

Journal Pre-proof

Teacher Feedback and Student Learning-The Students' Perspective

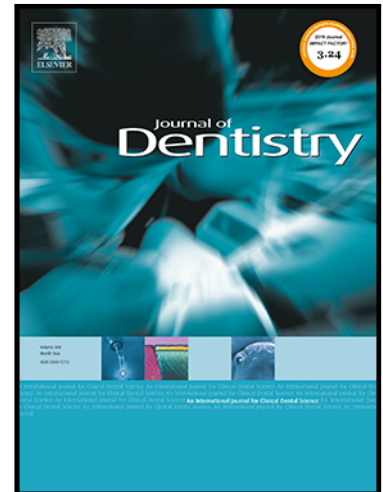
Leung A , Fine PD , Blizard R , Tonni I , Ilhan D , Louca C

PII: S0300-5712(22)00298-6
DOI: <https://doi.org/10.1016/j.jdent.2022.104242>
Reference: JJOD 104242

To appear in: *Journal of Dentistry*

Received date: 27 June 2022
Revised date: 19 July 2022
Accepted date: 22 July 2022

Please cite this article as: Leung A , Fine PD , Blizard R , Tonni I , Ilhan D , Louca C , Teacher Feedback and Student Learning-The Students' Perspective, *Journal of Dentistry* (2022), doi: <https://doi.org/10.1016/j.jdent.2022.104242>



This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2022 Published by Elsevier Ltd.

Teacher Feedback and Student Learning-The Students' Perspective

Leung A¹, Fine PD¹, Blizard R¹, Tonni I³, Ilhan D⁴ Louca C².

1=UCL Eastman Dental Institute, London, UK

2=University of Portsmouth Dental Academy, Portsmouth, UK

3=University of Brescia, Brescia, Italy

4=Istanbul Medipol University, Istanbul, Turkey

Correspondent Address: Dr Peter Fine p.fine@ucl.ac.uk

Professor Albert Leung albert.leung@ucl.ac.uk

Professor Chris Louca chris.louca@port.ac.uk

Dr Ingrid Tonni ingrid.tonni@unibs.it

Dr Duygu Ilhan duyguilhan@yahoo.com

Mr Robert Blizard r.blizard@ucl.ac.uk

Abstract:**Introduction:**

Feedback from teachers to students plays an important role in informing students about the outcome of their assessments. It contributes to students' ongoing learning. The aim of this study was to investigate dental students' perceptions of the feedback given to them by their teachers in Europe.

Materials & methods:

An online questionnaire was completed by dental students throughout Europe in this quantitative study. Data were collected via Google Forms, transferred to an excel spreadsheet and analysed using SPSS software Version 24.

Results:

234 students studying in 9 different European countries completed the questionnaire. These students were born in 36 different countries within and beyond Europe. 84% (n=197) were undergraduate students. 20.3% (n=48) students reported receiving feedback following summative assessments. 81.2% (n=190) students reported constructive criticism as their preferred mode of receiving feedback. 11.3% (n=26) students did not know who delivered the feedback to them. 71% (n=166) students felt that the feedback they received had a significant impact on their future learning.

Conclusion:

It would appear that there is some diversity in dental students' perceptions of: i) who delivers feedback, ii) when feedback is given, iii) the consistency of feedback received, and iv) the style of feedback they preferred compared to that delivered by tutors. Feedback is being provided to dental students in an appropriate and helpful manner, although there is still room for improvement. Students were aware of the significance of feedback and its impact on future learning.

Clinical significance:

Most European dental students prefer to receive constructive feedback. Feedback was seen to have a significant impact on future learning despite over one in five students not knowing who had delivered their feedback. Feedback following clinical teaching should have a positive effect on students' skills and motivation to learn.

Keywords: feedback methods, feedback delivery, student learning

Disclosure Statement:

None of the authors have reported any Conflicts of Interest in the production of the study or writing this manuscript.

Introduction:

Feedback is considered essential for the learning process for students¹⁻³. One particular difficulty is identifying a definitive definition for feedback. It is suggested that "Feedback is an essential part of education and training programmes. It helps learners to maximise their potential at different stages of training, raise their awareness of strengths and areas for improvement, and identify actions to be taken to improve performance"⁴. In educational settings, feedback has also been characterized as: "Information provided by an agent regarding aspects of one's performance or understanding"¹. Feedback has also been defined as, "The means by which a student is able to gauge at each stage of the course how he or she is going in terms of the knowledge, understanding and skills that will determine his or her result in the course"⁵. The delivery of feedback is bi-directional, namely tutors to students and students to tutors⁶. Surveys looking at the student learning experience often highlight the lack of feedback students identify they receive⁷. The findings of the National Student Survey (NSS) for undergraduate students in UK universities is one such example⁷. Studies have also shown that most tutors consider feedback to be integral to the student learning experience³. However, there are variations in what is understood by the term 'feedback' and how it is interpreted in educational circles^{1,5,8,9}. Further evidence adding to the confusion in the definition of feedback was reported particularly related to the clinical settings^{8,9}. This lack of clarity in defining the role of feedback can be partially ameliorated by using the following five broadly based outcomes when delivering feedback, to: i) make corrections, ii) effect reinforcements, iii) undertake forensic diagnoses, iv) establish bench-marking and v) facilitate longitudinal development, as in the concept of feed-forward¹⁰. Given the inherent anomalies with feedback described above, it is therefore understandable that students are generally critical of the feedback they receive.

The literature has highlighted the importance of confidence to dental students in the learning process, at the undergraduate and postgraduate levels.^{8,9,11} Feedback received by students following a summative assessment or during a formative teaching session would help to develop student confidence, which in turn will have a positive impact on their motivation and goal setting. This will enhance the students' learning experience^{9,10,12,13}.

