



Enhancing Content Knowledge and Student Satisfaction Using Multimedia Learning Modules in the Third Year Ob/Gyn Clerkship

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OVERVIEW

➤ Medical education has steadily shifted to a learner-centered and self-directed curricular model. The inclusion of these pedagogical practices encourage greater critical thinking and problem solving skills and in some instances, improved student satisfaction.¹⁻³ Ob/Gyn education is often ranked as the lowest by US medical school graduates (figure 1) due to a variety of shortcomings.^{4,5} The aim of this study is to target Ob/Gyn content areas and enhance student satisfaction of the Ob/Gyn clerkship experience.

Figure 1: 2016 AAMC Medical School Graduation Questionnaire. All Schools Summary Report⁴

Question 10. Rate the quality of your educational experience in the following third-year clerkships.

	Percentage of Respondents Selecting Each Rating				
	Poor	Fair	Good	Excellent	Count
Obstetrics-Gynecology/Women's Health	7.0	14.4	34.8	43.9	14,957
Neurology	6.9	17.0	36.7	39.4	13,511
Surgery	4.9	11.9	35.2	48.0	14,937
Family Medicine	3.8	11.6	32.8	51.8	14,359
Psychiatry	3.1	10.4	34.6	51.9	14,939
Pediatrics	3.0	10.4	32.3	54.3	14,941
Internal Medicine	2.0	6.7	28.8	62.6	14,947

2017-2018 CLERKSHIP STRUCTURE

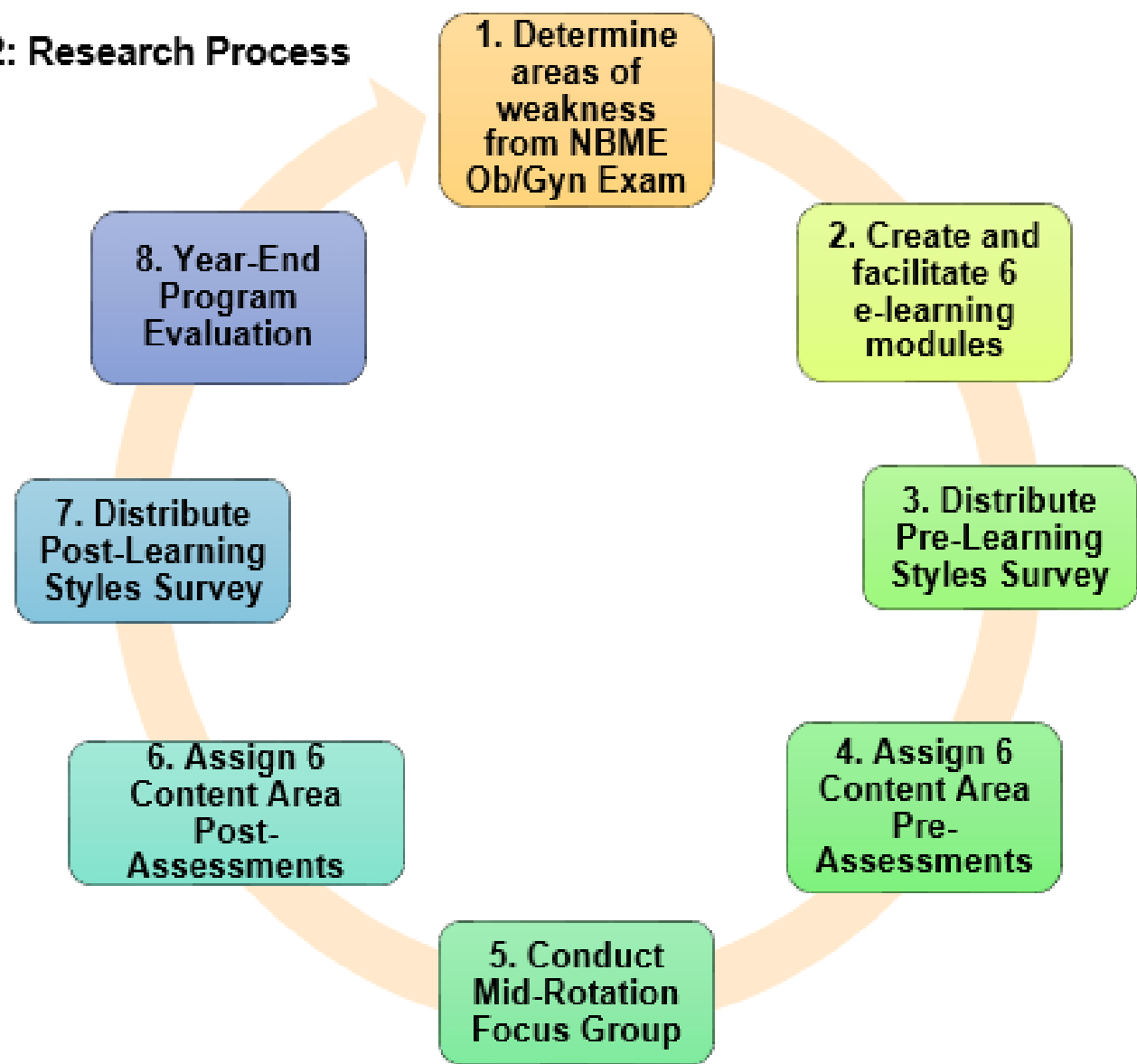
- Six Ob/Gyn clerkship rotations in 2017-2018
- 32-36 students per rotation (220 students total)
- Three hospital sites in Milwaukee
- 3 weeks OB, 3 weeks GYN, 5 call shifts
- Wednesday AM include M&M and Grand Rounds
- Desire-2-Learn (D2L) online learning platform
- Five-½ day one-on-one mentor clinic

