Supervisory Practices in Dental Program: Basis for a Proposed Supervisory Model

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Introduction

Supervision in general is the activity performed by supervisors to manage the efficiency and progress of employees who report directly to the supervisors. There are many definitions of supervision, one of which is the fundamental an interaction between professionals with the same level of experience and not only for the people who are in training in the same field. The aim of supervision is basically to promote student's learning, reflective practice, to ensure patient's safety hence contributing to the quality of patient care. The practice of supervision in the educational field with clearly delineated roles and responsibilities is not what it is before. It was developed as time passed by. The changes and improvement of supervision are always related to instructional and academic factors as well as cultural and professional factors that have generated the multifaceted program of an institution.

Additionally, supervision is a means by which a senior member of the profession supervises junior members of the same field to improve instruction. There will be an evaluation that will extend over time with the purposes of enhancing the professional performance of the subordinates. It is also monitoring the quality of professional supervision given to the people working under his or her care. They serve as a gatekeeper of those who are to enter the particular profession. Supervision gone through many changes as time passed by and the changes were influenced by political, social, religious and industrial factors. There are different definitions of supervision in different literatures and different professional aspects. Educational supervision is particularly defined as "all those services whose main function is to control and evaluate, and/or advice and support school heads and teachers" (Ekyaw, 2014).

National authorities depend on school supervision to monitor the quality of education. Currently, monitoring the quality of education is being prioritized in the country. Instructional supervision serves as a tool in improving instruction and promoting quality education. It is one of the processes which the school administrators aim to attain towards acceptable performances and results. Faculty members, regardless of the tenure on the job need to be supported in implementing the instructional programmes. The school heads need to provide support to the faculty members since they are involved in the implementation of instructional programmes (Sule, Eyiene, & Egbai, 2015).

Specifically, in the dental program, there are different supervisory practices that are taking place such as classroom visitations, attendance to seminars and participation in trainings. These activities are meant to enhance the strategies employed by the teachers as well as update them in various evaluation tools available to enable the faculty members to grow and promote teaching. Clinical supervision as well as community supervision are being practiced in dentistry. The former started out as an apprenticeship in different health related fields. A dental clinician would learn the different procedures by observing, assisting and receiving feedbacks from their clinical instructors. From there, they will develop their skills and increase their knowledge as well. Clinical instructors are being supervised by their respective heads

to ensure that the policies are being implemented. Unquestionably, a good supervisory practice is fundamental in ensuring quality of education particularly in the dental institutions.

Background of the Study

Ineffective supervisory practices can be one of the possible causes of poor students' academic performance. A previous study suggests that supervisors must clearly observe the faculty members regarding their teaching performances. Their lessons must be planned and structured with an effective and interesting beginning (Charles, 2012). Faculty members must utilize varied teaching methodologies and employ different strategies to ensure that students will acquire substantial knowledge and useful information. Faculty members must employ appropriate teaching aids such as technology. They must have a good and harmonious relationship with their students too. Faculty members must follow and observe the curriculum strictly. On the other hand, supervisors need to introduce new learning techniques to the teachers to help them improve the students' learning skills. Certainly, effective instructional supervision will provide effective teaching and students' quality education. It can be noted that different models produce worthwhile teaching practices. Supervisory models aim to improve faculty members' performances. Through these models, teachers will be provided with great assistance that they need to further improve their classroom instructions hence leading to the students' greater achievement.

Supervision can serve as means to address many aspects of work in medical and dental education. In the day-to-day clinical context, educational supervision necessarily includes some aspects of clinical supervision because issues discussed by the educational supervisor and trainee/student often include aspects relating to clinical practice. Although educational supervision may cover some of the technical aspects of the work, clinical supervision is the channel where a wider range of issues around specific patients or dilemmas tend to be raised and addressed.

Inappropriate supervision of the faculty members may affect the effectiveness of instruction and its purposes. Negligence in the improvement of instruction through improper instructional supervisory practices by school heads may go on without being detected. This may lead to poor quality of instruction and invariably teachers' lack of commitment to their job (Nakpodia, 2011).

Teachers play a crucial role in ascertaining whether or not the desired educational results have been achieved. If faculty members are not well supervised, effectiveness in instruction will be adversely affected and the instructional purposes may not be well realized. This may also lead to poor quality of instruction and invariably, faculty members' lack of commitment to their job which results to ineffectiveness in schools (Sule, Eyiene, & Egbai, 2015).

Dental students and clinicians need to acquire knowledge and skills in clinical training. Therefore, someone must be there to supervise and demonstrate how theoretical knowledge can be integrated into practice. To achieve this goal and fill the gap between theoretical knowledge and its application in practical setting, many educational supportive models were developed.

To date, there has been no study specifically on the supervisory practices in the dentistry program. This prompted the researcher to assess their supervisory practices to contribute essential information to the school supervisors. The important inputs and results of this study will pivot the wheels of progress and success for a good and effective supervision through the much needed proposed supervisory model. It shall be a salient component in the dental institution since this will help enhance the teaching strategies towards quality education.

The respondents' supervisory practices will practically serve as a basis for a proposed supervisory model that can be beneficial for the dental institutions in the future. Overall, the researcher decided to conduct an investigation as regards to the supervisory practices in the dental program of the different dental institutions, the results of which will serve as the bases of a supervisory model that will help improve the quality of supervision in dental education.

Conceptual Framework

In the dental program, it is the responsibility of the program head to develop and maintain their faculty members' competence. To improve the faculty members' job performance, regular supervision is recommended which include classroom visitation and inspection of the instruction (Sule, 2012). The instructional supervisory activities by the school head consists of checking the lessons prepared by the teachers, scheme of work, punctuality, regularity in class, demonstration, conferencing, workshop, micro-teaching, moderation of examination question papers and standardization of marking schemes among others.

The school heads must have the supervisory ability to carry out these tasks and to encourage the faculty members to enhance their skills through religiously following a good set of instruction and instructional procedures.

Clinical supervision therefore enables the students to develop their clinical judgement and competence in their clinical practice. Also, clinical supervision enhances patient protection and safety in handling patients in a complex clinical situation. Through effective supervision, students can acquire more skillful competencies.

Community dentistry supervision helps the faculty members who teach community dentistry as well as direct the dental students to present the level of competencies in providing dental health care. In the same manner, it will enable the students to conduct community services and provides dental health education to those who are in need. Dental students will develop competencies in oral health programs for they will have the chance to coordinate with other health professionals.

Figure 1 presents the conceptual framework used in the study. Particularly, it focuses on the supervisory practices in dental program of the various private dental institutions in the National Capital Region (NCR). Supervisory practices play an important role in promoting academic performance particularly the students. Supervision aims to provide faculty members with the feedbacks about how they perform their roles as teachers. This is for the purpose of improving their skills that will enable them to improve their teaching performances (Glickman, 2010). According to Million (2010), supervision carries purposes particularly instructional improvement and curriculum development. For the instructional improvement, it involves instructional materials, assessment and strategies. There are some practices in which it helps faculty members develop their competencies in lesson planning. Also, it concerns continuing professional development trainings for the faculty members, classroom visitations and evaluation of the faculty members' performance. As for curriculum development, it involves curriculum planning, designing and implementation. Some of these practices involve identifying the problems in implementing the existing policies and revision of the syllabi. The supervisor's role in curriculum development is to promote teacher reflection on key components and to select appropriate concepts to be taught and the methods for implementation. Supervisors and teachers must work hand-in-hand to understand the many facets involved in planning and how these facets impact every day instruction and

student achievement. In effective schools where there is a strong emphasis on learning and positive student outcomes, principals play a vital role.

Essentially, good supervision is based on philosophy and science. It employs scientific methods that are applicable to the dynamic social process of education and utilizes specific situations and scientific findings concerning the learner. A good supervisory practice seeks to evaluate its personnel, procedures and results that promote learner's growth; hence, eventually the improvement of the society. The quality of the school is dependent upon the quality of classroom instruction while the quality of instruction is dependent upon the quality of the faculty. The quality of the faculty members truly depends upon the quality of the supervision which the faculty members receive.

It is believed that the improvement of schools would not be accomplished without improving the faculty members' education. The quality of faculty members' education is determined by the provision of adequate supervision support from the supervisors.