It has been reported that students perceived a grade or mark given, following a summative or formative assessment, as more important than the feedback itself¹⁴. However, it has been stated that omission of grades when giving feedback to students engenders more confidence and thereby reinforces the value of observational feedback to support their learning¹⁵. Clinical students' perceptions of feedback

suggested that they were mindful of the objectives for giving feedback, and the degree of this awareness varied according to their stage of training¹⁶. Senior undergraduate clinical dental students ascribed greater value to feedback than their junior counterparts and perceived it to provide useful recommendations to enhance their development. They also conveyed that limited actual feedback experienced by students was the main reason for their frustration¹⁶

There has been much speculation about the cultural influences on how feedback is delivered or received. Endorsed strategies supported by the published literature emphasised the socio-cultural aspects of these multifaceted exchanges. They employed fundamental notions from three hypotheses underpinning the suggested approaches and included socio-cultural, politeness and self-determination theories¹⁷

The assumption that “one size fits all” when looking at feedback has been well illustrated when looking at the influence of culture on how feedback was received within the same organisation. In this study, workers in Germany preferred feedback to be tough, critical, to-the-point and negative, whereas workers in China preferred a less demotivating, softer style of feedback¹⁸.

This study aimed to investigate the perceptions dental students had of their teacher delivered feedback.

Methodology:

Research Ethics Committee approval was given by University College London (UCL) (6552/001).

This study analysed data collected via a questionnaire, which although not strictly validated was designed according to published guidelines¹⁹, to gather information from undergraduate and postgraduate dental students throughout Europe. The questionnaire was only delivered in English as this is the most common language used in dental education throughout Europe. European countries were defined as either: i) European Union (EU) member states or ii) Non-EU states, with a mutual Customs Union agreement with the EU, at the time of data collection²⁰. For data analysis, Turkey was considered as part of Eastern Europe.

The use of questionnaires are considered a useful research tool for collecting data including difficult to quantify aspects, such as views, experiences, perspectives and values¹⁰.

This current study used a mainly quantitative questionnaire for collecting useful information to ascertain trends in perceptions, opinions and beliefs^{21,22}. The design of the questionnaire was informed by the literature where similar healthcare settings were investigated²³.

For clarity and to reduce ambiguity for respondents, feedback for this study was defined as: “Verbal, written or audio-visual information, relating to a person’s performance with a task, which can be used to improve their performance”³. The questionnaire included a combination of Likert scale, open text boxes, single answer, and multiple-choice type questions as previously described¹⁹.

The online questionnaire (Google Forms; docs.google.com/forms/), was distributed by the Association for Dental Education in Europe (ADEE). The questions were arranged into three parts: i) demographic data, ii) actual feedback delivery and iii) students’ preferences on how feedback should be delivered. The questionnaire was tested, refined and finalised following a pilot study with the dental students at Brescia dental school in Italy. The questionnaire was delivered to European dental schools that expressed an interest (at a previous ADEE conference) in supporting the study.

A reminder email was sent after two weeks, and the questionnaire stayed open for a further month to optimise the response rate. Data were collated (Excel Spreadsheet, MS 2016) and analysed (IBM SPSS Statistics for Windows, Version 24.0. Armonk, NY: IBM Corp)²⁴.

Results:

234 responses were received from dental students studying in eleven dental schools located in nine different European countries. In total 48 different countries were represented in the study, by virtue of the respondents’ country of birth (n=36), the country where they lived from 0-18 years (n=46) and the country where they studied dentistry (n=9). The geographic spread of respondents included Europe (n=18), the Middle East (n=12) and the rest of the world (n=18). 77.4% (n=181) students studied in their country of birth. The mean respondent student age was 24.5 years (SD 18.4). 84% (n=197) of the respondents were undergraduate students. Undergraduate students had been studying for a mean of 2.2 years (SD 1.04) whereas postgraduate students studied for a mean of 2.7 years (SD 2.17).

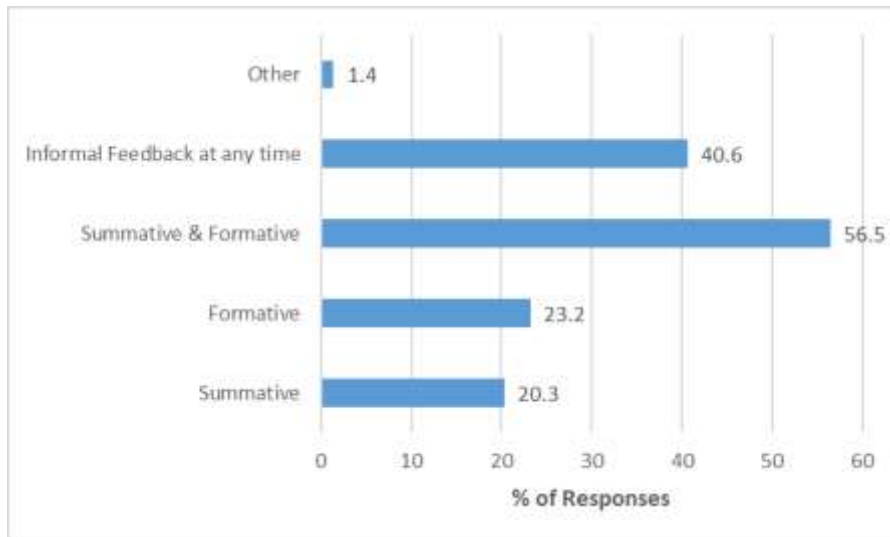


Figure 1. Opportunities for feedback from the Tutors

Figure 1 illustrates the various opportunities for tutors to deliver feedback to students, which took place predominantly following formative and summative assessments. 40.6% (n=95) of the respondents indicated that they received informal feedback at any time.

82.6% (n=193) of the respondents stated that it was important who delivered feedback to them. The most common person to deliver feedback was reported to be the tutor (57.3%; n=134). Unexpectedly, 15% (n=35) of dental school administrative staff were reported by the respondents to have delivered feedback to them. Interestingly 10.3% (n=24) of the respondents reported not receiving any feedback whatsoever.

The majority of the respondents reported that 'constructive criticism' was their preferred style of feedback delivery (66.2%; n=155) (Figure 2). It was interesting to note that only 50.9% (n=119) reported receiving 'constructive criticism'. 1.7% (n=4) preferred to receive 'negative criticism', however, 23.1% (n=54) of the respondents reported actually receiving 'negative criticism' (Figure 2).

