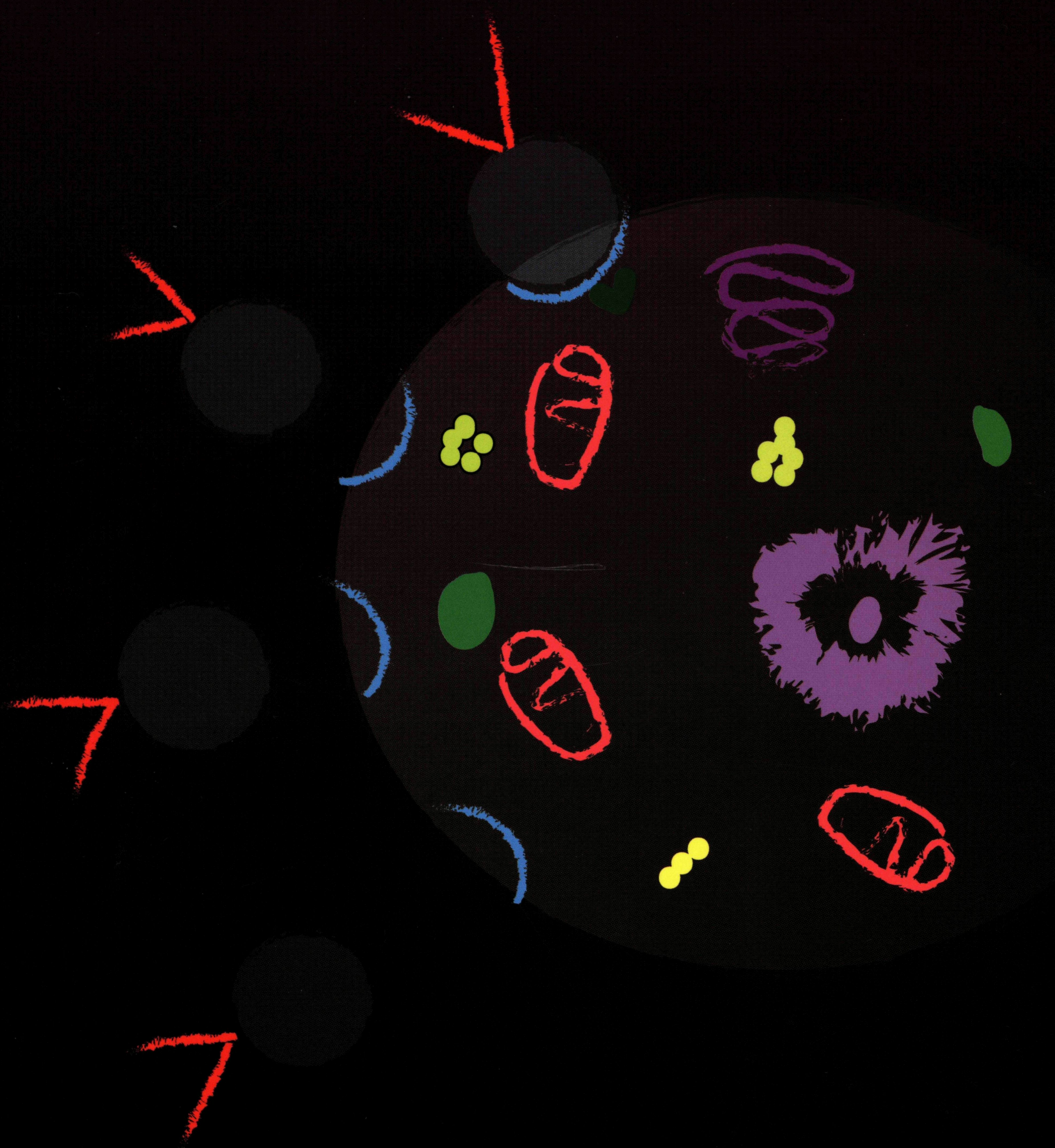
Volume 1 | 2015

COMPENDIUM OF ORAL SCIENCE

The Official Journal of The Faculty of Dentistry



UNIVERSITI TEKNOLOGI MARA

ISSN 2489-1102

COMPENDIUM OF

ORAL SCIENCE

The Official Journal of The Faculty of Dentistry

Volume 1|2015
ISSN: 2489-1102

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Contents

Letter To Editor

Adopting law school pedagogy into teaching and learning of dentistry- my Melbourne experience

Dear Editor,

In 2014, I was fortunate to be accepted into the fully-funded Specialist Certificate in Teaching and Melbourne Teaching Certificate programs at Melbourne Graduate School of Education, ranked world's second-best institution in the field of educational study (QS Top Universities, 2014). In the midst of completing my PhD study at the University of Melbourne, I was determined at taking advantage of the opportunities and gaining as much experience as possible that the University could offer in an endeavor to improve the quality of dental education and practice back home. Meeting other current and future leaders in education, I was overwhelmed by the unique differences portrayed in relation to our academic, career and cultural backgrounds, as well as the enthusiasm expressed by each of the participants. This further inspired me to be adamant in adopting such diversity into establishing a symbiotic relationship that would lead to the advancement of higher education.