Specifically, in this research, the supervisory practices in the dental program of the different private dental institutions in NCR were assessed, the results of which will serve as bases for the proposed supervisory model that leads to an effective supervision among faculty thereby promoting the desired educational results.
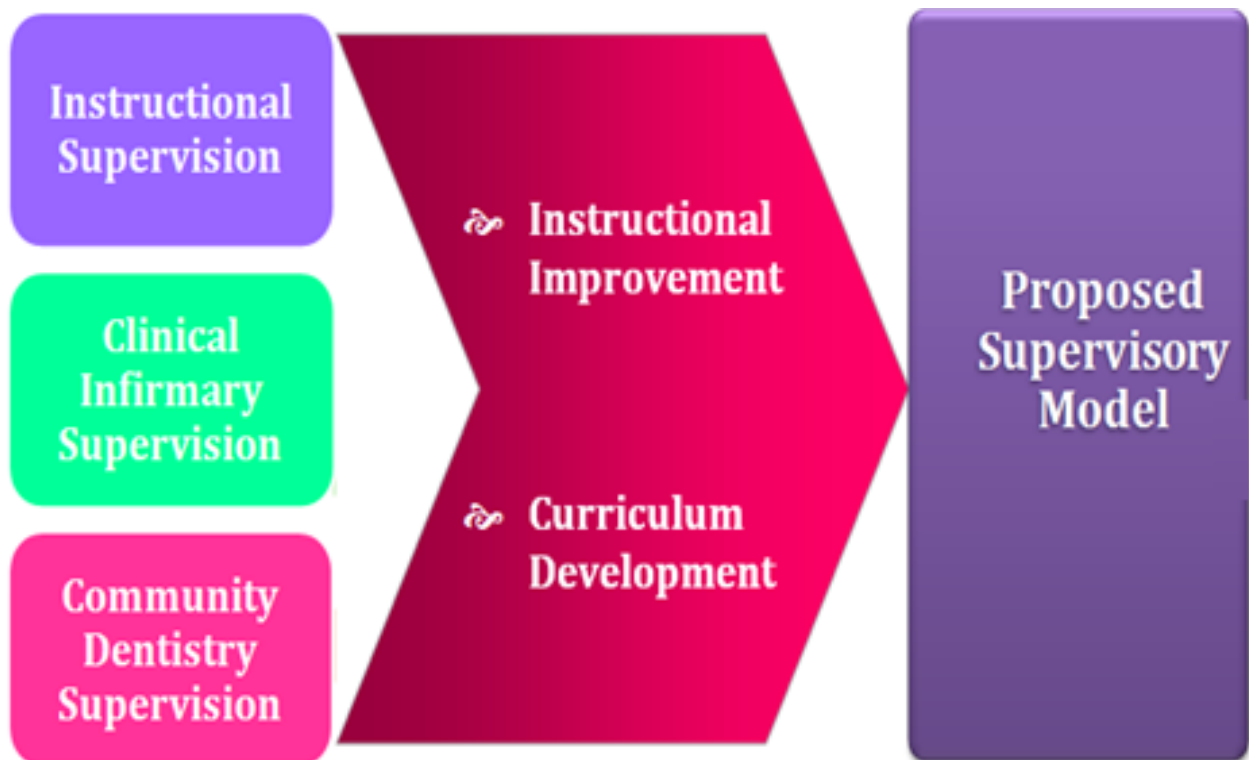

Figure 1 Supervisory Practices in the Dental Program: Bases for a Proposed Supervisory Model

Statement of the Problem

The study aimed to develop a proposed supervisory model based on the assessment of the supervisory practices in the dental program of the selected dental institutions.

Specifically, the study attempted to answer the following questions:

1. What were the existing supervisory practices in instructional improvement and curriculum development as described by the supervisors in the following areas:
    1.1 Instructional Supervision
    1.2 Clinical Infirmary Supervision
    1.3 Community Dentistry Supervision?
2. What were the existing supervisory practices in instructional improvement and curriculum development as described by the faculty members in the following areas:
    2.1 Instructional Supervision
    2.2 Clinical Infirmary Supervision
    2.3 Community Dentistry Supervision?
3. What supervisory model may be proposed based on the findings of the study?

Significance of the Study

The research attempted to develop a proposed supervisory model in dental program based on the supervisory practices of the selected dental institutions. Identifying the existing supervisory practices in the dental program will aid to come up with a sound recommendation which may have its own role in improving quality education. It will also be beneficial to the supervisors in the dental institution. The study will be a learning tool for the agents of education who are involved in the supervision of the dental programs in institutions. Likewise, this will be of immense help to school administrators, clinical and department heads who carry out the duty of supervision

Equally, dental educators will benefit because supervision is meant to enhance their teaching.

Finally, other researchers would also be motivated to conduct similar studies on the supervisory practices in order to improve the quality of education in the dental institutions.

Scope and Delimitation of the Study

The study primarily focused on the supervisory practices in the dental program of the selected private dental institutions in the National Capital Region (NCR). Particularly, it dealt with the areas of instructional improvement and curriculum development. Instructional improvement includes the practices that deal with instructional materials, assessment and strategies. On the other hand, curriculum development dealt with curriculum planning, development and implementation. The study was delimited to the Clinical Heads, Department Heads, Administrative heads, Deans and faculty members of the selected dental institutions and was conducted during the school year 2017-2018.

Definition of Terms

To facilitate better understanding of this study, the following terms were operationally defined:

Clinical Infirmary Supervision. This refers to the activities done by the Chief of Clinics and Department or Section Heads to help the faculty members improve their teaching, examples of which are providing trainings and seminars related to the dentistry program.

Community Dentistry Supervision. It pertains to the guidance in planning the community fieldwork. It is a supervision given by the head of the Community Dentistry department to the faculty members who are doing community fieldwork. It can be through providing needs assessment, materials and resources that will be helpful in conducting outreach programs to the adopted community.

Curriculum Development. It refers to the planning, designing and implementation of the curriculum.

Evaluation. This refers to the teaching behavior inventory being done by the Deans, Academic and Department or Section heads to the faculty members teaching in the dental institution.

Instructional Improvement. It deals with the improvement of instructional materials, assessment and strategies.

Instructional Supervision. This refers to the classroom visitation, observation of the faculty members by the Dean and Academic heads. It also refers to the supervision done for the faculty members related to their teaching strategies and the improvement of their instruction.

Supervision. It refers to the method of supervising a dental educator in an instructional setting which involves assistance to improve methods and strategies of classroom practice through classroom observation and evaluation of the faculty member's performance (Bidabadi, 2016).

Supervisor. This pertains to the deans, academic heads and department heads who study and monitor the curriculum and instruction of the dental institution in order to improve the quality of learning of the students.

Supervisory Practices. These refer to the existing supervisory practices in the dental institutions (e.g. evaluation of teacher's performance, classroom visitation, revision of syllabi).

Method and Procedures

This chapter presents the research method used, respondents of the study, sampling technique, instrument used, collection of data and statistical treatment of data.

Research Design

The study used a descriptive research design. Nassaji (2015) mentioned that descriptive research as a method which is concerned with conditions of relationship that exist; practices that prevail; beliefs, processes that are going on; effects that are being felt, or trends that are developing. In this study, the researcher will propose a supervisory model based on the supervisory practices in the dental program of the selected private dental institutions.

Samples and Sampling Technique

The respondents of the study were all the Deans, Chief of Clinics, Department or Clinical heads and faculty members from the selected dental institutions. The numbers of respondents were taken based on the interview from some faculty members and college secretaries from the selected universities. Moreover, different number of department heads was noted in the different schools / institutions. Thus, 11 (1 dean, 3 academic heads, 1 chief of clinics, 7 department heads, 1 community dentistry head) were from Institution A, 6 from Institution B (1 dean, 1 academic head, 1 chief of clinics, 2 department heads and 1 community dentistry head), 6 from Institution C (1 dean, 1 chief of clinics, 3 department heads and 1 community dentistry head), 4 from Institution D (1 dean, 2 department heads and 1 community dentistry head) and 3 from Institution E (1 dean, 1 chief of clinics and 1 community dentistry head)

For the faculty members, purposive sampling was employed. Purposive sampling allowed the researcher to select information – rich participants that manifest the characteristics of most interest in order to develop a comprehensive understanding of the phenomenon (Creswell, 2015). The sample size of the

total population of the faculty members from the selected private dental institutions was generated according to the following criteria:

1. Must have obtained masters or doctoral degree
2. Must be a full time faculty
3. Must be permanent faculty
4. Must have taught for 5 years and above

Overall, there was a total of 75 faculty members taken from the different dental institutions were involved as samples of the study, 48 from Institution A, 7 from Institution B, 7 from Institution C, 5 from Institution D, 8 from Institution E.

Methods and Instrument

The method of data gathering was through the use of questionnaire. The researcher-made questionnaire was the results of the interview from the faculty members of the private dental institutions. Likewise, an interview guide was used to gather the existing supervisory practices in the dental program of the selected dental institution in the National Capital Region. The data that were collected from the interview were used to formulate the researcher–made questionnaire.

Part I of the researcher-made questionnaire consist of the demographic profile of the respondents. However, Part II dealt with the following existing instructional supervisory practices which were answered by the deans and academic heads, clinical infirmary supervisory practices which were answered by the clinical or department heads and chief of clinics and community dentistry supervisory practices which were answered by the head of the community dentistry section. The same set of questionnaire was distributed to the faculty members of the selected dental institutions to validate the answers of the deans, academic heads and department or section heads.

The questionnaire has two components: instructional development which involved instructional materials, assessment and strategies. The other component was curriculum development which involved curriculum planning, development and implementation.

The following scale was used to interpret the responses:

Scale	Interpretation	Range
4	Great Extent	3.50 – 4.00
3	Moderate Extent	2.50 – 3.49
2	Least Extent	1.50 – 2.49
1	Not Experienced	1.00 -1.49

Validity Testing of the Instruments

Validity is the quality of a data gathering instrument that enables it to measure what is supposed to measure. In addition, validity is the degree to which a method, test or tool actually measures what it is supposed to measure. The draft questionnaire was subjected to content validation by the experts who helped the researcher assess the extent to which the items are related to the topic. The research instrument used in the study was also validated through the pilot administration of the questionnaires. The participants who participated in the dry run were not part of the study but had the same characteristics with those of

the research. The feedbacks that were received were used to improve the instrument by making appropriate corrections and adjustments in the final draft in order to increase the level of validity.

The reliability of the instrument was checked as well. The final draft of the questionnaires was administered to thirty - five samples which are not included in the study, after the retrieval of the questionnaire. The results were submitted to the CEU Research and Evaluation Office for reliability testing. A Cronbach Alpha of 0.74 for instructional supervision with regard to instructional improvement; 0.77 for instructional supervision as regards to curriculum development; 0.74 for clinical dentistry supervision concerning the instructional improvement; 0.79 for clinical dentistry supervision about the curriculum development; 0.80 for community dentistry supervision with regard to instructional improvement; and 0.82 for community dentistry supervision as regards curriculum improvement and 0.81 combined were achieved and interpreted as good accordingly.

