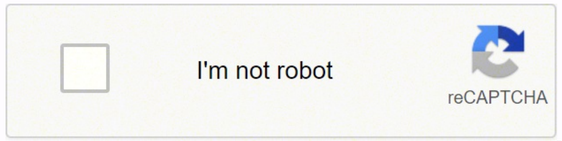

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Embryology notes for medical students pdf files

This is reflected in both the pre- and postcourse scores as an area of embryology that students struggle more with, receiving the lowest pre- and postcourse scores. The participants were medical students in their first year of study (matriculated 2016). To effectively address both visual learners and those that learn through didactic teaching, slide sets must be tailored to contain both these elements or re-emphasize key points – first through speech/text and then via illustrations. These included the following: Birmingham vs Cambridge precourse scoresBirmingham precourse vs postcourse scoresCambridge precourse vs postcourse scoresBaseline scores were similar in both groups of students and there was no significant difference between the precourse scores at both universities, reflecting consistent levels of teaching at both medical schools and therefore allowing grouped analyses.For each dataset (precourse and postcourse) and topic (eg, somitogenesis), column statistics and normality tests (D'Agostino and Pearson) were completed. (D) Histogram depicting the distribution of student scores for the "principles of organ formation" component before and after the course. Additionally, this version included questions that asked them to evaluate the quality, delivery, and content of the teaching, again using five-point Likert scales. Following the course, higher proportions of students rated their knowledge as "Good" or "Very good" for each topic (Table 2). Well structured?4.5655Strongly agree5. Neural system25.683.43.36. Other groups have tried novel approaches in teaching developmental biology, including an "inquisitive" technique in which students delve into research databases to assimilate answers.12In the capacity of this study, we were not able to change wider attitudes of medical students toward embryology, but we aimed to simplify its teaching to make it more accessible to them. [Accessed June 27, 2017]. Clinical embryology: is there still a place in medical schools today? Somitogenesis28.893.83.34. Without comments, it becomes difficult to ascertain if this is because the administration of the course reasserted their foundation of knowledge, or if it is because it added to it. Fertilization/implantation2.8834.324Yes***2. Adv Physiol Educ. [Google Scholar]8. Embryology in medical education: a mixed methods study and phenomenology of faculty and first year medical students. Clinical embryology teaching: is it relevant anymore? The course created in this study was endorsed by the student medical societies at both universities. Attention span during lectures: 8 seconds, 10 minutes, or more? (B) Histogram depicting the distribution of student scores for the "development of placental support" component before and after the course. The total delivery time of the course was approximately 110 minutes. When categorized, 21 were "positive," 7 were "suggestions," and 1 was "negative." The "negative" feedback commented on additional information that was provided but not in the curriculum, referring to one slide as "confusing." All of the suggestions, apart from one, were that more time should be taken to explain "The processes of fertilization and implantation" phases. Cumulative distributions were analyzed using Kolmogorov–Smirnov tests. Organizing the course with a systems-based chronological approach lends itself very well to this shortened format as it allows the introduction of terms and the return to key themes.Overall, students demonstrated poor confidence with their knowledge of embryology before the course. All students had already been lectured on embryology by their medical schools. With reduced time frames, it becomes more difficult to engage in problem-based learning activities and maintain content. Fertilization/implantation33.693.82.82. The talk was the form of a PowerPoint presentation, each slide consisting of either bullet points (maximum 5) or diagrams (or both). Students' confidence with the topics covered in the embryological curricula was assessed using anonymized precourse and postcourse questionnaires. GI/lungs2.9034.404Yes***7. Students appreciated the ability to download the lecture notes, as it meant they were able to listen; however, good wireless connection is vital for this.With our postcourse feedback quantitative questionnaire, the students "Agreed" that the course was "enjoyable." For the remaining parameters, the students "Strongly agreed" that (Table 3) The content was appropriate and relevantThe course was well structuredThe course was well taughtThe materials, content, and teaching were of high qualitiesStudent scores for delivery of the course (UK, 2017)QuestionPostcourse n=145 InterpretationMeanMedianMode1. Its learning outcomes have applications in general surgery, pediatrics, craniofacial surgery, obstetrics and gynecology, and ear–nose–throat surgery. 