

Pre-lecture reading and assessment improves retention of knowledge in final year MBBS students

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Introduction

- Existing teaching in Orthopaedics can be improved
- Limited knowledge in our graduates
- Information has been taught
 - Poor recall
- Conventional lectures lead to poor knowledge retention
 - Lack of extensive experience
 - Difficulty to store long-term memory
- Lack of guidance in instruction/full constructivism also fails
 - Ineffective learning
 - Misconceptions and frustration with learning
 - Kirschner et al. Educational Psychologist 2006



e-learning platform

- Provision of course materials for self-learning
 - Learner centered and responsibility
 - Better knowledge retention with pre-course learning for anatomy courses
 - Kroncke Med Teach 2010
 - Not completely "hands-off" but reduced spoon-feeding
- Constructivist assumption
 - Students can solve problems and acquire complex knowledge, construct their own solutions
 - Knowledge is acquired with experience
 - Ellaway et al. Medical teacher 2008
- Aim to study the benefits of an e-learning platform for final year MBBS students in retention of knowledge



Student cohort

- Specialty clerkship on cervical spine disorders
- 7 groups
- Total n=217
- First group with e-learning and assessment as compared to all F-to-F meetings with other seminars (17 total)
- Pre-lecture demographics: rotation number, prior experiences, gender, age



E-learning platform

- 1: background
- 2: patient assessment
- 3: imaging
- 4: neck pain
- 5: myelopathy and radiculopathy
- 6: SCI
- 7: deformity
- Literature links
- Face-to-face review and discussion

- Inclusive of 4 PE videos
- Interview of students after interactive session
- 20 MCQs given online
 - Questions raised in lecture, video, self-search
 - Repeated and randomized at
 2-weeks after the interactive session



Interview

- 1. How did you think the lecture went?
- 2. Did the pre-course questionnaire help with your learning?
- 3. How did the questions prepare you for the lecture?
- 3. Any problems with the questions?
- 4. Did the lecture or pre-course materials cover the information needed to answer the questions?
- 5. Was the e-learning helpful?
- 6. Would you want other lectures to adopt the same pattern?
- 7. How do you think it can be improved?



Statistical analyses

- ANOVA test
- Comparing between groups for the two MCQ test scores and time required



Results

- Overall scores
- 1st test: 12.4±3.8
- 2nd test: 16.8±2.8
- Time
- 1st test: 261.1±825.9 minutes
- 2nd test: 49.7±247.2 minutes
- P<0.001



Group	Score 1	Score 2	Time 1	Time 2
Rotation 1*	12.5±3.5	15.3±3.6	176.8±391.4	21.4±26.6
Rotation 2*	11.1±3.0	16.0±2.9	127.2±315.8	15.7±21.1
Rotation 3*	16.2±4.0	18.1±2.4	297.9±437.7	121.1±528.7
Rotation 4*	11.2±2.8	17.0±2.8	577.4±1906.9	62.9±207.9
Rotation 5*	12.2±3.4	18.1±1.8	222.0±632.9	17.9±14.8
Rotation 6*	12.4±3.8	16.6±2.7	261.2±574.8	80.8±268.0
Rotation 7*	11.5±3.4	16.1±2.6	183.2±439.7	17.5±20.1





Student interview

- Questions/MCQ
 - Worried about results, better to know if MCQs counted towards grade
 - Better to have the correct answer and explanation
- Can identify knowledge gaps prior to lecture
- Clearer learning objectives, I knew what we needed to know
- We can learn at our own pace, search and pause as needed
- Students unable to catch up in didactic lectures
- Liked having PE videos and having case summary in person
- Better motivation for learning
- Easier understanding of concepts
- Enjoyed repeated viewing for less easily understood
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Conclusions

- Good knowledge retention
- Improved MCQ results
- Overall student enthusiasm
- Further analysis
 - Response rates/questions of students in the interactive tutorial
 - Deeper analysis of MCQ results: questions related to lecture/video/reference search
 - CCT results
 - ?longer-term MCQ results







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