Ethical Consideration

The researcher sought approval from the Ethics Committee of Centro Escolar University to use the subjects for the study. Ethics in research is usually put in place to control the relationship between the researchers and the fields they wish to study (Zohrabi, 2013). The researcher sought the permission from the Deans of the selected dental institutions to conduct the study. Upon approval of the request, a cover letter, consent form and questionnaire were distributed to the dean, chief of clinics, clinical or section heads and faculty members of the selected dental institutions to gather the necessary information for the study. All participants were informed that there will be no physical and psychological risks involved and that their participation is not only voluntary but they can also withdraw any time from participating in the study.

Statistical Treatment of Data

The following statistical treatments were used:

Mean. This was used to answer statement of the problem numbers 1, and 2 on the supervisory practices in the dental program.

Standard Deviation. This was utilized to answer statement of the problem numbers 1 and 2 on the supervisory practices of the dental institutions.

Presentation, Analysis and Interpretation of Data

This chapter presents the data, its analysis and interpretation. Tables and graphs were used to make a clear presentation of results. Presentation, analysis and interpretation were done in the order and sequence of the problems raised in the study. These are presented as follows:

1. Description of Instructional Supervision by Deans and Academic Heads in Terms of Instructional Improvement and Curriculum Development

Instructional supervision is the set of activities which are carried out with the purpose of making the teaching and learning purpose better for the learner. It is the phase of school administration which focuses primarily upon the achievement of the appropriate expectations of educational system.

It could be gleaned from Table 1 that helping faculty members in identifying and solving instructional issues concerning delivery of instruction and offering continuing professional development trainings for the faculty members at school level were being practiced at a great extent. Amongst all others in the instructional improvement, these two got the highest mean of 4.00 respectively. This finding

corroborates with Panigrahi (2012) who mentioned that the supervisor's job is to help the faculty members select goals to be improved and that teaching issues need to be illustrated and understand better. This is likewise in agreement with Mohammed (2016) who stated that faculty members need necessary support from their academic heads in implementing instructional programs.

Table 1
Instructional Supervision as Described by Deans and Academic Heads in Terms of Instructional Improvement

1. Instructional Improvement	x	sd	vi
1. Assists the faculty members in preparing the syllabus.	3.80	0.42	GE
2. Leads the faculty members in developing an instructional materials (e.g. modules)	3.50	0.53	GE
3. Helps faculty members in identifying and solving instructional issues concerning delivery of instruction.	4.00	0.00	GE
4. Helps faculty members in applying different and appropriate assessment and measurement techniques.	3.90	0.32	GE
5. Assists faculty members in the selection of appropriate resources like teaching aids.	3.40	0.52	ME
6. Provides immediate feedback to faculty members particularly after classroom visitation.	3.50	0.52	GE
7. Offers continuing professional development trainings for the faculty members at school level.	4.00	0.00	GE
8. Directs the faculty members to form the curriculum study group who shall take charge of the analysis and standardization of teaching – learning modalities.	3.40	0.52	ME
Overall	3.90	0.35	GE

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

The results showed that in the views of the deans and academic heads they are providing support to their faculty members. Gore (2017) reiterated that in the name of improving teaching quality, millions of dollars are invested in teacher professional development and elaborate regulatory systems have been designed to ensure that teachers engage in ongoing professional learning activities. Staff development primarily aims to increase the knowledge and skills of the faculty members and thereby increases the potential of the school to attain its goals and objectives. The results also yielded that the deans and academic heads are helping faculty members in applying different and appropriate assessment and measurement techniques which scored a mean of 3.90.

Assisting the faculty members in preparing the syllabus was noted followed by leading the faculty members in developing instructional materials (e.g. modules) and providing feedback to the faculty members with a mean of 3.50. According to Glickman (2010), the focus of instructional supervision is to provide faculty members with the feedbacks about how they perform when they teach. Assisting faculty members in the selection of appropriate resources like teaching aids and directing the faculty members to form the curriculum study group who shall take charge of the analysis and standardization of teaching – learning modalities garnered the lowest mean of 3.40.

Table 2
Instructional Supervision as Described by Deans and Academic Heads in Terms of Curriculum Development

2. Curriculum Development	x	sd	vi
1. Assists the faculty members in the implementation of the new curriculum.	3.80	0.42	GE
2. Helps identify the problems in implementing the existing policies on curriculum.	3.90	0.32	GE
3. Provides necessary educational materials that are supportive to the existing curriculum.	3.80	0.42	GE
4. Contributes in the enhancement of professional competencies of faculty members by providing the latest information on teaching methods and strategies.	3.70	0.48	GE
5. Identifies the training needs of the faculty members.	3.70	0.48	GE
6. Convenes stakeholders in a meeting for curriculum evaluation and validation.	3.50	0.53	GE
7. Takes the lead in assessing the relevance of the present curriculum.	3.90	0.32	GE
Overall	3.70	0.21	GE

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

Table 2 exhibits the most heterogeneous response. With regard to curriculum development, helping in identifying the problems in implementing the existing policies on curriculum and taking the lead in assessing the relevance of the present curriculum elicited a great extent response having a mean of 3.90. The supervisors are resource personnel who provide support to help directly the faculty members to correct or improve some existing deficiencies in the educational system in general in specific curriculum in particular. As for assistance to the faculty members in the implementation of the new curriculum and providing necessary educational materials that are supportive to the existing curriculum, it recorded mean of 3.80. Meanwhile, contributing in the enhancement of professional competencies of faculty members by providing the latest information on teaching methods and strategies and identifying the training needs of the faculty members earned a mean of 3.70 with a verbal interpretation of great extent. According to Panigrahi (2012), curriculum development is another function of school supervision. Supervisors became curriculum specialists devoting extraordinary amount of time rewriting, redefining, and strengthening the curriculum. Faculty members are considered stakeholders in the curriculum development process. However, it can be noticed that convening stakeholders in a meeting for curriculum evaluation and validation got the lowest mean of 3.50. A stakeholder is anyone who is involved in the welfare and success of a school and its students, including administrators, teachers, staff, students, parents, community members, school board members, city councilors and state representatives. Stakeholder engagement is considered vital to the success and improvement of a school. The involvement of the broader community of the school can improve communication and public understanding and allows for the incorporation of the perspectives, experiences and expertise of participating community members to improve reform proposals, strategies, or processes. Saomya (2014), mentioned that the involvement of the broader

community of a school leads to higher academic performance and school improvement. When schools, parents, families and communities work together to support learning, students feel encouraged, attend school regularly and take part in higher-level programs.

2. Description of Clinical Dentistry Supervision by Clinical Heads in Terms of Instructional Improvement and Curriculum Development

The management of clinical procedures done at the dental infirmary constitutes supervisory functions of the clinical heads. Clinical dentistry supervision is employed in the clinical infirmary to ensure the realization and achievement of quality teaching and education.

As seen in Table 3, helping clinical instructors in identifying and solving problems in the clinical infirmary yielded the highest with the mean of 3.86 interpreted as great extent. Sule (2015) mentioned in his study that heads need to provide support to attain acceptable performances and results. Calibration and mentoring brought forth significant results compared to shadowing. These yielded results of great extent while shadowing gave results of moderate extent.

Table 3 Clinical Dentistry Supervision as Described by Clinical Heads in Terms of Instructional Improvement

1. **Instructional Improvement**	x	sd	vi
1. Supervises the clinical instructors in the clinical infirmary through: Mentoring	3.64	0.50	GE
Shadowing	2.93	0.27	ME
Calibration	3.71	0.47	GE
2. Helps Clinical instructors in identifying and solving problems in the clinical infirmary.	3.86	0.36	GE
3. Assists clinical instructors in applying different assessment and measurement techniques.	3.64	0.50	GE
4. Assists clinical instructors in the selection of appropriate teaching – learning resources like teaching aids.	3.43	0.65	ME
5. Provides immediate feedback to Clinical instructors particularly in the Infirmary.	3.50	0.52	GE
6. Offers continuing professional development trainings for the clinical instructors at school level.	3.71	0.47	GE
Overall	3.60	0.29	GE

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

It can be noted from Table 3 that offering continuing professional development trainings for the clinical instructors at school level obtained a mean of 3.71 interpreted as great extent. This is contrary to the study of Zeleke (2016) that the performances of supervisors pertaining to responsibilities engaged in low implementation. Clinical heads are assisting clinical instructors in applying different assessment and measurement techniques at a great extent with a mean of 3.64. Clinical supervision aims to improve instruction in the clinical infirmary and increase professional development. According to Lopez (2016),

supervisors take principal data from what transpired inside the classroom same with the clinical infirmary where in clinical heads also take data from how the clinical instructors' performances in supervising the dental clinicians. It is important to provide immediate feedback to Clinical instructors particularly in the infirmary. Based on the table, clinical supervisors are providing clinical instructors immediate feedback to a great extent which gained a mean of 3.50. Lastly, assisting clinical instructors in the selection of appropriate teaching – learning resources like teaching aids garnered the lowest mean of 3.43 interpreted as moderate extent. Teaching aids are integral component in any classroom. The many benefits of teaching aids include helping learners improve reading comprehension skills, illustrating or reinforcing a skill or concept, differentiating instruction and relieving anxiety or boredom by presenting information in a new and exciting way. Teaching aids also engage students' other senses since there are no limits in what aids can be utilized when supplementing a lesson. It is important for teachers to reach all learners in a classroom. The use of teaching aids facilitates this objective by assisting teachers in differentiating instruction. Using aids such as graphs, charts, flashcards, videos, provides the learners with visual stimulation and the opportunity to access the content from a different vantage point. More importantly, this gives each learner the opportunity to interact with the content in a way which allows them to comprehend more easily.