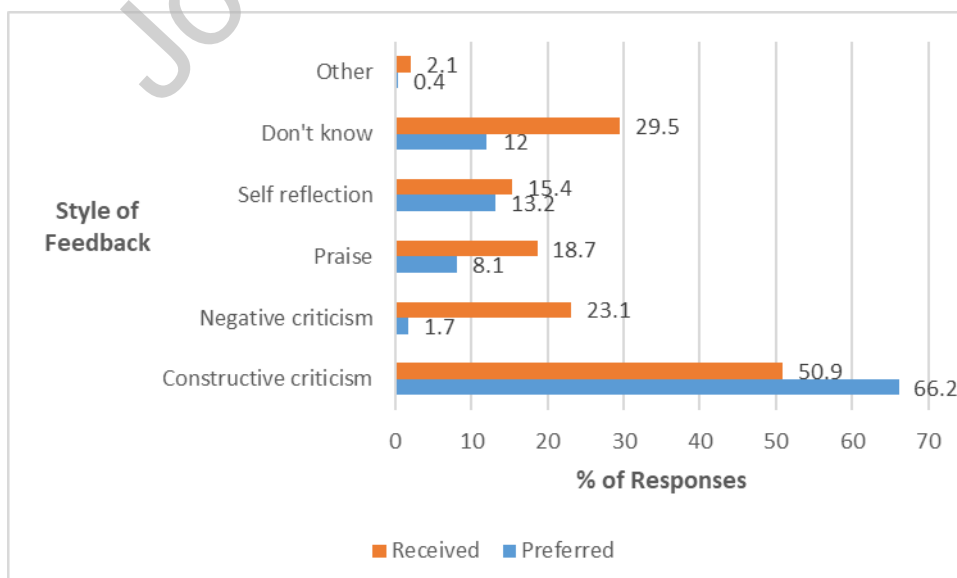


Figure 2. Style of feedback preferred and received by students

It can be seen that the majority of students preferred to receive 'constructive feedback', but a minority of students mainly from Eastern Europe reported favouring 'praise' (9.6%; n=16) or 'self-reflection' (13.2%; n=22) as their preferred style of feedback (Figure 2). 16.2% (n=27) of the students from Eastern Europe reported not knowing what style of feedback they preferred.

86% (n=201) of the students reported that the feedback they received had a positive impact on how well they performed in future assessments.

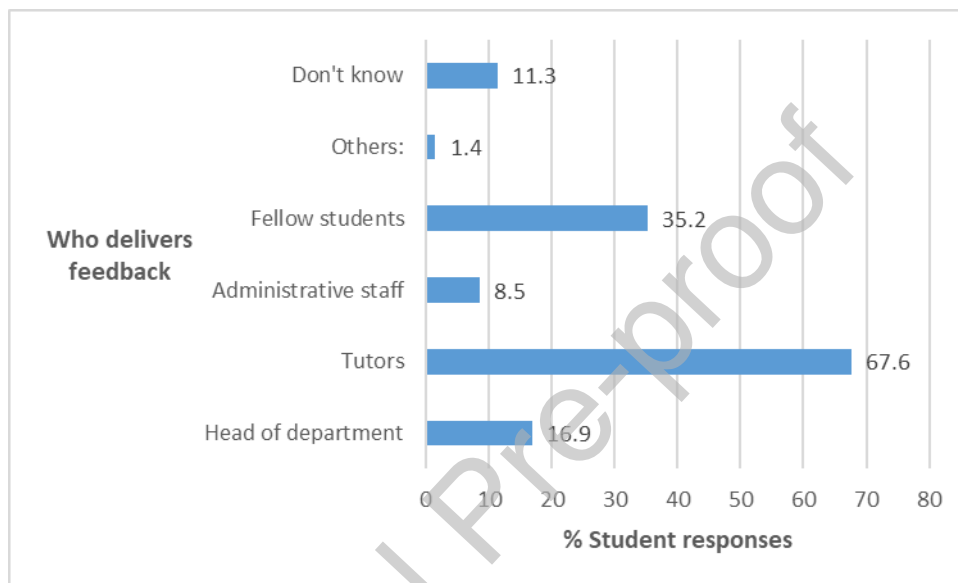


Figure 3. Illustrates students' reporting of who delivers feedback

Figure 3 illustrates that student reported 67.6% (n=158) of feedback was provided by their tutors. However, 35.2% (n=82) of the students identified that feedback was delivered by their fellow students.

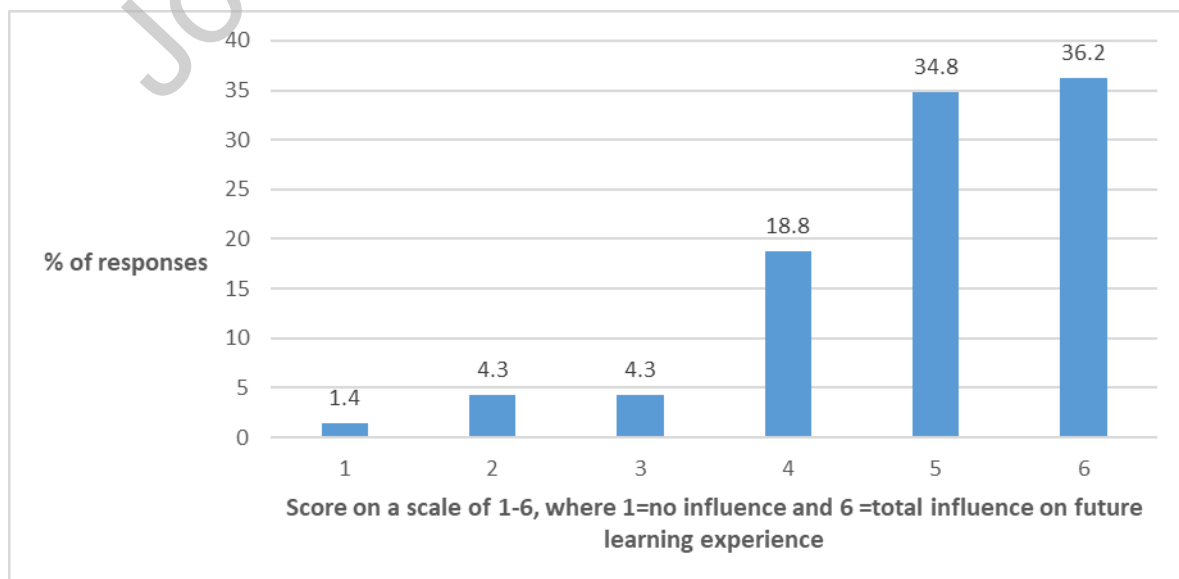


Figure 4. Illustrates students' thoughts on whether feedback influences future learning experience

A total of 89.8% (n=210) of the students scored 4, 5 or 6 to this question (Figure 4) and therefore agreed that feedback did influence their future learning.

