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Traditional Didactics in modern medical education: To discard or to save?

Tabinda Hasan

Princess Nourah Bint Abdulrahman University, KSA

Background: The historic Flexnor Report describes two foundational concepts for medical education; 'Scientific-methods' and 'Learning-by-doing'. 'Pro-Flexnor' ideologists propagate the merits of 'active learning' while believing that 'didactic lectures', at best; have a secondary/supplementary role in modern medical education. This study compared medical undergraduate student's 'perceptions' and 'performance' while employing classic Passive and Active learning techniques.

Methods: Two groups (n1=31; n2=36) of students of an undergraduate course in anatomy of the endocrine system were randomly enrolled. One group was instructed using Didactic lectures while the other was instructed using tutorials facilitated by an expert. To minimise confounding, the 'preparatory-reading-material'; 'post-session-content hand-outs' and instructor for both groups remained the same; therefore, ensuring a 'difference in teaching methods' rather than a 'difference in teachers'. Later, students were asked to give opinions, rate their sessions and subjected to a short multiple-choice test. Basic descriptive statistics –Mann Whitney and Kruskal Wallis tests were employed for data analysis.

Results: There was no significant difference in overall performance scores between the two groups (average score 79%; p > 0.1). But interestingly, students of the Didactic group rated their teaching session's effectiveness as significantly higher (p<0.05), felt they had "gained sufficient knowledge" and commented on a "smooth flow of information" with "higher learner comfort and satisfaction levels". The active learning group commented that "complex information would have been processed better if it came directly from a teacher". Others commented on the "need for core knowledge to be communicated dogmatically by an expert" rather than patchy imparting of content through 'peer-led bumbling discussions'. The 'Active-Learning Students' perceived that they had "learned less" than the 'Didactic-group'. Students from both groups significantly valued the concept of 'teacher centred' Traditional Didactic lectures in medical education (p<0.05).

Conclusions: Despite all known merits and publicity of 'active learning in 21st century medical education'; this study serves as a compelling reminder that our medical students are still not averse to the 'age-old, classic lecture session' in their classrooms, with an experienced teacher imparting core information in an essentially linear fashion. The core knowledge imparted by a Didactic lecture is "not less" than that gained through Active Learning methods. A well-organized didactic lecture still remains one of the most effective ways to integrate and present complex information from multiple sources and on exhaustive topics; especially those encountered in the teaching of extremely descriptive basic sciences like anatomy and physiology. It should be noted that proactive student engagement and immersion techniques are key elements that make active learning work. Drawing upon this principal, we can enhance lectures by incorporating active learning strategies within their framework, like flash-card-quizzes, audio-visuals and end-of-lecture chat-sessions. These supplements will act like "pot-hole fillers"; making lecture-based courses more engaging to students and hence, promote learning while still keeping the Traditional Didactics 'alive' in the modern medical classroom. Even as we ardently strive to implement the principals described in Flexnor's report in modern medical education, let's not discard the Traditional Didactic lecture as a 'Lesser Teaching Tool'.

Biography

Tabinda Hasan graduated from AMU, JNMC Medical College of India. She has 10 years of experience in teaching Human Anatomy to medical students in India and KSA. At present, she is working as an Assistant Professor of Anatomy and Cell Biology in the Princess Nourah Bint Abdulrahman University at KSA since 2018.

e: drtabindahasan@gmail.com

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