Table 4 Clinical Dentistry Supervision as Described by Clinical Heads in Terms of Curriculum Development

2.	Curriculum Development	x	sd	vi
1.	Assists the Clinical instructors in the implementation of the new curriculum.	3.36	0.50	ME
2.	Helps identify the problems in implementing the existing policies on the new curriculum.	3.64	0.50	GE
3.	Provides necessary clinical materials that are supportive to the existing curriculum.	3.43	0.52	ME
4.	Contributes in the enhancement professional competencies of clinical instructors by providing the latest information on clinical procedures.	3.50	0.52	GE
5.	Contributes in the enhancement professional competencies of clinical instructors by providing the latest information on materials.	3.64	0.50	GE
6.	Identifies the training needs of the clinical instructors.	3.64	0.50	GE
Overall		3.54	0.42	GE

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

It is apparent from Table 4 that helping identify the problems in implementing the existing policies on the new curriculum, contributing in the enhancement professional competencies of clinical instructors by providing the latest information on materials and identifying the training needs of the clinical instructors was seen to be practiced at a great extent with a mean of 3.64. To provide the state of the art education in the dental program, clinical instructions must be up breast with the latest information in the procedures and materials used in the dental field. In the same vein, Polverini (2012) cited that the emerging concept of prospective health care would shift the focus of health care from disease management to disease prevention and health management. In this view, providing latest information in the procedures and

materials to the faculty members is essential. Dentistry has a unique opportunity to embrace this model of prospective and collaborative care and focus on the management of oral health. Academic dentistry must better prepare future dentists to succeed in this new health care environment by providing them with the scientific and technical knowledge required to understand and assess risk and practice disease prevention. Dental schools must consider creating career pathways for enabling future graduates to assume important leadership roles that will advance a prospective oral health care system.

Interestingly, contributing in the enhancement professional competencies of clinical instructors by providing the latest information on clinical procedures and materials ranked second with the mean of 3.50. This resembles with the findings of Polverini (2012). Likewise, clinical heads provide necessary clinical materials that are supportive to the existing curriculum at a moderate extent garnering a mean of 3.43. However, with regard to assisting the Clinical instructors in the implementation of the new curriculum, responses yielded a moderate extent with a mean of 3.63. Clinical heads were focused on the problems of the existing curriculum and in the improvement or enhancement of the clinical competence of their clinical instructors. Clinical instructors are being supervised by their respective heads to ensure the proper implementation of policies. Certainly, good supervisory practice is an important factor which ensures quality education in the dental institutions.

3. Description of Community Dentistry Supervision by Community Dentistry Heads in Terms of Instructional Improvement and Curriculum Development

Community dentistry supervision is administered by the head of the Community Dentistry Department to support the faculty members teaching community dentistry. These serve as guidance in the planning, designing and implementation in the community fieldwork.

Table 5 Community Dentistry Supervision as Described by Community Dentistry Head in Terms of Instructional Improvement

1. **Instructional Improvement**	x	sd	vi
1. Assists in the designing of the curriculum.	3.83	0.41	GE
2. Assists in planning for the community fieldwork.	3.50	0.55	GE
3. Helps teachers in identifying and solving problems in fieldwork	3.67	0.52	GE
4. Assists fieldwork preceptors in applying different assessment and measurement techniques related to community dentistry.	3.83	0.41	GE
5. Assists fieldwork preceptors in the selection of appropriate resources that will be used in teaching community dentistry.	3.50	0.55	GE
6. Provides immediate feedback to fieldwork preceptors particularly in the services rendered after the fieldwork.	2.83	0.75	ME
7. Offers continuing professional development trainings for the fieldwork preceptors for community dentistry at school level.	4.00	0.00	GE
Overall	3.70	0.30	GE

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

It could be disclosed from Table 5 that community dentistry head offers continuing professional development trainings for the fieldwork preceptors at school level as it obtained the highest mean of 4.00 interpreted as great extent. The community dentistry head is aware that continuing professional development trainings are essential for the faculty members. This is in line with the view of Loughran (2014), which emphasizes the idea that professional development of teacher educators must be purposefully conceptualized, thoughtfully implemented, and meaningfully employed. Assisting in the designing of the curriculum and assisting fieldwork preceptors in applying different assessment and measurement techniques related to community dentistry showed similar mean interpreted as great extent. Apparently, providing immediate feedback to fieldwork preceptors particularly in the services rendered after the fieldwork obtained the lowest mean of 2.83 interpreted as moderate extent. This does not support the findings of Archibong (2012), who pointed out that providing feedback to teachers is considered as one of the major roles of supervisors. It is valued as a communication tool where head teachers share various issues affecting learning in particular classrooms. The feedback obtained from the visits provides teachers with input for them to correct various issues highlighted as well as congratulate the teachers who have performed as per the expectation. Feedback is very important for improvement and development of necessary knowledge and skills of faculty members. It also raises learning achievement and performance of learners and teachers. The primary purpose of such feedback is to help the faculty to identify the strengths and weaknesses of their teaching and evaluation methods. Undoubtfully, feedback is an important factor to create learning inspiration.

Table 6 Community Dentistry Supervision as Described by Community Dentistry Head in Terms of Curriculum Development

2. Curriculum Development	x	sd	vi
1. Assists the faculty members in the implementation of the OBE revised curriculum.	3.00	0.00	ME
2. Helps identify the problems in the implementation of the existing policies in the community outreach.	3.17	0.41	ME
3. Provides necessary educational materials that are supportive to the existing curriculum in community dentistry.	2.83	0.75	ME
4. Enhances professional competencies of faculty members by providing the current trends and innovations on teaching strategies.	2.67	0.51	ME
5. Identifies the training needs of the fieldwork preceptors.	2.83	0.75	ME
Overall	2.90	0.41	ME

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

Table 6 presents the most heterogeneous response. As regards curriculum development in community dentistry, respondents yielded results of moderate extent. Particularly, in helping identify the problems in the implementation of the existing policies in the community outreach got the highest mean of 3.17. Each dental school has policies and practices to achieve an appropriate level of diversity among its students, faculty members and staff. According to Al Nazer (2013), the role of the supervisor is to make the operation easy inside the school or administration. This can be done by offering or providing necessary support and assistance to the faculty members and sharing in the operation of follow up. On the other hand, assisting the faculty members in the implementation of the OBE revised curriculum ranked second with the mean of 3.00 followed by providing necessary educational materials that are supportive to the existing curriculum in community dentistry and identifying the training needs which recorded a mean of 2.83. Meanwhile, enhancing professional competencies of faculty members by providing the current trends and innovations on teaching strategies received the least mean of 2.67. This finding was contradicted by Nolan (2008), reiterating that supervision is a way to support professional growth and competency of the faculty members and has been identified as an integral component of staff development.

1. Description of Instructional Supervision by Faculty Members in Terms of Instructional Improvement and Curriculum Development

Instructional supervision is all the things being done and implemented by the designated deans and academic heads towards providing leadership to faculty members in the improvement of instruction. This involves the stimulation of professional growth and development of teachers, the selection and revision of educational objectives.

Table 7 Instructional Supervision as Described by Faculty Members in Terms of Instructional Improvement

1. **Instructional Improvement**	x	sd	vi
1. Assists the faculty members in preparing the syllabus.	3.12	0.46	ME
2. Leads the faculty members in developing an instructional materials (e.g. modules)	2.85	0.71	ME
3. Helps faculty members in identifying and solving instructional issues concerning delivery of instruction.	3.01	0.67	ME
4. Helps faculty members in applying different and appropriate assessment and measurement techniques.	2.83	0.69	ME
5. Assists faculty members in the selection of appropriate resources like teaching aids.	2.80	0.72	ME
6. Provides immediate feedback to faculty members particularly after classroom visitation.	2.73	0.95	ME
7. Offers continuing professional development trainings for the faculty members at school level.	4.00	0.00	GE
8. Directs the faculty members to form the curriculum study group who shall take charge of the analysis and standardization of teaching – learning modalities.	2.92	0.77	ME
Overall	2.90	0.52	ME

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

It can be seen from Table 7 that the respondents agreed that their deans and academic heads greatly offer continuing professional development trainings for the faculty members at school level as evidenced by a mean of 4.00. The results given by their deans and academic heads are homogenous with the respondents' responses having the mean of 4.00. The deans and academic heads are aware that for the faculty members to improve their teaching performance, they need to have faculty development trainings. This will greatly affect how they perform in the classroom. It will result to good students' performance. This is supported by Petrie (2012) who cited that professional development for teachers is recognized as a key vehicle through which to improve teaching and, in turn will improve student achievement. Professional development is also a way to introduce curriculum and pedagogical reforms. Noticeably, providing immediate feedback to faculty members particularly after classroom visitation earned the lowest mean of 2.73. This finding contradicts with that of Glickman (2010) who emphasized that the focus of instructional supervision is to provide the faculty members with feedbacks about how they perform and teach. Supervision is conducted in natural setting and the supervisor observes the performance of the faculty members in the classroom. The supervisor discusses the issues and provides solutions in order to improve the instructions. Giving feedbacks to faculty members can improve their skills and will enable them to improve their performances.