46.2% (n=108) of the students received their feedback online.

Students from all regions of Europe preferred to receive feedback as constructive criticism (43%; n=100). However, some students from Eastern Europe reported self-reflection (9.4%; n=22) and praise (6.8%; n=16) as their preferred form of feedback (Figure 5).

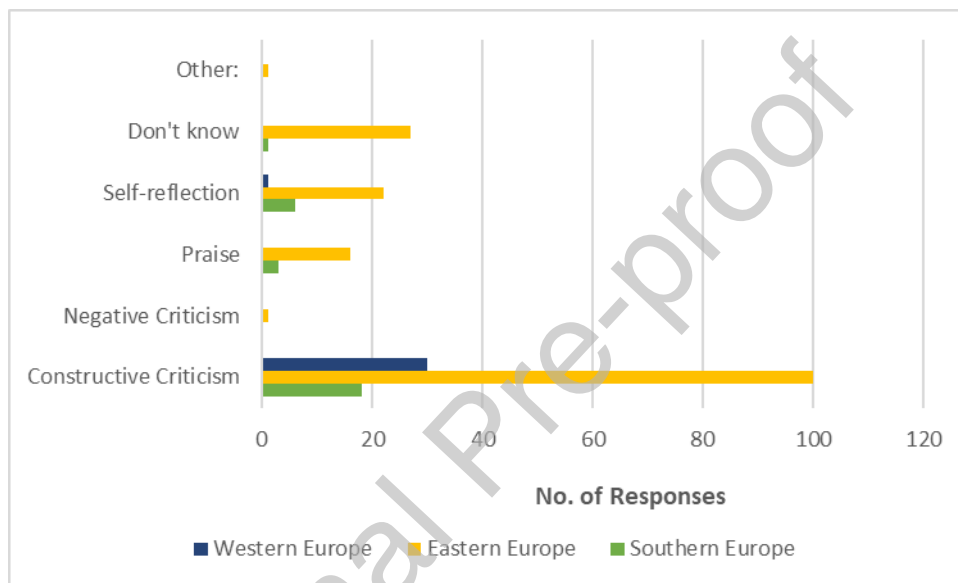


Figure 5 Illustrates the style of feedback preferred by students and their region of study in Europe (No respondents studied in Northern Europe)

Discussion:

This study evaluated data collected from questionnaires completed by undergraduate and postgraduate dental students whilst studying in eleven dental schools located in nine European countries.

The demographic distribution of respondents showed a wide variation in age, the number of years of study and whether they were undergraduate or postgraduate students. It was also noticeable that a minority of students studied dentistry in a country different to their place of birth. This would indicate that some students relocated to other countries to study dentistry. It may also indicate a lack of training opportunities within their country of birth, or a family relocation. This trend for

studying outside the country of birth was also noted for students from non-European countries such as Afghanistan, India, Pakistan and Malaysia, who wished to study at European dental schools. This also echoed similar motivational reasons why, and the general trend of how, students migrate to study abroad as part of a global society²⁵.

It was encouraging to see the student respondents in this study reported that informal feedback not related to assessment was provided as frequently as more formal feedback linked to formal assessments. These findings were supported by similar observations reported by tutors in a previous questionnaire based study³. This corroborates the overall importance of tutors providing feedback to dental students, and ensuring that it “is embedded in education, training and daily professional activities”²⁶.

It is gratifying to note that in several circumstances the students’ perceptions of feedback are comparable to those reported by tutors³. There are however some exceptions that are worthy of further consideration. Only one in five of the student respondents in the current study considered that they received feedback following a summative assessment, whereas nine out of ten tutors reported that they delivered feedback after a summative assessment³. This large discrepancy could be explained by: i) the absence of a clear universally accepted definition of feedback; ii) students not recognising when they had received feedback from tutors; iii) variations in the value of feedback delivered by tutors; iv) students not acting upon the feedback given, due to a lack of confidence²⁷, and v) lack of experience in using the feedback process to enhance future learning, as per the concept of feedforward²⁸.

Despite the diversity, regarding the country of birth and early years of life, amongst the respondents in this study, students from participating schools overwhelmingly reported that their preferred style of feedback was constructive criticism. Potentially expected cultural differences in perceptions of feedback, as identified by other authors^{29,30,31} was not observed in this study. The lack of any cultural influence on feedback seen in this current study might be because students adopted a European style of feedback preference, thereby nullifying any potential cultural influence. The role of cultural differences with the delivery and receipt of feedback had not been taken into account with this current sample. Future studies could perhaps investigate the potential cultural implications of feedback delivery and receipt.

The current study reported that the student respondents had some preference for self-reflection as a favoured style of feedback. Reflection is a skill that can be developed in response to feedback to facilitate learning²⁶. One difficulty that students have with learning how to reflect is the lack of experience that tutors themselves have with self-reflection³⁰, making it onerous for the teachers to guide the students in developing the pertinent aspects of self-reflection.

The importance of reflection within the feedback process cannot be overstated. Participating in reflection is an essential element of education for university students.

Giving and receiving feedback in a reflective fashion will improve with practice and experience.³² Reflective learning requires students to contemplate the feedback they receive and feed forward to the next assessment thereby fulfilling the learning cycle³³. One teaching model describes a role for reflective learning to facilitate students' using feedback to feed-forward to the next assessment, thereby concluding the learning cycle³².

The style of feedback delivery can have an impact on the effectiveness of that feedback. A very small quantity of students in this study preferred to receive feedback as negative criticism, whilst the vast majority preferred constructive criticism. However, one in four students reported receiving negative criticism. In practice, this may be regarded as having a detrimental impact on the learning of students learning resulting in demotivation and deterioration in performance³¹

Many students in this current study felt that praise was an appropriate form of feedback. The importance of praise as an effective technique for delivery of feedback has been emphasised and suggested the beneficial impact of high rates of praise from tutors³⁴. It has been suggested that remedial feedback to facilitate improvement was linked with precise self-evaluation, compared to a high standard of positive feedback, such as praising good work which can result in students overrating their performance³⁵. Both remedial and praise feedback, have been reported to improve performance³⁶. This is in contrast to studies showing students in receipt of solely praise or complimentary feedback did not demonstrate similar levels of improvement compared to those in receipt of remedial feedback³⁷. It has been shown that the accomplishment of undergraduate medical students in receipt of instructive or constructive feedback, compared to those who received only praise for identical surgical procedures undertaken, indeed demonstrated a statistically significant improvement³⁸. This shows that the concept of praise alone is not universally accepted as a useful feedback technique. Although it may be pleasing for students to receive feedback through praise, this may not necessarily be the best approach without also considering other aspects of feedback delivery.