OBJECTIVES

- The objectives of this study are:
 - Create and implement six self-directed, e-learning modules to address the wide variety of student learning styles and the areas of weakness observed from the NBME subject exam.
 - Determine the efficacy of these modules on clinical knowledge and skills.
 - Identify barriers and facilitators to student satisfaction during 3rd-year Ob/Gyn clerkship.

METHODS

Fig 2: Research Process

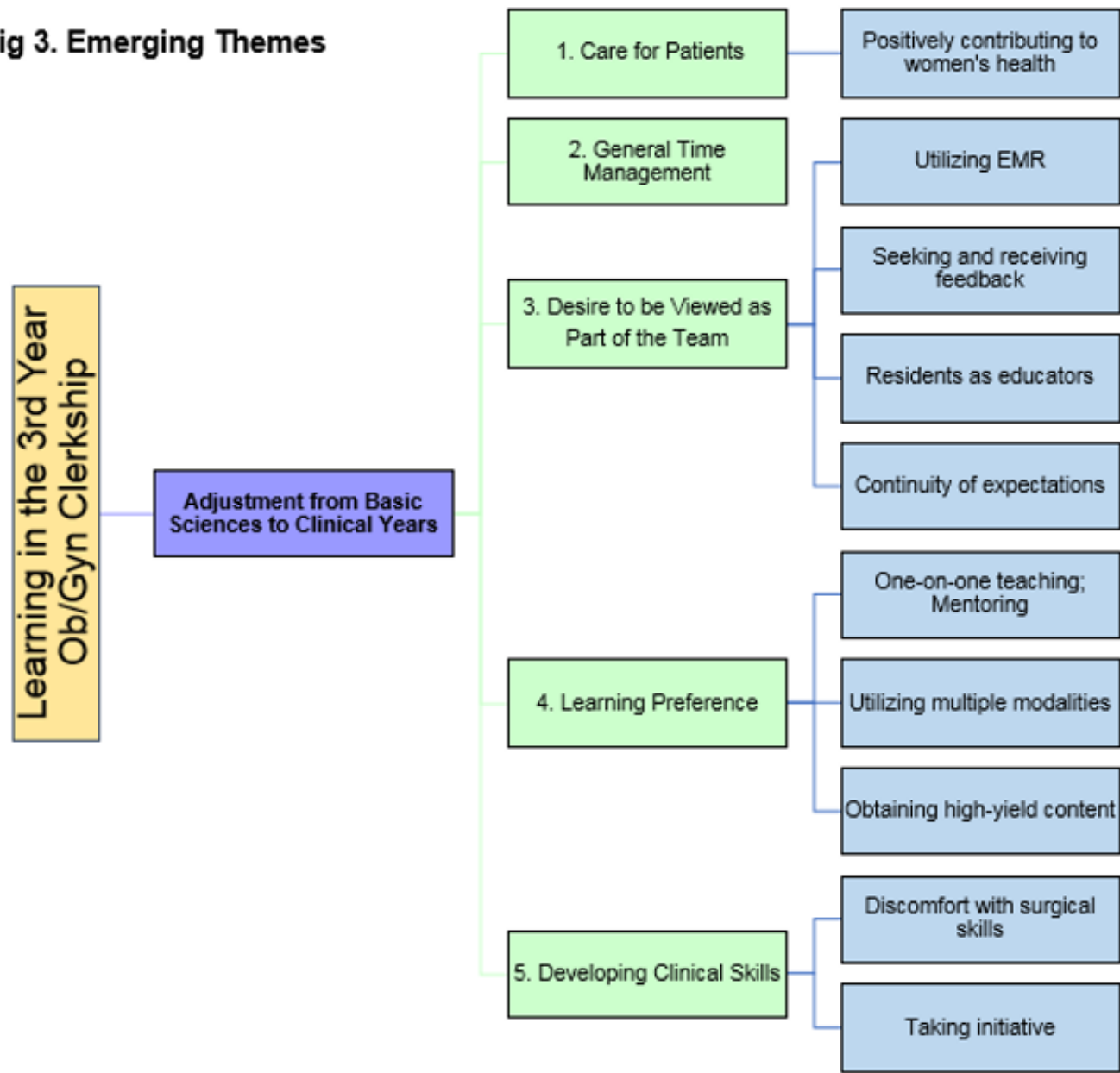


- Focus groups were transcribed verbatim. Utilizing NVivo 11 software, data was analyzed employing the constant comparative method of data analysis.
- IBM® SPSS® 24.0 was used for statistical analysis.

QUALITATIVE RESULTS

- Open-Text for Pre- and Post-Learning Survey
- Focus Group Participation:
 - Rotation 1: 82% (28/34 students)
 - Rotation 2: 92% (33/36 students)
 - Rotation 3: 62% (21/34 students)
 - Rotation 4: 74% (26/35 students)

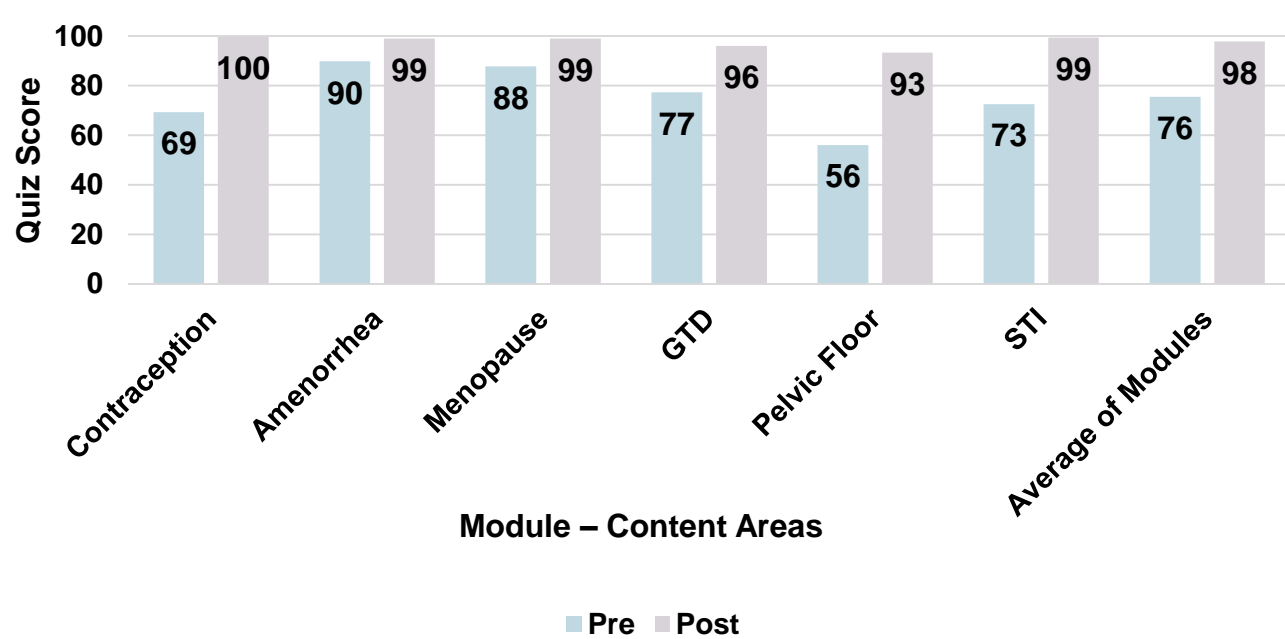
Fig 3. Emerging Themes



QUANTITATIVE RESULTS

- Pre- and post-assessments were completed by 102/104 (98%) of students in each rotation.

Fig 4: M-3 ObGyn Clerkship Multimedia Learning Modules Pre-Post Quiz Scores



- Pre- and post-surveys completed by 27/104 (26%) students

Fig 5: M-3 ObGyn Clerkship Multimedia Learning Modules Survey Scores



CONCLUSIONS

- There was a marked increase in comprehension of clerkship content, specifically Pelvic Floor Disorders and Contraception, which may be due to the varying clinical settings and diverse patient population. Facilitating focus groups every rotation provide real time insights to both barriers and facilitators regarding the student clerkship experience. Medical students 25 and older were not as satisfied with utilizing the online modules when compared to the 19-24 year old students. It is critical for clerkship directors to be cognizant of emerging pedagogical practices and how those can address evolving learning preferences and potentially, overall clerkship satisfaction.