Table 8 Instructional Supervision as Described by Faculty Members in Terms of Curriculum Development

2. **Curriculum Development**	x	sd	vi
1. Assists the faculty members in the implementation of the new curriculum.	3.01	0.53	ME
2. Helps identify the problems in implementing the existing policies on curriculum.	3.01	0.65	ME
3. Provides necessary educational materials that are supportive to the existing curriculum.	2.75	0.68	ME
4. Contributes in the enhancement of professional competencies of faculty members by providing the latest information on teaching methods and strategies.	3.21	0.62	ME
5. Identifies the training needs of the faculty members.	2.93	0.79	ME
6. Convenes stakeholders in a meeting for curriculum evaluation and validation.	2.73	0.81	ME
7. Takes the lead in assessing the relevance of the present curriculum.	2.76	0.79	ME
Overall	2.92	0.58	ME

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

Table 8 revealed that faculty members are aware that their deans and academic heads are concerned with the enhancement of professional competencies of faculty members by providing the latest information on teaching methods and strategies as supported by a mean of 3.21. School administrators

provide teaching seminars for the faculty members to help them enhance their teaching performance to bring positive results. Being able to use teaching methods and strategies in the class will provide quality education for the students. These findings were affirmed by Yunus (2012), who pointed out that supervision is done to give support and guidance to upgrade their teaching performance. In the study of Samoei (2014), most of the supervisors and faculty members are in conformity that the supervisors always orient new teaching staff in their school as well as providing instructional learning materials. Consensually, convening stakeholders in a meeting for curriculum evaluation and validation garnered the lowest mean of 2.73. These findings are found to be in opposition to the claim of Saxema (2014), who believed that stakeholder engagement is considered vital to the success and improvement of a school. The involvement of the broader community of a school leads to higher academic performance and school improvement. When schools, parents, families and communities work together to support learning, students feel more encouraged, attend school regularly and take part in higher-level programs.

2.   Description of Clinical Dentistry Supervision by faculty members in terms of Instructional improvement and curriculum development

Supervision in the dentistry clinical infirmary is employed to provide support to clinical instructors and gradually to increase their abilities to be self-supervising. The focus of clinical infirmary supervision is not on quality control, rather on the professional improvement of the clinical instructor that guarantees quality of teaching in the clinical infirmary and students' performance.

Table 9 Clinical Dentistry Supervision as Described by Faculty Members in Terms of Instructional Improvement

1. **Instructional Improvement**	x	sd	vi
1. Supervises the clinical instructors in the clinical infirmary through: Mentoring	2.90	0.78	ME
Shadowing	2.36	0.92	LE
Calibration	2.81	0.78	ME
2. Helps Clinical instructors in identifying and solving problems in the clinical infirmary.	3.28	0.61	ME
3. Assists clinical instructors in applying different assessment and measurement techniques.	3.16	0.74	ME
4. Assists clinical instructors in the selection of appropriate teaching – learning resources like teaching aids.	3.04	0.72	ME
5. Provides immediate feedback to Clinical instructors particularly in the Infirmary.	3.05	0.82	ME
6. Offers continuing professional development trainings for the clinical instructors at school level.	3.43	0.77	ME
Overall	3.11	0.55	ME

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

It can be noted from Table 9 that with regard to clinical dentistry supervision in terms of instructional improvement, there are 8 aspects or practices being done in the clinical infirmary. Offering continuing professional development trainings for the clinical instructors at school level ranked first with a mean of 3.43. Clinical instructors are aware that their chief of clinics and section heads are concerned with their professional development at a moderate extent. Clinical supervision will help improve the performance of the clinical instructors in the clinical infirmary. This is supported by Kamel (2016), who mentioned that faculty members need to prepare enough by some sort of a faculty development program in order to deal with the rapid changes and shifting paradigms in medical education, health care delivery systems, and clinical practice. Without such training, teaching is often reduced to instructors presenting their understanding of the subject by one-way lecturing. Helping the clinical instructors in identifying and solving problems in the clinical infirmary ranked second with a mean of 3.28 followed by assisting clinical instructors in applying different assessment and measurement techniques. There are a lot of supervisions which are practiced in the dental institution such as mentoring, calibration and shadowing. Among the three, the lowest mean of 2.36 was recorded on supervising the clinical instructors in the clinical infirmary through shadowing. However, the study of Mohammadreza (2016) pointed out that clinical supervision is one of the methods used as mechanism to enhance knowledge and practical skill for improving and developing professional performance. Clinical training is very important to obtain clinical competency in the clinical education. Shadowing is one of the clinical trainings for the clinical instructors in the dental and allied health field wherein the junior faculty member observes that senior faculty members as he or she supervises the dental clinicians. Clinical instructors are aware that in terms of instructional improvement in the clinical infirmary, their supervisors are doing the supervisory practices at a moderate extent.

Table 10 Clinical Dentistry Supervision as Described by Faculty Members in Terms of Curriculum Development

2. Curriculum Development	x	sd	vi
1. Assists the clinical instructors in the implementation of the new curriculum.	3.03	0.64	ME
2. Helps identify the problems in implementing the existing policies on the new curriculum.	3.05	0.63	ME
3. Provides necessary clinical materials that are supportive to the existing curriculum.	2.96	0.58	ME
4. Contributes in the enhancement professional competencies of clinical instructors by providing the latest information on clinical procedures.	3.13	0.50	ME
5. Contributes in the enhancement professional competencies of clinical instructors by providing the latest information on materials.	3.17	0.58	ME
6. Identifies the training needs of the clinical instructors.	3.13	0.62	ME
Overall	3.08	0.49	ME

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

The results from Table 10 revealed that the clinical heads contribute in the enhancement professional competencies of clinical instructors by providing the latest information on materials at a moderate extent with a mean of 3.17. Camelo (2013), cited that the transformations that have occurred in

the modern world due to technological innovation and new forms of work organization, with a progressively more unstable and flexible market, demand the implementation of models for the education and management of the workforce based on professional competencies. As for the responses of their clinical heads, this also ranked first however; they felt that they are doing it only at a great extent. This is in contrary to the results elicited by the clinical instructors. Ranked second is the identification of the training needs of the clinical instructors and the contribution of the clinical heads in the enhancement professional competencies of clinical instructors by providing the latest information on clinical procedures and materials which earned a mean of 3.13. Additionally, helping in identifying the problems in implementing the existing policies on the new curriculum and assisting the clinical instructors in the implementation of the new curriculum with a mean of 3.05 and 3.03 respectively. Finally, clinical instructors felt that their clinical heads and their chief of clinics have less concern with regard to providing necessary clinical materials that are supportive to the existing curriculum as it occupies the last rank among the supervisory practices done in the clinical infirmary which garnered a mean of 2.96 interpreted as moderate extent. For the overall result, the clinical heads and clinical instructors displayed different results. Clinical heads felt that they are doing their job to a great extent, however, the clinical instructors felt otherwise.

Table 11 Community Dentistry Supervision as Described by Faculty Members   in Terms of Instructional Improvement

1. Instructional Improvement	x	sd	vi
1. Assists in the designing of the curriculum.	3.00	0.59	ME
2. Assists in planning for the community fieldwork.	2.84	0.68	ME
3. Helps teachers in identifying and solving problems in fieldwork	2.85	0.65	ME
4. Assists fieldwork preceptors in applying different assessment and measurement techniques related to community dentistry.	2.92	0.61	ME
5. Assists fieldwork preceptors in the selection of appropriate resources that will be used in teaching community dentistry.	2.95	0.63	ME
6. Provides immediate feedback to fieldwork preceptors particularly in the services rendered after the fieldwork.	3.00	0.59	ME
7. Offers continuing professional development trainings for the fieldwork preceptors for community dentistry at school level.	3.15	0.67	ME
Overall	2.95	0.54	ME

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

Based on Table 11, the results of community dentistry supervision in terms of instructional improvement were homogenous wherein offering continuing professional development trainings for the fieldwork preceptors for community dentistry at school level ranked first with a mean of 3.15. This finding corroborated with Bluestone (2013), who pointed out that in-service training represents a significant

financial investment for supporting continued competence of the health care workforce. It is therefore the responsibility of supervisors to provide teachers with in-service training sessions, as well as encourage them to attend workshops and conferences to keep them abreast with current instructional practices. Meanwhile, assisting in the designing of the curriculum and providing immediate feedback to fieldwork preceptors particularly in the services rendered after the fieldwork ranked second followed by assisting fieldwork preceptors in the selection of appropriate resources that will be used in teaching community dentistry and assisting fieldwork preceptors in applying different assessment and measurement techniques related to community dentistry which obtained a mean of 2.95 and 2.92 respectively. It is also important for the supervisors to provide feedback and appropriate resources for the faculty members. Panhoon (2014) stated that corrective feedback develops learners' learning quality and teachers' teaching quality. The right feedback at the right frequency, guiding ways for improvement, can raise educational achievement and learning. Helping teachers in identifying and solving problems in fieldwork and assisting them in the planning for the community fieldwork ranked last.

Table 12 Community Dentistry Supervision as Described by Faculty Members in Terms of Curriculum Development

2. Curriculum Development	x	sd	vi
1. Assists the faculty members in the implementation of the OBE revised curriculum.	3.02	0.54	ME
2. Helps identify the problems in the implementation of the existing policies in the community outreach.	2.97	0.59	ME
3. Provides necessary educational materials that are supportive to the existing curriculum in community dentistry.	2.85	0.61	ME
4. Enhances professional competencies of faculty members by providing the current trends and innovations on teaching strategies.	3.12	0.59	ME
5. Identifies the training needs of the fieldwork preceptors.	2.95	0.61	ME
Overall	2.98	0.51	ME

GE – great extent, ME – moderate extent. LE – least extent, NE – not experienced

As seen in Table 12, it can be disclosed that faculty members are provided with the current trends and innovations on teaching strategies with a mean of 3.12. It can be noted too that they are being assisted by the head of the community dentistry department in the implementation of the revised OBE curriculum as it earned a mean of 3.02. The community dentistry head also helps them identify the problems in the

implementation of the existing policies in the community outreach and identifies the training needs of the fieldwork preceptors with a mean of 2.97 and 2.95 respectively.

Providing necessary educational materials that are supportive to the existing curriculum in community dentistry received a more negative insight from the respondents compared to other supervisory practices although the results showed that this is being done by the community dentistry head at a moderate extent with a mean of 2.85. This concurs with Achibong (2012), who articulated that head teachers influence classroom instruction by supplying teachers with necessary resources. Providing resources include more than just monetary resources and materials.