Concerning who delivered feedback to the student respondents, unsurprisingly seven out of ten students received feedback from their tutors, as was reported³. However, one third of student respondents reported receiving feedback from their peers. Despite potential reservations about the quality of feedback given by peers, it was reassuring to note that a previous study concluded the absence of significant variations between the quality of feedback delivered by either experts or peers³⁹. The use of peer feedback can therefore be a useful adjunct to traditional staff assessment and feedback. This standpoint resonates with further work⁴⁰. which was in agreement that the provision of suitably trained students to deliver peer feedback following peer assessment; thereby helping to tackle the issue of staff and resource limitations, by delivering adequate and timely feedback⁴⁰. This is in contrast to students reporting tutor feedback to be comprehensively of greater value than peer feedback⁴¹. These authors concluded that peer feedback could provide support on clinical proficiency

assessments, although effective instructions are required to provide “peer feedback in a collaborative learning environment (as).... a reliable assessment for professionalism and may aid in the development of professional behaviour”⁴². Further peer feedback as part of a peer review process was reported to have “relatively modest improvements in the performance of dental students”⁴³. On the other hand, from the students’ perspective, it has been reported that peer feedback was the most useful aspect of the feedback process⁴⁴.

Whilst student respondents felt it was important who delivered feedback to them, it was interesting to note that approximately one in ten of them did not know who delivered their feedback. This finding was in agreement with previous studies who stated that “Feedback must come from a credible, trustworthy supervisor who knows the student well, be delivered in a safe environment and stress both strengths and points for improvement”⁴⁵. It was not possible within the current study to determine whether administrative staff within participating dental schools were directed by either academic or clinical tutors to deliver feedback to students by an academic or clinical tutors to deliver feedback to the students or whether they acted autonomously. Although health care settings may differ it has been considered that any member of a multi-disciplinary team with appropriate knowledge of the issues could deliver effective feedback²⁶. Feedback delivered in this manner can “give a clear direction of travel to improving behaviours, attitude and skills in clinical practice”²⁶.

In spite of the modern technologies available to expedite communication with students, the oral/spoken approach with individuals or groups in a face-to-face fashion remains an ever dominant approach⁴⁶. In the current study, tutors reported an overwhelming preference for personal conversations with students, when delivering both academic feedback and pastoral support. This supports the observation that face-to-face communication is favoured by students for on-site teaching with frequent interaction between tutors and student⁴⁷.

Most student respondents reported that the feedback they received did have a positive influence on how they performed in future assessments, with only one in ten of them indicating that it either didn’t have a positive effect or that they were uncertain. This would indicate that the majority of undergraduate and postgraduate dental students in this study were pleased with feedback delivered to them, which was perhaps against the trend of students from other faculties in the UK⁷. In contrast, others have reported that student learners expecting feedback, would use superior approaches from the very beginning, to facilitate their learning⁴⁸. This is encouraging as the majority of student respondents in this study clearly received feedback and responded to it positively, thereby advancing their ongoing learning.

This study collected data before the COVID-19 pandemic when face-to-face teaching was the norm. During the global lockdown of 2020-21, the style of teaching both undergraduate and postgraduate dental students had to be adapted⁴⁹ to accommodate social distancing and remote learning; this could present a good opportunity for future studies.

Limitations:

One possible limitation of this study was the use of a questionnaire delivered only in English, thereby potentially disadvantaging non-native English speakers. However, this approach was adopted to avoid potential inconsistencies in translation and noting that English is the most commonly used language in dental education in Europe.

There is a need for developing a specific feedback culture. “An integrated approach must be developed to support a feedback culture” and to realise genuinely valuable feedback, the health care professions need to encourage student reflection⁵⁰

It would be helpful to develop a definition of feedback that encompasses all aspects of teaching in dentistry, which may also be inclusive of medical education. The number of definitions for feedback within the educational domain, do not take into account the important clinical teaching role that is fundamental to dental and medical education.

The relatively low response rate to this study means that the results may not be representative of all dental students' views throughout Europe.

Conclusion:

Students largely perceived that feedback was provided to them in a judicious manner, which helped to address their learning needs. Most student respondents preferred to receive feedback in the form of constructive criticism, and there after self-reflection and praise. Although comprehensive feedback was being provided to dental students in this study in an appropriate and helpful manner, there is still room for improvement.

Based on observations during the study and the literature, the authors propose the following definition of feedback for dental education taking into consideration the clinical nature of the profession: "The provision of specific information comparing the clinical and non-clinical performance of students and tutors, against recognised and agreed good practice standards, with the intention of improving this overall performance".

Conflict of interest:

There were no financial or professional interests that affected the study

Credit Author Statement

The authors are very grateful to the Journal of Dentistry Editorial team and reviewer for the positive outcome for our manuscript. We look forward to seeing it in the journal in the fulness of time.

Data availability statement:

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Acknowledgements: The authors would like to acknowledge the considerable contribution made by the undergraduate and postgraduate dental students who generously responded to our questionnaire, which forms the basis of this study. Without their co-operation and generous contribution, this work would not have been possible. We also thank the administrative team at the Association for Dental Education in Europe (ADEE) for their help with distributing the questionnaire.