2009 63:4–12. Before the course, students were most confident with teaching regarding the "Development of the heart" (Tables 1 and 2).Student confidence scores before and after administration of the course.Notes: (A) Histogram depicting the distribution of student scores for the "process of fertilization and implant" component before (pre) and after (post) the course. [PubMed] [Google Scholar]10. [PMC free article] [PubMed] [Google Scholar]Articles from Advances in Medical Education and Practice are provided here courtesy of Dove Press [Google Scholar]4. Students were asked to further evaluate the quality, delivery, and content of the teaching in the postcourse questionnaire and were given the opportunity to provide written comments. A self-contained systems model course is already established as an effective technique in which to teach embryology.2As such, our goal was to teach embryology in a chronological systems-based manner, finishing each system with the clinical consequences of these developmental processes, and to do so effectively in a single session.This was a combined quantitative–qualitative research study. 2002;269:89–98. The attitudes of medical students in Europe toward the clinical importance of embryology. "Do i need to know this for the exam?"; Using popular media, inquiry-based laboratories, and a community of scientific practice to motivate students to learn developmental biology. Positive feedback included multiple messages of thanks for delivering the course and "simplifying" embryology. 2016;40:509–513. Neural system2.6434.134Yes***6. (G) Histogram depicting the distribution of student scores for the "development of the heart" component before and after the course. Yet, it is still an area that is often overlooked by medical students.1 The rapid development of the field increases the difficulty in ascertaining the level of detail required for the medical course.2 Although speakers in embryology appear confident at teaching the course,3 these results are discordant with the opinions of medical students as to the effective delivery of the course.4,5 Educators have suggested methods of improving the course material to include the following: improved animations and greater focus on clinical application;3,6 this is consistent with thoughts that later teaching of medicine (ie, in clinical parts of the course) would be more effective.4,6 Additionally, peer teaching has been utilized as a means of increasing student confidence in the understanding of embryology,7 and it has established benefits for both the tutor and tutee.8 These suggestions and approaches are of increased relevance with the decreased allocation of time and resources to embryology teaching across medical schools.6Designing a course is an arduous task that involves a multitude of considerations. Students were comfortable in telling us, as peers who had recently been through the course, what their difficulties with previous courses were in the intimate focus group environment. Analysis involved assessment of quantitative and qualitative data from structured feedback questionnaires.Students at two universities in the UK (Birmingham and Cambridge) took part in the study. 2016. Carlson BM. Organ formation26.496.63.75. While a previously noted suggestion was the later teaching of embryology,4,6 it can be argued that teaching by people from a clinical setting may allow students to see the relevance of the topic, leading to greater engagement.We have demonstrated that it is possible to design and produce an embryology teaching program that covers an undergraduate embryology curriculum in a chronological systems-based manner, finishing each system with the clinical consequences of the development processes discussed. Available from: . [Google Scholar]7. 2013;83(10):709–712. Federation proceedings. All questions consisted of a statement stem and a five-point Likert scale.Students scored significantly higher levels of confidence with embryology after implementation of the course. The shortened format allowed students with further interest to explore the ideas discussed, and allowed those who wish to have a "passing" knowledge to further understand the course.The course itself was the form of a PowerPoint lecture with a 10-minute comfort break between two halves (Figure S1). The PowerPoint was accessible during the lecture through a download link given at the start of the talk. Qualitative comments were recorded and grouped as "positive feedback," "recommendations," or "negative feedback."To ensure that differences were not university specific, column statistics and Kolmogorov–Smirnov tests were repeated for individual groups. Cassidy KM. We have also shown that it is possible to present this teaching program within a 2-hour time frame. Organ formation2.7834.394Yes***5. Condensing the teaching content, implementing peer-teaching methods, and increasing clinical focus in curricula have been suggested as methods to improve student engagement.Medical students at two universities were taught a condensed version of the embryological curriculum in 2 hours by final-year medical students. When assessing confidence, the five-point Likert scales used the following scoring metrics: 1 – Very poor2 – Poor3 – Neither poor nor good4 – Good5 – Very goodWhen evaluating the course, the five-point Likert scales utilized the following scoring metrics: 1 – Strongly disagree2 – Disagree3 – Neither agree nor disagree4 – Agree5 – Strongly agreeThe questionnaire responses were collated and recorded in Microsoft Excel. However, the lower scores for these two sections can in part be explained by the fact that human reproduction (the events up to and including placentation) and neurology are taught in the second year of both universities' courses.Students were significantly more confident with their embryological knowledge after delivery of the course (Tables 1 and 2; Figures 1A–H). 