Summarizing all the data gathered in Tables 1 to 12, a matrix was crafted to clearly show the results of the supervisory practices as described by the deans, heads and faculty members with the following indicators presented:

1. Instructional Supervision
1.1 Instructional Improvement
1.2

Table 13 Summary of Responses of the Deans, Heads and Faculty Members for Instructional Supervision with Regard to Instructional Improvement

Instructional Improvement by Deans and Heads	x	Faculty Members	x
Offers continuing professional development trainings for the faculty members at school level.	4.00	Offers continuing professional development trainings for the faculty members at school level.	4.00
Helps faculty members in identifying and solving instructional issues concerning delivery of instruction.	4.00	Assists the faculty members in preparing the syllabus.	3.12
Helps faculty members in applying different and appropriate assessment and measurement techniques.	3.90	Helps faculty members in identifying and solving instructional issues concerning delivery of instruction.	3.01
Assists the faculty members in preparing the syllabus.	3.80	Directs the faculty members to form the curriculum study group who shall take charge of the analysis and standardization of teaching – learning modalities.	2.92
Leads the faculty members in developing an instructional materials (e.g. modules)	3.50	Leads the faculty members in developing an instructional materials (e.g. modules)	2.85
Provides immediate feedback to faculty members particularly after classroom visitation.	3.50	Helps faculty members in applying different and appropriate assessment and measurement techniques.	2.83
Assists faculty members in the selection of appropriate resources like teaching aids.	3.40	Assists faculty members in the selection of appropriate resources like teaching aids.	2.80
Directs the faculty members to form the curriculum study group who shall take charge	3.40	Provides immediate feedback to faculty members particularly after classroom visitation.	2.73

of the analysis and standardization of teaching – learning modalities.			
Overall	3.12	**Overall**	2.90

The deans, program heads and the faculty members rated the item on offering continuing professional development trainings for the faculty members at school level as the one with the highest mean (4.00). This proves that both of them regard this indicator of vital importance. This is supported by Petrie (2012) who cited that professional development for teachers is recognized as a key vehicle through which to improve teaching and, in turn will improve student achievement. Professional development is also a way to introduce curriculum and pedagogical reforms. This justifies that both of them consider this indicator of vital importance. Gore (2017) cited that in the name of improving teaching quality, millions of dollars are invested in teacher professional development while elaborate regulatory systems have been designed to ensure that teachers engage in ongoing professional learning activities. Staff development primarily aims to increase the knowledge and skills of the faculty members and thereby increases the potential of the school to attain its goals and objectives. Meanwhile, directing the faculty members to form the curriculum study group who shall take charge of the analysis and standardization of teaching – learning modalities was rated the lowest by the deans and academic heads. Correspondingly, the faculty members rated the item provides immediate feedback to faculty members particularly after classroom visitation with a lowest mean (2.73). However, according to Glickman (2010), the focus of instructional supervision is to provide faculty members with the feedbacks about how they perform when they teach.

2.   Curriculum Development

Table 14 Summary of Responses of the Deans, Heads and Faculty Members for Instructional Supervision with regard to Curriculum Development

Curriculum Development by Deans and Heads	x	Faculty Members	x
Takes the lead in assessing the relevance of the present curriculum.	3.90	Contributes in the enhancement of professional competencies of faculty members by providing the latest information on teaching methods and strategies.	3.21
Helps identify the problems in implementing the existing policies on curriculum.	3.90	Helps identify the problems in implementing the existing policies on curriculum.	3.01
Provides necessary educational materials that are supportive to the existing curriculum.	3.80	Assists the faculty members in the implementation of the new curriculum.	3.01
Assists the faculty members in the implementation of the new curriculum.	3.80	Identifies the training needs of the faculty members.	2.93
Contributes in the enhancement of professional competencies of faculty members by providing the latest	3.70	Takes the lead in assessing the relevance of the present curriculum.	2.76

information on teaching methods and strategies.			
Identifies the training needs of the faculty members.	3.70	Provides necessary educational materials that are supportive to the existing curriculum.	2.75
Convenes stakeholders in a meeting for curriculum evaluation and validation.	3.50	Convenes stakeholders in a meeting for curriculum evaluation and validation.	2.73
Overall	3.80	**Overall**	2.92

The deans and academic heads rated the highest mean on takes the lead in assessing the relevance of the present curriculum and helps identify the problems in implementing the existing policies on curriculum (3.90). Deans and academic heads assist the faculty members in the implementation of the policies on OBE curriculum in the dental program. Support given by the deans and academic heads will help the faculty members deliver instruction effectively. Sule (2015) mentioned in his study that heads need to provide support to attain acceptable performances and results. The indicator on contributes in the enhancement of professional competencies of faculty members by providing the latest information on teaching methods and strategies was rated the highest mean by the faculty members (3.21). On the other hand, deans and academic heads rated the indicator on convene stakeholders in a meeting for curriculum evaluation and validation with the lowest mean. It means that this indicator was not being implemented at a great extent in the dental program. However, Saomya (2014), mentioned that the involvement of the broader community of a school leads to higher academic performance and school improvement. When schools, parents, families and communities work together to support learning, students feel encouraged, attend school regularly and take part in higher-level programs.

2. Clinical Infirmary Supervision

2.1 Instructional improvement

Table 15 Summary of Responses of the Clinical Heads and Faculty Members for Instructional Supervision with regard to Instructional Improvement

Instructional Improvement by the Clinical Heads	x	Faculty Members	x
Helps clinical instructors in identifying and solving problems in the clinical infirmary.	3.86	Offers continuing professional development trainings for the clinical instructors at school level.	3.43
Supervises the clinical instructors in the clinical infirmary through: calibration	3.71	Helps Clinical instructors in identifying and solving problems in the clinical infirmary.	3.28
Offers continuing professional development trainings for the clinical instructors at school level.	3.71	Assists clinical instructors in applying different assessment and measurement techniques.	3.16
Supervises the clinical instructors in the clinical infirmary through: mentoring	3.64	Provides immediate feedback to Clinical instructors particularly in the Infirmary.	3.05

Assists clinical instructors in applying different assessment and measurement techniques.	3.64	Assists clinical instructors in the selection of appropriate teaching – learning resources like teaching aids.	3.04
Provides immediate feedback to Clinical instructors particularly in the Infirmary.	3.50	Supervises the clinical instructors in the clinical infirmary through: mentoring	2.90
Assists clinical instructors in the selection of appropriate teaching – learning resources like teaching aids.	3.43	Supervises the clinical instructors in the clinical infirmary through: calibration	2.81
Supervises the clinical instructors in the clinical infirmary through: shadowing	2.93	Supervises the clinical instructors in the clinical infirmary through: shadowing	2.36
Overall	3.60	Overall	3.11

Clinical and department heads rated the indicator helps clinical instructors in identifying and solving problems in the clinical infirmary (3.86) with the highest mean. This shows that the clinical heads are concerned with the problems in the clinical infirmary. Meanwhile, the faculty members rated the indicator offers continuing professional development trainings for the clinical instructors at school level as the highest in the supervisory practices in the clinical infirmary with a mean of 3.43. This is in line with the view of Loughran (2014), who poited out that the professional development of teacher educators must be purposefully conceptualized, thoughtfully implemented, and meaningfully employed. The lowest as rated by both the clinical and department heads and faculty members are on supervises the clinical instructors in the clinical infirmary through: shadowing. This proves that supervision through shadowing is not always practiced in the clinical infirmary. However, the study of Mohammadreza (2016) pointed out that clinical supervision is one of the methods used as mechanism to enhance knowledge and practical skill for improving and developing professional performance. Clinical training is very important to obtain clinical competency in the clinical education. Shadowing is one of the clinical trainings for the clinical instructors in the dental and allied health field wherein the junior faculty member observes senior faculty members as he or she supervises the dental clinicians.

2.   Curriculum Supervision

Table 16 Summary of Responses of the Clinical Heads and Faculty Members for Instructional Supervision with regard to Curriculum Development

Curriculum Development by Clinical Heads	x	Faculty Members	x
Contributes in the enhancement professional competencies of clinical instructors by providing the latest information on materials.	3.64	Contributes in the enhancement professional competencies of clinical instructors by providing the latest information on materials.	3.17
Helps identify the problems in implementing the existing policies on the new curriculum.	3.64	Contributes in the enhancement professional competencies of clinical instructors by providing the latest information on clinical procedures.	3.13

Identifies the training needs of the clinical instructors.	3.64	Identifies the training needs of the clinical instructors.	3.13
Contributes in the enhancement professional competencies of clinical instructors by providing the latest information on clinical procedures.	3.50	Helps identify the problems in implementing the existing policies on the new curriculum.	3.05
Provides necessary clinical materials that are supportive to the existing curriculum.	3.43	Assists the Clinical instructors in the implementation of the new curriculum.	3.03
Assists the Clinical instructors in the implementation of the new curriculum.	3.36	Provides necessary clinical materials that are supportive to the existing curriculum.	2.96
Overall	3.54	**Overall**	3.08

Clinical and department heads as well as the faculty members rated the indicator on contributes in the enhancement professional competencies of clinical instructors by providing the latest information on materials with highest mean. To provide the state of the art education in the dental program, clinical instructions must be upbreast with the latest information in the procedures and materials used in the dental field. In the same vein, Polverini (2012) cited that the emerging concept of prospective health care would shift the focus of health care from disease management to disease prevention and health management. In this view, providing latest information in the procedures and materials to the faculty members is essential.