BIBLIOGRAPHY:

1. Hattie J & Timperley H. 2007. The power of feedback. *Review of educational research* Vol 77(1):81-112
2. Carless D, Salter D, Yang M, Lam J. 2011. Developing sustainable feedback practices. *Studies in Higher Education* Vol 36(4):395-407. <https://doi.org/10.1080/03075071003642449>
3. Leung A, Fine P, Blizard R, Tonni I, Louca C. 2020. Teachers Feedback and Student Learning: A Quantitative Study. *Eur. J Dent Educ.* Vol 25(3):600-606 <https://doi.org/10.1111/eje.12637>
4. Ramsden P. 1992. *Learning to Teach in Higher Education*. New York: Routledge.
5. Scott S. 2014. Practising what we preach: towards a student-centred definition of feedback. *Teaching in Higher Education*; Vol 19(1):49-57
6. Tovani C. Sept. 2012, Feedback Is a Two-Way Street. *Educational Leadership*, Vol 70 (1):48-51
7. National Student Survey - Be Heard". NSS. 2010-01-11. Archived from the original on August 22, 2010. Retrieved 2021-01-17.
8. Van de Ridder J, Stocking K, McGaghie W & Ten Cate O. What is feedback in clinical education? *Medical Education* 2008. Vol 42(2):189-197
9. Tricoli E & De Pasque S. 2016. The role of feedback in learning motivation. *Advances in Motivation and Achievement*, Vol 19: 175-202
10. Morisano D, Hirsh J, Peterson J, Pihl R, & Shore B. 2010. Setting, elaborating and reflecting on personal goals improves academic performance. *Journal of applied psychology* Vol 95: 255-264
11. Fine P, Louca C & Leung A. The Impact of a Postgraduate Learning Experience on the Confidence of General Dental Practitioners. *Dent. J.* 2017, Vol 5(2), 16; <https://doi.org/10.3390/dj5020016>
12. Bandura A & Cervone D. 1983. Self-evaluation & self-efficacy mechanisms governing the motivational effects of goal setting. *Journal of personality & Social Psychology*, Vol 45: 1017-1028
13. Bandura A 1993. Perceived Self-efficacy in cognitive development & functioning. *Educational Psychologist*, Vol 28: 117-148
14. Scott S. 2013. Practising what we preach: towards a student-centred definition of feedback. *Teaching in Higher Education* Vol 19(1):49-57

15. Lipp M, Kiyoun C, Han Suk K, Cho K, & Kim H. 2017. Types of Feedback in Competency-Based Predoctoral Orthodontics: Effects on Students' Attitudes and Confidence. *Journal of Dental Education*, Vol 81(5), 582-589. doi:10.21815/JDE.016.021
16. Ansari T & Usmani A. 2018. Students' perception towards feedback in clinical sciences in an outcome-based integrated curriculum. *Pak. J Med Sci*. May-Jun; 34(3):702-709
17. Ramani S, Könings J, Ginsburg S & van der Vleuten C. Feedback Redefined: Principles and Practice. *J. General Internal Medicine* Vol 34, pages744–749
18. Molinsky A. 2013. Giving Feedback Across Cultures. *Harvard Business Review*, Feb 5
19. Artino A, La Rochelle J, Dezee K & Gehlbach H. 2014. Developing questionnaires for educational research: AMEE Guide 67. *Medical Teacher*, Vol 36:463-474
20. https://commons.wikimedia.org/wiki/File:European_Single_Market_integration.svg)
21. Boynton P, Greenhalgh T. 2004. Selecting, Designing, and Developing Your Questionnaire.. *BMJ* . May 29;328(7451):1312-5.
22. Cohen L, Manion L & Morrison K. 2008. *Research Methods in Education*. 6th Ed Routledge
23. Brink P & Wood M. Chapter 11; Descriptive Designs, in *Advanced Design in Nursing Research* 1998.
24. *SPSS Version 24 (IBM SPSS Statistics for Windows, Version 24.0*. Armonk, NY: IBM Corp
25. King R & Sondhi G.2018. International student migration: a comparison of UK and Indian students' motivations for studying abroad, *Globalisation, Societies and Education*, Vol 16(2):176-191, DOI: 10.1080/14767724.2017.1405244
26. Hardavella G, Aamli-Gaagnat A, Saad N, Rousalova I & Sreter K 2017. How to give and receive feedback effectively. *Breathe* 13 (4) 327-333; DOI:10.1183/20734735.00991715.
27. Fine P, Leung A, Bentall C, & Louca C. 2018. The Impact of Confidence on Clinical Dental Practice. *Euro. J Dental Educ*. doi:10.1111/eje.12415
28. Yau B, Chen A, Ownby A, Hsieh P & Ford C. Soliciting feedback on the wards: a peer-to-peer workshop. *Clin Teach*. 2019 Aug 26. doi: 10.1111/tct.13069
29. Sully De Luque M, & Sommer S. The Impact of Culture on Feedback-Seeking Behaviour: An Integrated Model & Proposition. *Academy of Management Review*, 2000. Vol 25(4)
30. Garcia I, James R, Bischof P & Baroffio A. 2017. Self-Observation and Peer Feedback as a Faculty Development Approach for Problem-Based Learning Tutors: A Program Evaluation. *Teach Learn Med*. 2017 Jul-Sep; Vol 29(3):313-325

31. Cantillon P, Sergeant J. 2008. Giving feedback in clinical settings. *Brit. Med. J* Vol 337:a1961
32. Quinton S, Smallbone T. 2010. Feeding forward: using feedback to promote student reflection and learning – a teaching model. *Innovations in Education and Teaching International*. Vol 47(1)
33. Kolb D. 1984. *Experiential Learning-Experience at the source of learning and Development*. New Jersey, Englewood Cliffs, Prentice Hall.
34. Cavanaugh B. 2013. Performance Feedback and Teachers' Use of Praise and Opportunities to Respond: A Review of the Literature. *Education and Treatment of Children*, Vol 36(1):111-136
35. Ramani S, Könings KD, Ginsburg S, van der Vleuten C. 2019. Meaningful feedback through a sociocultural lens. *Med Teach*. 2019 Dec; Vol 41(12):1342-1352
36. Plakht Y, Shiyovich A, Nusbaum L, & Raizer H. 2013. The association of positive and negative feedback with clinical performance, self-evaluation and practice contribution of nursing students. *Nurse Education Today*, 33(10), 1264-1268. doi:10.1016/j.nedt.2012.07.017
37. de Beer M, & Mårtensson L. 2015. Feedback on students' clinical reasoning skills during fieldwork education. *Australian Occupational Therapy Journal*, 62(4), 255-264. doi:10.1111/1440-1630.12208
38. Boehler M, Rogers D, Schwind C, Mayforth R, Quin J, Williams R & Dunnington G. An investigation of medical student reactions to feedback: a randomised controlled trial. *Med Educ*. Vol 40 (8):746-749 August 2006.
39. Krause F, Schmalz G, Haak R & Rockenbauch K. The impact of expert- and peer feedback on communication skills of undergraduate dental students - a single-blinded, randomized, controlled clinical trial. *Patient Educ Couns* 2017 Dec;100(12):2275-2282. doi: 10.1016/j.pec.2017.06.025. Epub 2017 Jun 19
40. Tricio J, Woolford M & Escudier M. Fostering Dental Students' Academic Achievements and Reflection Skills Through Clinical Peer Assessment and Feedback. *Journal of Dental Education* Vol 80(8): 914-923 August 2016
- 41 Andrews E, Dickter D, Stielstra S, Pape G, Aston S. Comparison of Dental Students' Perceived Value of Faculty vs. Peer Feedback on Non-Technical Clinical Competency Assessments. *J Dent Educ* 2019 May; Vol 83(5):536-545
42. Lerchenfeldt S, Mi M & Eng M. The utilization of peer feedback during collaborative learning in undergraduate medical education: a systematic review. *BMC Medical Education* Vol 19, Article number: 321 (2019)
43. Vidhya G & Deepak N. A Systematic Review on the Most Effective Method Teaching Dentistry to Dental Students Compared to Video Based Learning. *American Journal of Educational Research*, 2017, Vol. 5 (1):63-68