2008;7:36–44. With the exception of "The processes of fertilization and implantation" and "Development of the neural system," over 90% of students rated their knowledge as "Good" or "Very good." In these two instances where the proportion of "confident" students was not above 90% (81% and 83%), the relative increase in scores was over threefold (3.7 and 3.3).A total of 29 written feedback comments were received. The information regarding "Congenital abnormalities" was distributed throughout the talk – explained at the end of each relevant section. Adv Med Educ Pract. Considering the feedback from students, we propose extending the course by a further 10 minutes (total time: 2 hours) to explain early developmental biology and implantation in greater detail, as this was high-lighted as an area that the medical students struggled with.Additionally, students appeared to be less confident with "The processes of fertilization and implantation" and "The development of the neural system." While the course significantly improved confidence in this area, we believe that tailoring the talk to the medical schools and their curricula could have further increased the score. [PMC free article] [PubMed] [Google Scholar]9. By accessing the work you hereby accept the Terms. (H) Histogram depicting the distribution of student scores for the "congenital abnormalities" component before and after the course.Abbreviation: GI, gastrointestinal.Results of student scoring for confidence with embryology modules before and after the course (UK, 2017)QuestionPrecourse n=125 Postcourse n=145 Significantly different? Shankar N, Roopa R. [PubMed] [Google Scholar]5. Both median and mean scores improved across all eight themes after administration of the course. While this can in part be explained by the fact that these student's examinations were 30 days in the future, it further reinforces the point that the revision of embryology is often only viewed as required to pass examinations.1,10,11 There have been calls for an earlier introduction of some elements of embryology (ie, at a school level) to ameliorate the identity of embryology as an area solely for academia.10 While an interesting idea, this may face disapproval on the basis that, with the exception of budding medical students, it may influence public opinions on termination of pregnancies. Each slide was simple with a limited number of points per page. Author information Copyright and License information DisclaimerCopyright © 2017 Kazzazi and Bartlett. Bradbury NA. The lecture was publicized as the "Embryology crash course" and delivered approximately 30 days before their end-of-year examinations (in April and May 2017, respectively). Lu FM, Eliceiri KW, Squirrell JM, White JG, Stewart J. The remaining suggestions stated that the presentation required more photos/diagrams to target the visually focused learners. However, medical students traditionally struggle with revising embryology and appreciating its relevance. (E) Histogram depicting the distribution of student scores for the "development of the neural system" component before and after the course. Points that we believed were more commonly examined were highlighted.On entering the lecture theater, students were given an anonymous precourse questionnaire assessing their confidence with each topic using a five-point Likert scale (Figure S1). No fees or contributions were received for providing the lectures.Students were not required to provide consent to attend the course as it was part of their timetables.A focus group of 12 students was used to determine an adequate duration for the course. However, it was our view that alleviating the stress traditionally associated with this topic would have wider, unmeasurable, benefits for the medical students.The initial scoping phase with a focus group of students is likely to be a contributory reason for our ability to effectively design this course. At the end of the course, students were given an anonymous postcourse questionnaire (Figure S2) with the same questions as before. Scott KM, Charles AR, Holland AJA. Medical students-as-teachers: a systematic review of peer-assisted teaching during medical school. Available from: . Over two-thirds of the comments commended the course's facility of simplifying topics that they had previously not understood. In the first half, components 1–3 were taught, and in the second half, components 4–7 were the focus. Well taught?4.6155Strongly agree6. Non-commercial uses of the work are permitted without any further permission from Dove Medical Press Limited, provided the work is properly attributed.Embryology forms a valuable part of the medical school curriculum. This was used instead of mean values as the discrete scoring would make interpretation of interim values difficult. They stated that they had found embryology confusing and that, unlike other parts of the course, there was a disconnection with the lecturers who focused more on the science rather than the clinical applications and outcomes. Heart3.0334.334Yes***8. After completion of the course, frequency distribution of the survey responses significantly improved (

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