gave lame excuses, sir I was not well, I was absent for these two weeks, these two days, sir I will study today Insha'Allah like that".

Some tutors identified informal interesting feedback from students. A faculty member of first year BDS was communicated on Facebook about the discrepancy in taught material to exam questions in the form of a meme. (T4) "I created a scenario in a question and that was just application of knowledge, students were just like looking at each other. Iraqi student pasted on Facebook a plane rice on one side and biryani on the other with a caption this is what they teach in class (of the white rice), and this is what they ask in exam (biryani)".

(T2) "And sometimes when I ask questions in class, they remember that madam you told it like this that it should be done like this. Which I had forgotten. So I get happy that the kids remember that".

A second-year teacher recalled about how students often praised his knowledge and teaching to others. (T6) "It is a word of mouth. Everybody used to say you do the best scalings, and you are really a nice teacher. Some consider me mentor, some say you really have good knowledge and we're really motivated by the way you teach and you made us develop interest in this subject. When they tell it to the new faculty, who question their previous knowledge, they get the answer and they are surprised who taught you and they say Dr.X! so the faculty who do not know me they come up to me, so you are Dr.X? students say a lot good about you that you really impart good know-ledge although you are very strict and cold towards them".

IV. Factors Affecting Feedback.

Many factors shape the tutors' feedback. Their ability to come at students' level and simplifying content was mentioned by two only. (T11) "Proper designing, I told them from difficult bookish language. That was just going over their heads, then I have to in absolute layman terms, coming to their level, explaining like give it round shape, make C-shape like this. So explained to them like this and they understood".

Tutors from junior faculty identified assessment drives learning i.e. students identify immediate assessors and paper setters and pay more attention to them in the team. (T7) "see I'm intermediate faculty member. I'm not the one who is going to take their final exam at the end of the day. I'm not even going to check their exam papers or take vivas. Uhh students prefer to go to the person who is going to take the exam, and that's mostly the HoD the AP. Because they are the people they are going to face".

(T11) "In the beginning students I felt that they said that sir doesn't know anything, ok, because obviously they used to go to the technician and they would say no no leave all that-we will tell you- what does he know- he's new here. It was my first year here so they'd spin it like that. That was really good thing that when I told them and it (denture) got fixed and patient was satisfied, he was happy next time she (student) came to me and was like, Sir I repent that I go to them in future".

Hearsay also played a role in shaping the behaviour of tutors. (T1) "From department, normally it is said to keep distance from students, like not to get too friendly, to be as elder brother explain to them but while staying within limits".

(T3) "you get friendly with the student, for example a guy is young, like I am, like you are, we are young. We chat with a girl, or we, ok, become frank fine the student-teacher have certain etiquette, but even if remaining within that etiquette you chat, then Pakistani mentality, your colleagues people around you are like 'look how free he's becoming with them all'. It's a fact. Not just here, go in X-College, the situation there is the same".

Another factor is rapport of tutors with students. It was identified that rapport with struggling students enabled them to get good response. (T5) "I remember one average student and later on I astonished that he passed all the exams even final exam in the first attempt. I usually call him while doing surgery and he used to sit with me, assist me, we used to talk in between so that he should learn the skill. For exam preparation, I used to call him, we sit together, I tried to make him understand how to answer this question. Its just a friendship with student that created an environment that an average student passed with good marks. How I conducted it is just I think, one has to spare a time, one has to spare energy".

(T2) "actually when I got to know that he is from a certain area, I'm also from that area. So I, a little, tried to give him a sense of ownership, by saying I'm also from there, I have noted that you are not taking interest, you sit at the back of class, you must sit in front. I explained to him just like my own kids, and I saw the impact of that immediately. In the next lecture he was sitting in the front row. So when you talk with love, then it does affect the kids. Not that you absolutely criticise them like, you don't study, you just roam around all the time that has a negative impact".

The timing of feedback identified included round-the-clock availability as well as in lecture and tutorials. (T5) "According to the students, Because I want that e student should be given this opportunity, they should speak out their inner, their deficiencies and whenever some student, they call me they wanted to see me in the office I have

allowed, I have always allowed. He wanted to see me after the class, ok I allow. He wanted to see me during my clinical hours, I allowed him. I never never forbidden a student and whenever wher-ever I am".