- 44 Mostert M & Snowball J. Where angels fear to tread: Online peer assessment in a large first year class. *Assessment and Evaluation in Higher Education* Vol38(6):674-686. 2013.
45. Duijn C, Welink L, Mandoki M, Ten Cate O, Kremer W & Bok H. Am I ready for it? Students' perceptions of meaningful feedback on entrustable professional activities. *Perspect Med Educ*. 2017 Aug; Vol 6(4):256-264. doi: 10.1007/s40037-017-0361-1.
46. Baldwin L, Jones C, Hulme J, Owen A. Use of the learning conversation improves instructor confidence in life support training: An open randomised controlled cross-over trial comparing teaching feedback mechanisms. *Resuscitation*. 2015 Nov; Vol 96:199-207
47. Killingback C, Drury D, Mahato P, Williams J. 2020. Student feedback delivery modes: A qualitative study of student and lecturer views. *Nurse Educ Today*. 2020 Jan;84:104237. doi: 10.1016/j.nedt.2019.104237. Epub 2019 Oct 18.
- 48 Vollmeyer R & Rheinberg F. 2005. A surprising effect of feedback on learning. *Learning and Instruction* Vol 15(6):589-602
49. Deery C. The COVID-19 pandemic: implications for dental education. *Evid Based Dent*. 2020 Jun; Vol 21(2):46-47
50. Archer J. State of the science in health professional education: Effective feedback. *Medical Education* 2010 Vol 44:101-108

