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

Kristina Kaljo PhD1, Kate Dielentheis MD1, Robert Treat PhD2, Rahmouna Farez MD1, Grace Miller MD1

Medical College of Wisconsin, Milwaukee, WI 53226, 1Department of Obstetrics and Gynecology, 2Office of Academic Affairs

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.1,2 Ob/Gyn education is often ranked as the lowest as compared to 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.

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

- Open-Text for Pre- and Post-Learning Survey
- Focus Group Participation:
  - Group 1: Pre-rotation
  - Group 2: Post-rotation

Fig 2: Emerging Themes

- Open-Text for Pre- and Post-Learning Survey
- Focus Group Participation:
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Fig 4: M-3 Ob/Gyn Clerkship Multimedia Learning Modules Pre-Post Quiz Scores

Fig 5: M-3 Ob/Gyn Clerkship Multimedia Learning Modules Survey Scores

- 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.

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.