One of the tasks during these programs was to observe teaching and learning activities of a colleague from a different faculty, which in my case was law. Coming in for this activity with misconceptions about the teaching of law, I then became stimulated with the amount of discussion, debate and brainstorming in the classroom, brought about by the 'blended learning approach' in teaching. In the teaching of law, the blended learning approach, which integrates face-to-face teaching, independent studying and online learning experience, prepares students to be actively engaged in classroom discussion and brain-storming in discussing examples of legal cases and other learning issues (Hess, 2013). Rather than merely learning the theory or concept outlined in the legal documents, Act or constitution, such learning techniques have been proven effective in preparing graduates with employability skills fundamental to the professional practice of law, including oral and written communication skills, teamwork and time management (Lane, 2016).

From this observational experience, I came to a conclusion that the teaching of dentistry should also adopt an approach such as that of the teaching of law, which emphasized on integrating the fundamentals of scientific theory and professional practice. Such a learning approach is essential, as graduates of Malaysian dental school were reported to be incompetent in applying theoretical knowledge into providing holistic patient care (Yusof, et al., 2010). An effective learning strategy that seeks to focus on comprehensive patient management through evidence-based approach is therefore important in order to prepare students for the future challenges of clinical practice. A learning environment that stimulates students' active participation in teaching and learning is also integral to developing strong interpersonal skills and professional demeanour, which is crucial for one's future career progression.

Similar to the teaching of law, blended learning approach has been introduced and implemented in dental schools around the world, including Malaysia (Bhardwaj, et al., 2015, Maresca, et al., 2014, Reissmann, et al., 2015). The blended learning approach has been found effective in improving students' clinical skills, understanding and interest in the subject matter (Maresca, et al., 2014, Reissmann, et al., 2015). Self-directed learning approach, adopted in blended learning, also encourages students to become self-sufficient individuals in undertaking independent life-long learning (Faraone, et al., 2013). In addition to blended learning, I hereby opine that problem-based-learning (PBL) activities should be implemented in integration with the former, and in a larger scale, in order to provide students with opportunities in engaging and applying the theories they learn into managing patients in a clinical setting (Barman, et al., 2006). The current extent of PBL incorporated into the undergraduate dental curriculum in Malaysia should be enhanced, with more sessions conducted to discuss a variety of clinical cases. Case scenarios that include aspects relating to systemic health, socio-economic status, emotional and psychological wellbeing, environmental factors including cultural and social norms, as well as other issues that may affect treatment planning and maintenance of health need to be incorporated in an attempt to prepare students for providing care in a holistic manner. Implementation of blended-learning activities, which reduces the content of learning to be carried out face-to-face, allow for more opportunities for PBL to be conducted.

Besides increasing the amount of student' engagement with PBL, the implementation of PBL should also be assessed, to ensure its' quality and effectiveness. Students' diversity, such as that related to language proficiency, cultural values or technology literacy, need to be assessed and addressed, as some Asian students reported facing difficulty in adapting to this learning method (Sanders and Lushington, 2002). Dental educators, including academic advisors and mentors, need to play a proactive role in identifying students who experience issues in adapting to PBL activities, and develop strategies to remedy issues faced by these individuals. A one-stop academic center that caters for guiding students who experience learning difficulty, such as that available at the University of Melbourne, would be beneficial in supporting students' diversity in any area of learning.

Another suggestion for an improved students' learning experience, adopted in other institutions, is to establish a 'think tank' or a focus group, consisting of student representatives from each academic year to address any pedagogical issues. Such initiative is relevant in Asian countries, where the students are culturally unprepared to be critical and outspoken, especially during teaching and learning (Khoo, 2003). Lack of student-faculty engagement may also occur as a result of superiority standard that exists within the dental fraternity, in which specialists are held in high regard and may be perceived as being too intimidating to be approached (Rowland, et al., 2010). Having a 'think tank' group and faculty student advocate may bridge this gap as representatives from both sides of the party collaborate to improve the quality of teaching and learning (Pritchard, et al., 2009).