Figures

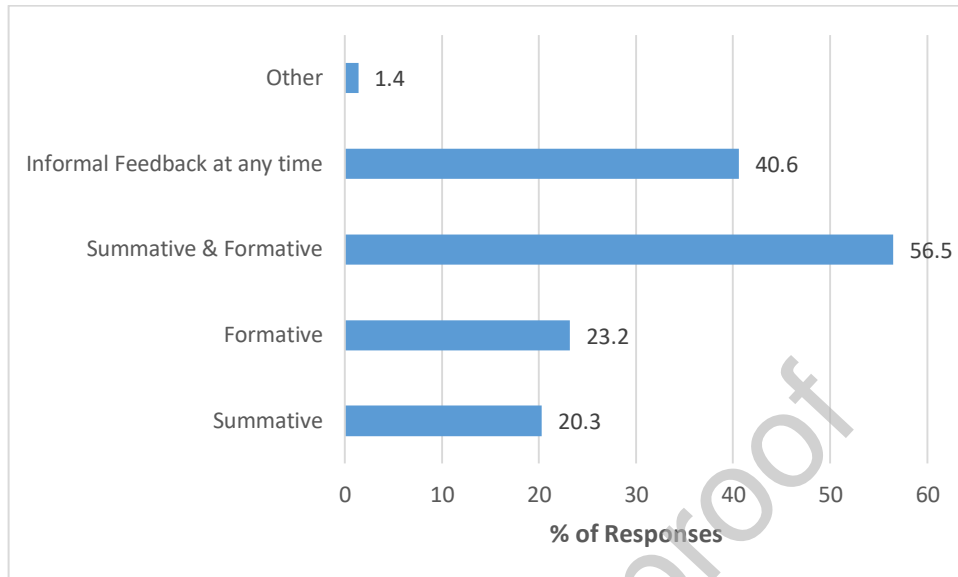


Figure 1. Opportunities for feedback from the Tutors

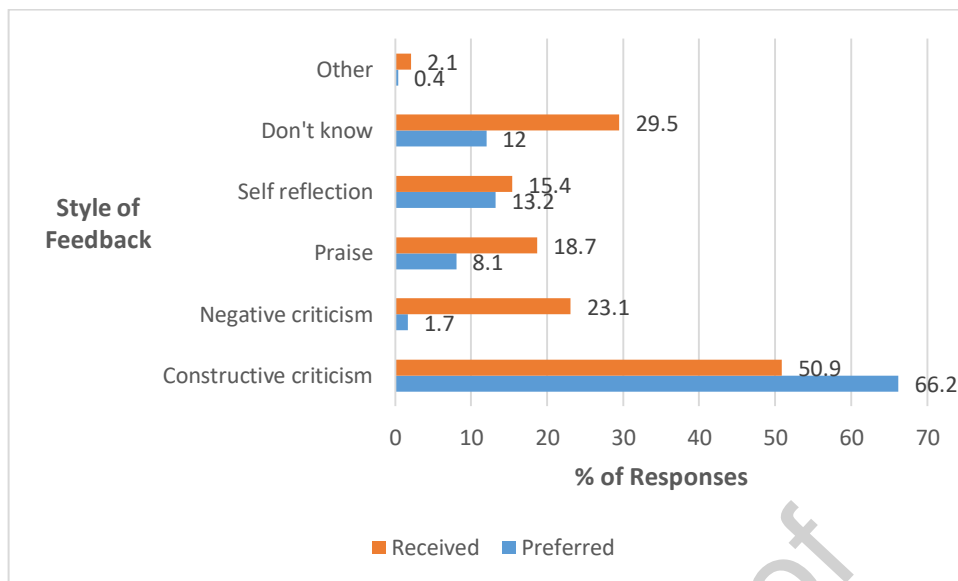


Figure 2. Style of feedback preferred and received by students

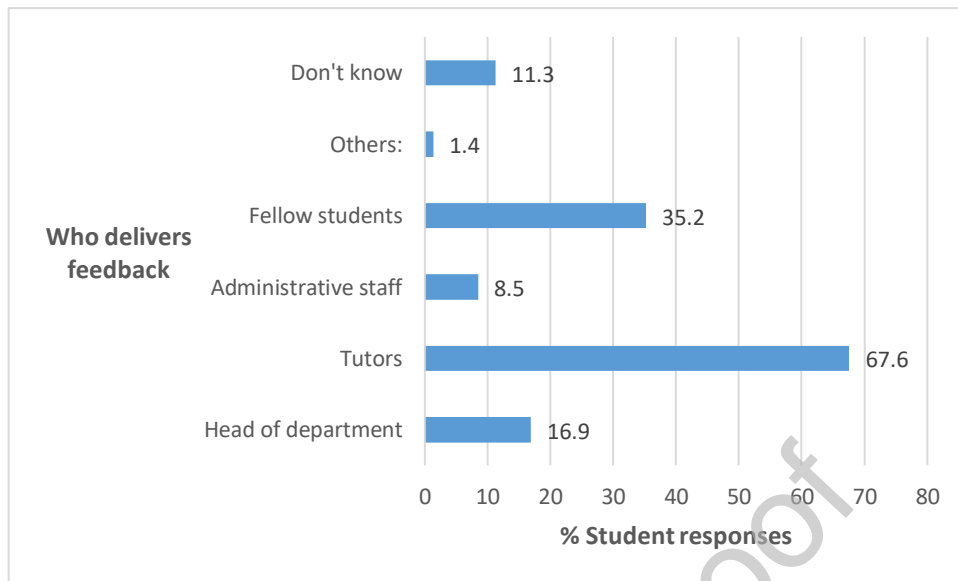


Figure 3. Illustrates students' reporting of who delivers feedback

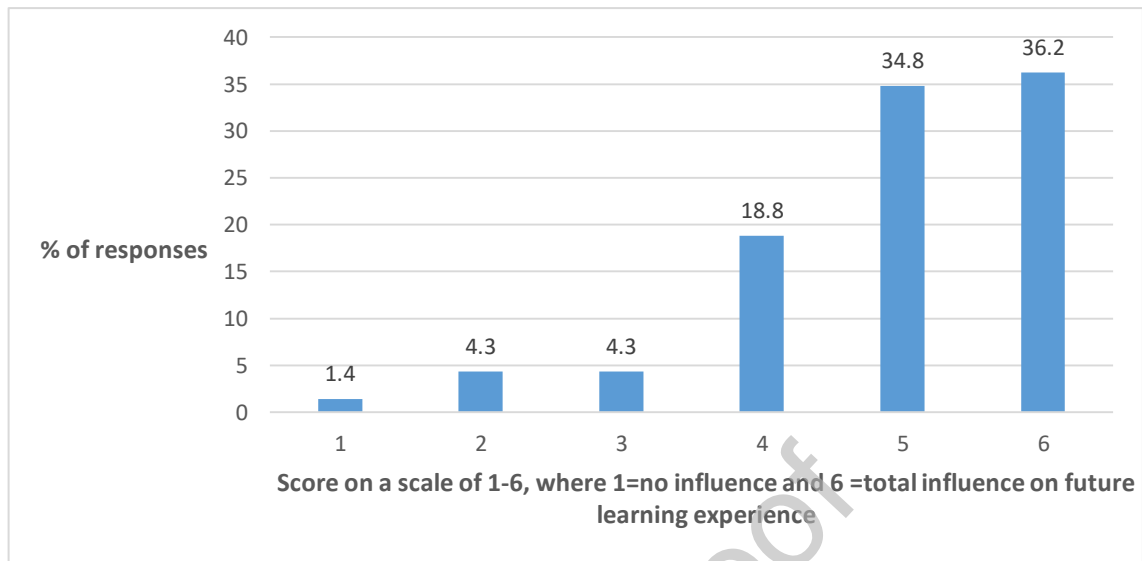


Figure 4. Illustrates students' thoughts on whether feedback influences future learning experience

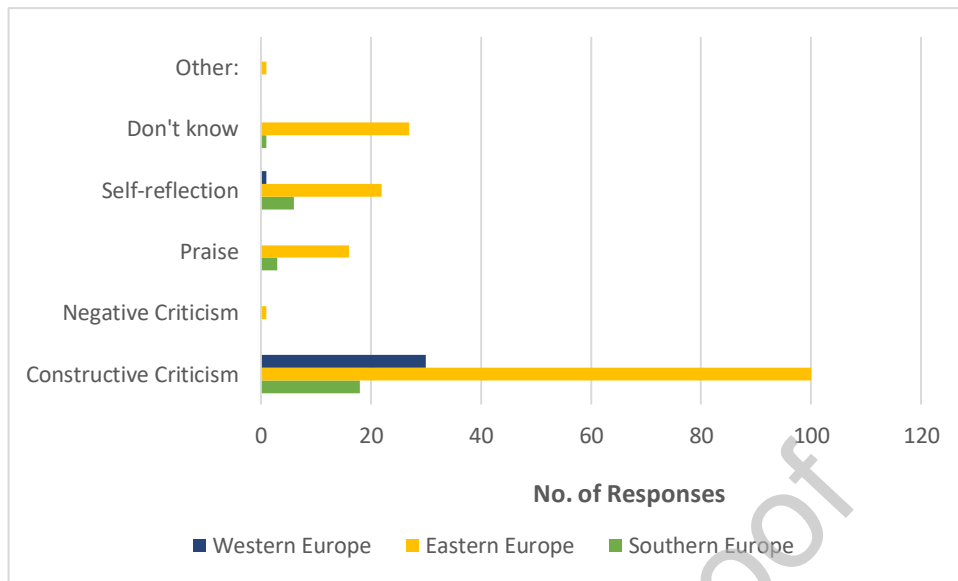


Figure 5. Illustrates the style of feedback preferred by students and their region of study in Europe