On the other hand, clinical heads and faculty members rated the indicator on assists the clinical instructors in the implementation of the new curriculum and provides necessary clinical materials that are supportive to the existing curriculum with the lowest mean. Although clinical heads and department heads regard professional competencies of clinical instructors by providing the latest information on materials with utmost importance, they provide materials that will support the OBE curriculum at a moderate extent.

3.	Community Dentistry Supervision
3.1 Instructional Supervision

Table 17 Summary of Responses of the Community Dentistry Head and Faculty Members for Instructional Supervision with regard to Instructional Improvement

Instructional Improvement Community Dentistry Head	x	Faculty Members	x
Offers continuing professional development trainings for the fieldwork preceptors for community dentistry at school level.	4.00	Offers continuing professional development trainings for the fieldwork preceptors for community dentistry at school level.	3.15
Assists fieldwork preceptors in applying different assessment and measurement techniques related to community dentistry.	3.83	Assists in the designing of the curriculum.	3.00

Assists in the designing of the curriculum.	3.83	Provides immediate feedback to fieldwork preceptors particularly in the services rendered after the fieldwork.	3.00
Helps teachers in identifying and solving problems in fieldwork	3.67	Assists fieldwork preceptors in the selection of appropriate resources that will be used in teaching community dentistry.	2.95
Assists fieldwork preceptors in the selection of appropriate resources that will be used in teaching community dentistry.	3.50	Assists fieldwork preceptors in applying different assessment and measurement techniques related to community dentistry.	2.92
Assists in planning for the community fieldwork.	3.50	Helps teachers in identifying and solving problems in fieldwork	2.85
Provides immediate feedback to fieldwork preceptors particularly in the services rendered after the fieldwork.	2.83	Assists in planning for the community fieldwork.	2.84
Overall	3.70	Overall	2.95

The community dentistry head and the faculty members rated the item on offers continuing professional development trainings for the fieldwork preceptors at school level as the one with the highest mean (4.00). This proves that both of them consider this indicator of vital importance. This finding corroborates with Bluestone (2013), who pointed out that in-service training represents a significant financial investment for supporting continued competence of the health care workforce. It is therefore the responsibility of supervisors to provide teachers with in-service training sessions, as well as to encourage them to attend workshops and conferences to keep them abreast with current instructional practices. On the other hand, community dentistry head regards the item provides immediate feedback to fieldwork preceptors particularly in the services rendered after the fieldwork not so important as it gained the lowest mean. A feedback after community field work is essential to the fieldwork preceptors. This will help them improve their performances in the planning and implementation of the outreach programs in an adopted community. Panhoon (2014) stated that corrective feedback develops the learners' learning quality and teachers' teaching quality. The right feedback at the right frequency, guiding ways for improvement, can raise educational achievement and learning. However, faculty members view that their community dentistry head assists in planning for the community fieldwork at a moderate extent. Planning for the fieldwork is essential as it will guide the dental students on the objectives of the fieldwork such as how they are going to do the services intended for the adopted community.

2. Curriculum Development

Table 18 Summary of Responses of the Community Dentistry Head and Faculty Members for Instructional Supervision with regard to Curriculum Development

Curriculum Development Community Dentistry Head	x	Faculty Members	x
Helps identify the problems in the implementation of the existing policies in the community outreach.	3.17	Enhances professional competencies of faculty members by providing the current trends and innovations on teaching strategies.	3.12
Assists the faculty members in the implementation of the OBE revised curriculum.	3.00	Assists the faculty members in the implementation of the OBE revised curriculum.	3.02
Provides necessary educational materials that are supportive to the existing curriculum in community dentistry.	2.83	Helps identify the problems in the implementation of the existing policies in the community outreach.	2.97
Identifies the training needs of the fieldwork preceptors.	2.83	Identifies the training needs of the fieldwork preceptors.	2.95
Enhances professional competencies of faculty members by providing the current trends and innovations on teaching strategies.	2.67	Provides necessary educational materials that are supportive to the existing curriculum in community dentistry.	2.85
Overall	2.90	Overall	2.95

Community dentistry head rated the indicator helping identify the problems in the implementation of the existing policies in the community outreach with the highest mean of 3.17. Each dental school has policies and practices to achieve an appropriate level of diversity among its students, faculty members and staff. According to Al Nazer (2013), the role of the supervisor is to make the operation easy inside the school or administration. This can be done by offering or providing necessary support and assistance to the faculty members and sharing in the operation of follow up.

The item on enhancing professional competencies of faculty members by providing the current trends and innovations on teaching strategies received the lowest mean of 2.67 as rated by the community dentistry head. This finding was contradicted by Nolan (2008), who articulated that supervision is a way to support professional growth and competency of the faculty members and has been identified as an integral component of staff development. However this indicator was rated by the faculty members with the highest mean. The item on providing necessary educational materials that are supportive to the existing curriculum in community dentistry received a more negative insight from the respondents compared to other supervisory practices although the results showed that this is being done by the community dentistry head at a moderate extent with a mean of 2.85. This concurs with the study of Achibong (2012), pointing out that head teachers influence classroom instruction by supplying teachers with necessary resources. Providing resources include more than just monetary resources and materials.

Proposed Supervisory Model of Dental Program

The results of the findings of the study prompted the researcher to design the proposed model of Dental Program. Figure 3 shows the proposed supervisory model in the said program. This model aims to clearly explain the three aspects of supervision in the field of dentistry. This is especially designed for the administrators and program heads to effectively implement quality supervision in three aspects.

Aspects of Supervision

There are three aspects of supervision in dentistry includes two categories namely: instructional improvement and curriculum development. Under each category are indicators.

Components of the Proposed Model

The proposed model is designed in a circular design since supervision is a cyclic process, dynamic and never ending. To conceptualize supervision in the field of Dentistry, results revealed that two aspects are clearly distinct in the field which is clinical infirmary supervision and community dentistry supervision. The aspect on instructional supervision is similar with the other disciplines.

The center of the model emphasizes supervision of the dental program while the second circle comprises the three aspects of supervision namely: instructional supervision, clinical infirmary supervision and community dentistry supervision. The outermost circle consists of two categories for each aspect namely: instructional improvement and curriculum development.
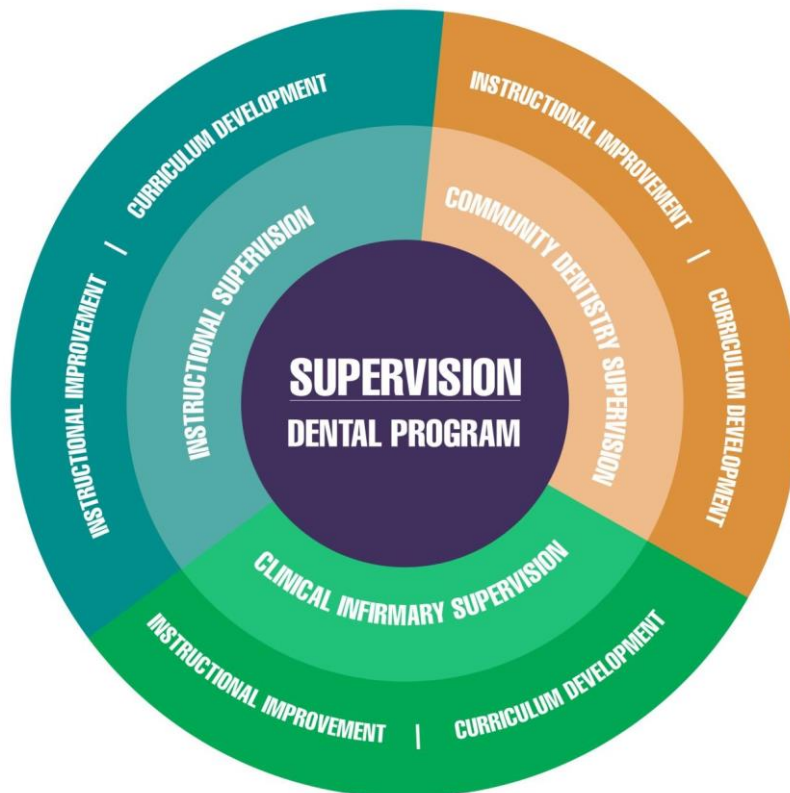

Figure 3 Proposed Supervisory Model in the Dental Program

To conceptualize the findings of the study in the three aspects, two categories and indicators were set distinctly for each. These indicators were validated by the heads of the various dental institutions in the National Capital Region (NCR).

1. Instructional Supervision
1. Instructional Improvement

Results	Particular to Dentistry	Recommendations
Offers CPD trainings	Postgraduate training programs or modules	Programs and modules on • Removable Partial Denture • Fixed Partial Denture • Complete Denture • Cariology • Cosmetic Dentistry • Endodontic Dentistry
Helping in the identification and solution of instructional issues	Teaching in the dental program	Issues of the standardization of teaching in the dental program.
Application of different assessment and measurement techniques	Use of rubrics for every activity done in the classroom.	The use of rubrics for every activity done in the classroom.
Developing instructional materials	Development of laboratory manuals for laboratory subjects in the dental program	Manuals on: • Oral Microscopic Anatomy and Embryology Laboratory • Fixed Partial Prosthodontics Laboratory • Removable Partial Prosthodontics Laboratory • Complete Denture Prosthodontics Laboratory • Roentgenology Laboratory
Providing feedback	Immediate feedback on the faculty members' performance after each classroom visitation	The use of teacher's behavior inventory

2. Curriculum Development

Results	Particular to Dentistry	Recommendations

Assessment of the relevance of the present curriculum Identification of problems in implementing existing policies	• The use of semi adjustable articulators as a part of the prosthodontic curriculum. • Problems on the implementation of the use of the semi adjustable articulators in pre-clinical subjects.	Pre-clinical Subjects: • Oral Anatomy • Dental Materials • Prosthodontic Dentistry
Providing of educational materials	Educational materials on dental subjects	Prepared slides for oral microscopic anatomy and embryology laboratory Models for Endodontic Dentistry
Enhancing of professional competencies	Competencies on the use of semi adjustable articulators Teaching strategies that are applicable to dentistry	Dental Materials and Innovations Dental Jurisprudence and Ethics Teaching strategies such as demonstration, buddy system, modeling and conference.
Identification of training needs	Needs assessment	Conducting needs assessment on trainings of the faculty members teaching dental subjects relevant to the existing curriculum.
Convening stakeholders for evaluation and validation	Evaluation and revision of the syllabus in the different dental subject, teaching in the dental program	Validation of new concepts and approaches for teaching dental subjects.