Overall, the programs have offered me an interesting experience and opportunity to learn from peers across the University, dedicated to development of teaching and learning. I learnt the different educational challenges encountered by other disciplines and the various teaching strategies adopted. Such an experience provided me with a valuable insight into enhancing my own teaching performance, drawn by integrating the various perspectives of academicians of other fields.

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SUBMISSION GUIDELINES

Mission and Scope:
*Compendium of Oral Science (*Compend.Oral.Sci*), is the official journal of the Faculty of Dentistry, Universiti Teknologi MARA (UiTM). The goal of Compendium of Oral Science is to publish peer-reviewed, hypothesis-driven,original research articles on a broad range of topics of general interest to those working on the oral science and dentistry. The journal welcomes submissions in a wide array of subspecialties from throughout the world in achieving this goal.*

Types of Articles Published
Authors are invited to submit manuscripts for publication as Regular articles (full-length research reports), short communications, case reports, Reviews and Letters to Editors.

Regular Articles: These should describe new and carefully confirmed findings, and experimental procedures should be given in sufficient detail for others to verify the work. The length of a full paper should be the minimum required to describe and interpret the work clearly.

Short Communications: Short communications should aim at being **no longer than two printed pages**. They should contain important, new, definitive information of sufficient significance to warrant publication. Short communications need not follow the usual division into Material and Methods etc. but should have a short Abstract.

Case Reports: Illustrating unusual and clinically relevant observations are acceptable but their merit needs to provide high priority for publication in the Journal. On rare occasions, completed cases displaying non-obvious solutions to significant clinical challenges will be considered. Short papers not exceeding 1200 words, a maximum of three illustrations (with consideration to certain case reports) and five references may be accepted for publication if they serve to promote communication between clinicians and researchers.

The main text of **case reports** should be organized with Introduction, case report, discussion and conclusion.

A paper submitted as a brief clinical / case report should include the following:

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- The **case report** itself (a brief description of the patient/s, presenting condition, any special investigations and outcomes);

Discussion which should highlight specific aspects of the case(s), explain/interpret the main findings and provide a scientific appraisal of any previously reported work (if any) in the field. Interpretation of their significance and to draw a **Conclusions** or generalizations about future cases when warranted by the evidence presented, or suggestion for further possible studies.

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- **Manuscript Title:** The Author(s) name(s) (identify the corresponding author, with complete address, telephone, FAX, and e-mail information).(50 word maximum)
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- **Brief Statement of Significance:** A statement that describes the significance of the paper.
- **Statement of Direct Participation:** statement that declares that all of the authors have directly participated in the planning, execution, or analysis of the study and resulting paper, and have read and approved the version submitted.
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As an integral part of the submission process, Corresponding authors are required to confirm whether they or their co-authors have any conflicts of interest to declare, and to provide details of these.

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- **Human subjects:** When reporting on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the Helsinki Declaration (1964, amended most recently in 2008) of the World Medical Association. Manuscripts should include a statement that the patient's written consent was obtained and any information, including illustrations, should be as anonymized as far as possible. Authors should indicate that the design of the work has been approved by local ethical committees or that it conforms to standards currently applied in the country of origin. The name of the authorizing body should be stated in the paper.

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Authors should indicate that the design of clinical trial study has been approved by local ethical committees / appropriate authority or that it conforms to standards currently applied in the country of origin. The name of the authorizing body should be stated in the paper. The clinical trial registration number and name of the trial register will then be published with the paper.

Funding

All sources of funding should be declared in the Acknowledgements. If a private/commercial sponsor supported the research, authors are advised to describe the role of the study sponsor (s), if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication. If the funding source had no such involvement, this should be stated.

Details of all funding sources for the work in question should be given in a separate section entitled 'Funding'. This should appear before the 'Acknowledgements' section.
The following rules should be followed:

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- The full official funding agency name should be given, i.e. 'National Institutes of Health', not 'NIH' (_Grant numbers should be given in brackets as follows: '[grant number xxxx]'
- Multiple grant numbers should be separated by a comma as follows: '[grant numbers xxxx, yyyy]'
- Agencies should be separated by a semi-colon (plus 'and' before the last funding agency)
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An example is given here: 'This work was supported by the National Institutes of Health [AA123456 to C.S., BB765432 to M.H.]; and the Alcohol & Education Research Council [hfygr667789].'

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Submitted manuscripts are subject to peer review and are expected to meet standards of academic excellence. Peer-reviewers identities will remain anonymous to the authors. The Editor-in-Chief's decision regarding publication is based on the recommendation of the reports of reviewers, which will, at the Editors' discretion, be transmitted to the authors.