The settings of feedback identified tutor's offices, clinics (chair side), and laboratory space to ensure privacy. (T6) *"Well I'm very blunt. so I used to give the feedback there and then and I always used to tell them it is for betterment it is not as I am going to reveal about your performance outside the department or to your juniors, or try to defame or affect your image in front of your juniors, it is just within our departmental premises or it is just with the HoD".*

V. Methods Achieving Learning Progression.

Tutors identified Formative assessments as driver for some students and a demotivator for others. Only two teachers expressed awareness of students' disinterest in the year-round. (T7) *"students are usually looking for spoon-feeding and that involves marking their books just tell them what is important, per page. Yeah So that, probably happened with just one. And the others just went to that one and they marked it themselves".* (T1) *"So there were many students like, almost in every test some used to hand in an empty page, without writing anything".*

Summative exams were main drivers of student's learning according to most tutors. (T4) *"Assessment by university is generally at the end of the year, like, in Pakistan, so students just do not give that much importance to a small assessment, assessment of any chapter or like that. So they are just like okay we will do it at the end of the year. Because we have important assessment by university at the end of the year, they don't like pay that much attention to institution assessment or assessment of subject, small test, small interactive session".*

Tutors mostly used question-answer sessions in lectures to ensure concepts grasping, and to identify deficiencies. (T7) *"I think my style of teaching revolves around taking questions. I mean I ask questions when I'm delivering a lecture. Right So what I'm going to do is that if I've taught them something, and I go back, you know my next class is going to be a week later, then I'm going to try to correlate the two things together, and I'm going to start asking questions from my students".*

Some tutors described mentoring both in academic and personal areas to ensure learning. (T12) *"we try to be interactive with them during the lecture, we ask them frequent questions so they reply there n then. We assess them there and then; we have this ummentoring session. One session is every month. And we uh, discuss*

their other issues like their family problems ummother than the teaching aspect".

Methods of learning progression werelectures, revision tutorials, laboratory, and clinical work. Group discussions, demonstrations, and assignments were found to be individual initiatives of few tutors; (T5) *"Whenever I found someone lacking, I used to give extra assignments. I used to call him in my office, ask him how can we improve the system, and moreover lused to ask particularly who's little bit lower, that you must ask them questions, do ask questions and then this way they, improve".*

Tutors identified Attendance as a measure of learning as low attendance by students was perceived as low educational achievement, and extra days advocated to make up for low achievement. (T8) *"starting from the very beginning, we try to inculcate a sense of punctuality in them. The more punctual they are, more receptive they are, they listento lectures, being present in their lectures. So they will learn something. So attendance we have according to the rules of the PMDC (regulatory body) its 75%, I want it to be 90% So the more presence they show, more they will learn in the end you are sending an internal assessment as well. That is your performance all around the year; your lectures, attendance, clinicals, everything. So they have to know that they will be assessed in everything. And they know this".*

DISCUSSION

Curricular models today institute feedback as a part of teaching strategies such as in the form of formative assessments¹³. Comparatively, the curriculum of the dental school does not practice feedback as a standard systemised feature informed by set guidelines, and tutors are not explicitly required to plan, conduct or respond to feedback encounters.

Faculty at the institutes vary in experience. Some have undergone various workshops as part of their training whereas many juniors are inducted straight after house job. This could also impact how they perceived feedback, and the practices they adopted in their teaching routines.

Our findings have important implications in comparison with existing knowledge on the topic.

Participants perceived term 'feedback' in a way that is normally reported in western-centric studies. Many participants expressed unfamiliarity with the terminology despite rephrasing of questions until the phenomenon itself was described to which they could relate. This was different from three recent studies conducted in Pakistan⁷⁻⁹ which described participants'

conceptions of feedback through the focus of their studies (teacher's comments on written assessments) participants' conceptions were (by design) confined within the teacher's response on student's written work.

Tutors used 'feedback', to describe verbal praise received from students/management and associated it with teaching evaluation. These concepts were similar to those described by researchers in other contexts, where one of the ways of giving feedback on teaching was through teaching evaluation forms¹³.