2. Clinical Infirmary Supervision

2.1 Instructional Improvement

Results	Particular to Dentistry	Recommendations
Offering CPD trainings	Current trends in Dentistry	• Innovations in dental world and equipment. • Current trends in dental management
Identification and solving problems in the clinical infirmary	Conflicts in the clinical infirmary	Conflicts of ideas and approaches in the clinical infirmary
Application of different assessment and measurement techniques	The use of rubrics in the clinical infirmary	The use of standard rubrics for every procedure done by the dental clinicians in the dental infirmary
Providing feedback	Immediate feedback.	• Providing immediate feedback to the clinical instructors. • Providing feedbacks after the evaluation of the Clinical Heads
Assisting in the selection of teaching – learning resources	Teaching aids in clinical procedures.	Models for tooth preparation in Restorative and Prosthodontic Dentistry
Calibration Mentoring Shadowing	Calibration, mentoring on the clinical applications of the principles in Prosthodontics, working under a senior clinical instructor.	• Designing a Removable Partial Denture. • Diagnosis of Prosthodontic Cases

2. Curriculum Development

Results	Particular to Dentistry	Recommendations
Enhancing professional competencies	Professional competencies on semi adjustable articulators, new trends in restorative dentistry, endodontic dentistry	• bulk fill restoration • fiber reinforced restoration • filling materials for root canal therapy

Identifying problems in the implementation of existing policies	Policies on the use of the new articulator as prescribed by the Dentistry Board. Problems on the requirements in the clinical infirmary	• bulk fill restorations and bleaching in lieu of restorative dentistry requirements
Identification of training needs	Needs assessment	Dental Jurisprudence and Ethics
Provision of clinical materials	Provisions of latest clinical materials that will help clinical instructors demonstrate the clinical procedures in the clinical infirmary.	• Impression materials • Filling materials
Assisting in the implementation of the new curriculum	Implementation of an outcomes based education	Management of comprehensive cases

3. Community Dentistry Supervision

3.1 Instructional Improvement

Results	Particular to Dentistry	Recommendations
Offering CPD trainings	CPD trainings on oral health programs, public health and community dentistry	• Dental Epidemiology • Oral Hygiene Indices
Assisting in applying different assessment and measurement	The use of rubrics for the community outreach or fieldwork activities	• Rubrics for every procedure done in the community fieldwork
Assisting in designing the curriculum	Integration of community outreach in the community dentistry subject	Revision of syllabi particularly Community Dentistry 1 and 2 Laboratory
Identifying and solving problems in fieldwork	The use of problem – solution chart	The use of Flow Charts
Selecting appropriate resources	Acquisition of more educational materials on dental health and oral health programs	• Proper Tooth Brushing Posters • Models in teaching proper oral hygiene

Assisting in planning for community fieldwork	Creation of a committee for the planning of the outreach program	Structured program for the adopted community
Providing immediate feedback	Evaluation of the fieldwork preceptors	Development of fieldwork preceptors' evaluation forms

3.2 Curriculum Development

Results	Particular to Dentistry	Recommendations
Enhancing professional competencies	Procedures done in the outreach programs	• Atraumatic Restorative Treatment • Minimally Invasive Dentistry • Waste Management • Infection Control
Identifying problems in policy implementation	Policies on the procedures done in the fieldwork	Policy on the crediting of the procedures done in the community outreach
Assisting in the implementation of OBE revised curriculum	Approaches in the community outreach	• Tell-show-do technique • Demonstration • Conferences
Providing educational materials	Educational materials on public health, oral hygiene practices and oral habits	• Dental Chart • Tooth Models • Oral health leaflets
Identifying the training needs	Training needs on the planning of a outreach program	• Occupational Safety and Health • Proper waste disposal • Infectious diseases

CHAPTER 5
Summary of Findings, Conclusions and Recommendations

This chapter presents the summary of findings, conclusions and recommendations made by the researchers on the study.

Summary of Findings

1. Instructional Supervision as described by Deans and Academic Heads in Terms of Instructional Improvement and Curriculum Development.

In terms of instructional improvement, offering continuing professional development trainings for the faculty members at school level got a mean of 4.00 while assisting the faculty members in the selection of appropriate resources like teaching aids got the lowest mean of 3.40. On the other hand, as regards curriculum development, Take the lead in assessing the relevance of the present curriculum and helps identify the problems in implementing the existing policies on curriculum got the highest mean of 3.90 (great extent) and the lowest mean of 3.50 (great extent) was recorded on convening stakeholders in a meeting for curriculum evaluation and validation.

2. Clinical Dentistry Supervision as Described by Clinical or Department Heads in Terms of Instructional Improvement and Curriculum Development.

With regard to instructional improvement, helping clinical instructors in the identification and solving the problems in the clinical infirmary got the highest mean of 3.86 while the lowest mean of 2.93 was on supervising the clinical instructors in the clinical infirmary through shadowing. As to curriculum development, identifying the training needs of the clinical instructors and helping in identifying the problems in implementing existing policies on the new curriculum both got the highest mean of 3.64. Further contributing in the professional competencies of clinical instructors by providing the latest information on materials garnered a the mean of 3.64 while the assisting the clinical instructors in the implementation of the new curriculum obtained the lowest mean of 3.36.

3. Community Dentistry Supervision as Described by Clinical Community Dentistry Heads in Terms of Instructional Improvement and Curriculum Development.

As to instructional improvement, offering continuing professional development trainings for the fieldwork preceptors for community dentistry at school level recorded the highest mean of 4.00 while providing immediate feedback to the fieldwork preceptors particularly in the service rendered after the fieldwork got the lowest mean of 2.83. With regard to curriculum development, helping in the identification of the problems in the implementation of the existing policies in the community outreach got the highest mean of 3.17. On the other hand, enhancing professional competencies of faculty members by providing the current trends and innovations on teaching strategies recorded the lowest mean of 2.67.

1. Instructional Supervision as Described by Faculty Members in Terms of Instructional Improvement and Curriculum Development

As regards instructional improvement, offering continuing professional development trainings for the faculty members at school level got a mean of 4.00 while providing immediate feedback to faculty members particularly after classroom visitation earned the lowest mean of 2.73. On the other hand, as for curriculum development, contributes in the enhancement of professional competencies of faculty members by providing the latest information on teaching methods and strategies garnered the highest mean of 3.21 while convening the stakeholders in a meeting for curriculum evaluation and validation got the lowest mean of 2.73.

2. Clinical Dentistry Supervision as Described by Faculty Members in Terms of Instructional Improvement and Curriculum Development.

Offering continuing professional development trainings for the clinical instructors at school level got a mean of 4.00 and supervising the clinical instructors in the clinical infirmary through shadowing got the lowest mean of 2.36. As for curriculum development, contributes in the enhancement of

professional competencies of clinical instructors by providing the latest information on clinical procedures and materials got the highest mean of 3.17 while helping in identifying the problems in implementing the existing policies on the curriculum obtained the lowest mean of 2.96.

3. <u>Community Dentistry Supervision as Described by Faculty Members in Terms of Instructional Improvement and Curriculum Development.</u>

In terms of instructional improvement, offering continuing professional development trainings for the fieldwork preceptors for community dentistry at school level obtained the highest mean of 3.15 while assisting in planning for the community fieldwork got the lowest mean of 2.84. As for curriculum development, enhances professional competencies of faculty members by providing the current trends and innovations on teaching strategies got the highest mean of 3.12. However, providing necessary educational materials that are supportive to the existing curriculum in community dentistry recorded the lowest mean of 2.85.

Conclusions

Based on the findings of the study, the following conclusions are drawn:

1. Continuing professional development for faculty members is of utmost importance to the deans and academic heads.
2. There is a felt need to help the faculty members in the selection of appropriate learning resources.
3. The deans and academic heads of the different dental institutions address the problems in the delivery of instruction.
4. The stakeholders must convene regularly for curriculum evaluation and validation.
5. Clinical instructors are assisted in identifying and solving problems in the clinical infirmary as shadowing is not greatly practiced in the clinical infirmary.
6. Training needs assessment is needed to enhance the professional competencies of the clinical instructors.
7. Clinical instructors must help in the proper implementation of the new curriculum.
8. Providing feedback is needed particularly in the fieldwork preceptors on the services rendered.

Recommendations

Based on the findings and subsequent conclusions, the following recommendations are hereby offered:

1. The offering of professional development as part of the instructional supervision of the administrators must be strengthened.
2. Inclusion of the following in the continuing professional development of the faculty may be undertaken:

   2.1 Selection of appropriate resources

   2.2 Preparation of syllabus

   2.3 Development of instructional materials

   2.4 Providing immediate feedback

   2.5 Use of shadowing in clinical infirmary

   2.6 Current trends and innovations in teaching strategies

   2.7 Planning for the community fieldwork

3. The practice of helping the faculty in identifying the problems in implementing the existing policies on curriculum should be continued.

4. Deans and academic heads must explore the possibilities of convening the stakeholders regularly for curriculum evaluation and validation.

5. Further studies should be done in order to validate and evaluate the proposed supervisory model.

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