Authors may suggest the names and addresses of a few potential reviewers. The Editors and Associate Editors will be guided but not necessarily bound by these suggestions.

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Manuscripts must be written in English. Manuscript documents should be formatted as follows:

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- Double spaced
- 2.5 cm (1 inch) margins
- Justify
- Page numbers at the bottom of each page; centered or right-justified
- **11-point font**; restrict fonts to **Arial** throughout the manuscript (Use of other fonts is not recommended and could result in problems with converting your manuscript for review.)

- Avoid boldface, underlining, or italics in the manuscript

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- We do not publish Appendices.
- Do not embed figures into the manuscript. They must be uploaded as separate files for each figure.

Separate pages should be used for the following:**(1) title page (s), (2) abstract, (3) text, (4) footnote(s) to the text, (5) references, (6) table(s), (7) legend(s) to figure(s), (8) declaration of Funding and Conflict of Interest** . The manuscripts should be arranged in the order indicated above and all pages should be numbered in succession except the figure(s), **the title page being page 1.**

Indicate the appropriate location in the text of the tables, figures, and other subsidiary materials by marginal notes. Latin words should be italicized (for example: in vitro, i.e., etc., per se). Footnote(s) to the author's name (s) and affiliation(s) should appear on the title page. All footnotes should be numbered in succession with superscript, Arabic numerals, starting from the title page footnote(s). Footnotes to tables should be identified with superscript lower case (a, b, etc.), and placed at the bottom of the table. Acknowledgement (if any) should appear after the main text, and before the References. It is advised that authors note any conflict of interest in this section.

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A desirable plan for the organization of a **Regular Paper** is as follows: **(1) TITLE (2) ABSTRACT, (3) INTRODUCTION** with no heading, **(4) MATERIALS AND METHODS (5) RESULTS (6) DISCUSSION (7) REFERENCES.**

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2. Abstract

i) The Abstract should ***not exceeding 250 words***. Abstract text should be divided into the following sections: **Objectives** (a brief statement of the purpose of the investigation along with the the working hypothesis)- **Materials and Methods** (A brief description of the materials and experimental method used); **Results** (state the results simply and clearly so that significant facts can be readily identified, where appropriate, statistics should be clearly stated); **Conclusions** (a brief summary of the essential results you believe were demonstrated by the experimental data and the impact of the results). Abstract should be in a form comprehensible to any scientist and suitable for publication without the full article text.

Avoid statements such as "The significance of these results is discussed" that do not help the reader. The abstract should be intelligible to the non-specialist as well as the specialist in your field, and hence should avoid specialized terms and abbreviations.

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For guidelines on how to report statistical results, see Bailar, JC, Mosteller, F (1988) Guidelines for statistical reporting in articles for medical journals. Ann Intern Med, 108:266-273; Curran-Everitt, D, Benos DJ, (2004) Guidelines for reporting statistics in journals published by the American Physiological Society. J Neurophysiol, 92:669-671; Lang, TA, Secic, M (2006) How to report statistics in medicine: annotated guidelines for authors, editors and reviewers, 2nd edition, Philadelphia, PA, ACP Press; Sarter M, Fritschy JM (2008) Eur J Neurosci 28:2363-2364. compact presentation.

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P value. The description of statistical results in the figure legends should be limited to important post hoc comparisons.

Statistical methods should be described with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, findings should be quantified and appropriate measures of error or uncertainty (such as confidence intervals) given. Details about eligibility criteria for subjects, randomization and the number of observations should be included. The computer software and the statistical method(s) used should be specified with references to standard works when possible

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The discussion section presents the interpretation of the findings, this is the only proper section for subjective comments. The discussion section should be as concise as possible and should include a brief statement of the principal findings while avoiding repetition of statements provided in the Abstract or the Results section.

A discussion of the validity of the observations, a discussion of the findings in light of other published work dealing with the same or closely related subjects, and a statement of the possible significance of the work. Extensive discussion of the literature is discouraged.

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Only published and "in press" (i.e., accepted for publication in a specific journal or book) references should appear in the reference list at the end of the paper. The latest information on "in press" references should be provided. Any "in press" references that are relevant for reviewers to see in order to make a well-informed evaluation should be included as a separate document text file along with the submitted manuscript.

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References should be cited in the text as follows: "The procedure used has been described elsewhere (Green, 1978),"or "Our observations are in agreement with those of Brown and Black (1979) and of White et al. (1980),"or with multiple references, in chronological order: "Earlier reports (Brown and Black, 1979, 1981; White et al., 1980; Smith, 1982, 1984).... "

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