Their conception of feedback also included measuring students' performance at any given time. Although this differs from some of the existing definitions of feedback, perceived as being a cycle that produced improvement in outcomes, it did correspond with some simpler definitions of feedback, that are information-centric only about current state of performance¹⁴. One difference is that faculty largely described themselves as obtaining this information about current student performance, not necessarily providing it to the students. Hamid and Mahmood's assertion of teachers not providing feedback may be correct in sense that some associated feedback with obtaining information about student performance, whereas providing same information to the students for improvement was identified as feedback only by two (both from English-medium schooling background)¹³. It seemed schooling background affects individuals' conceptions, requiring further exploration.

Tutors identified positive and negative learning experiences from both pre-clinical and clinical years. Less experienced tutors held students' inability to respond to their feedback as the cause of failure, while more experienced self-reflected on their own shortcomings. Tutors were aware of students' evaluations of teachers using formal feedback forms as a regular feature at the institute; this may have contributed to participants sharing more feedback experiences revolving around teaching being good or bad.

Recent studies conducted in Pakistani healthcare institutions explored feedback in the form of teachers' written comments on assessments and feedback on assessments only^{15,16}, whereas in our study participants' experiences showed that they got information about their performance in ways much beyond written comments or feedback on assessments only.

Tutors used the questioning strategy in lectures for effectiveness of their teaching, student performance was communicated via little verbal appreciation or some moral lecturing. Clinical teachers adopted the

same strategy as described by students in the study by Groenlund & Handal in Australia where tutors first chose to fix the clinical error themselves and managed the patient; however in that study students lamented a lack of corrective feedback whereas tutor experiences showed they discussed the case later with the students¹⁷. This might be related to inadequate skills for delivering effective feedback and language barriers causing students' dissatisfaction¹⁸.

Our study managed to explore the considerations that affected participants' choice of source of information, and factors affecting feedback. Teachers mentioned treating the students 'like our own children' and not to be too harsh with them to drive them away during feedback. Interestingly they neither expressed receiving critique on their teaching, nor were they apprehensive about receiving negative remarks. All indicated a desire to know more about ways to improve teaching.

Another factor that affected feedback practices was time; clinical teachers expressed not having enough time to give more detailed responses to performance, even though they repeatedly expressed to students that they could be approached at any given time. This is similar to findings of a recent study by Bhattacharyya where time and work constraints were identified as major barriers to giving effective feedback¹⁹. However, in a study by Al-Hattami most teachers and students did not see that time, feasibility, amotivation or uncaring attitude towards students could be deemed a barrier to not providing constructive feedback²⁰. Participants also shared hearsay about problems arising out of interaction with students of opposite genders, which contributed to their hesitation.

Attendance of lectures has been previously reported as inversely related to exam performance²¹. However, the use of attendance records as 'feedback', especially as a result of failing in summative exams, was a novel encounter in our study. Assessment driven learning, with more emphasis on year-round assessments was identified by teachers. Other ways laid out in the curriculum used as formal measures for learning progression included lectures, tutorials, laboratory exercises and clinical work. Some teachers were of the view that students themselves were disinterested in tutorials and may be attending just for the sake of marking attendance.

One of the limitations of our study was that data was collected from one institution only. Therefore these findings can only be taken in a specific, context-

tual, revelatory sense and cannot be applied to the general dental setting in the country, nor to the overall geographical area. However, inclusion of a significant sample from the total population of teachers at the institute through a questionnaire, based on insight from the results of this study, may be appropriate for exploring and explaining some of the niche experiences encountered individually by some participants.

Disclaimer

The research was part of the first author's master's dissertation at the University of Dundee, UK (author opted-out of publication of dissertation). Highlights of research component were shared in AEME Conference 2018.

CONCLUSION

Faculty in our culturally different learning environment is devoid of formally instituted feedback practices, have understandings and practices that are both similar and dissimilar in nature to those often described in western-centric literature. Incorporating formal feedback in curriculum, education about the phenomenon of feedback, faculty training to give structured and constructive feedback will help to achieve learning goals.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any authors.

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