

# LEARNING MODE PREFERENCES OF OBSTETRICS AND GYNAECOLOGY STUDENTS OF IMO STATE UNIVERSITY, OVERRI .

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## **ABSTRACT:**

### **Background:**

*Medical students are required to acquire a lot of knowledge during their course .This information is delivered via many teaching modes. It is desirable to determine which of these modes are most effective in transferring knowledge.*

### **Method:**

*This was a questionnaire study of sixty one students doing their obstetrics and gynaecology rotation in Imo state University Teaching hospital Orlu.*

### **Results:**

*Only 58 of the students returned the questionnaires. The mean age of the students was 27.4+/-2.43 and they had spent between eight and nine years. Clinics contributed most (26.8%) to the knowledge acquired by students. It was followed by ward rounds and ,books 14.3% each, resident doctors 13% and lectures 12.9%. Internet and theater sessions contributed very little. Although many deficiencies were identified 56 (96.6%) of the students scored the posting at least satisfactory.*

### **Conclusion:**

*There is a need to place more emphasis on clinics and ward rounds which are considered very effective by the students. The relatively ineffective lectures could be improved by making all medical teachers undergo teaching courses. Activities like theater sessions which consume a lot of time but impart very little knowledge should be modified while cheaper internet facilities should be provided.*

*Key words : learning mode, preferences, obstetrics , gynaecology students*

## **INTRODUCTION**

In the mid nineteenth century the study of medicine followed an apprenticeship model. The prospective doctor acquired the knowledge by working with and understudying his teacher for many years<sup>1</sup>. There were no uniform standards to be met before one embarked on the study of medicine and standards varied a lot. The mode of teaching has gradually evolved over time and now to qualify as a doctor in most medical schools students having achieved a minimum standard in the relevant core subjects, then undergo a five year course in the medical school .

There has been a quantum leap in medical sciences knowledge<sup>2</sup>, yet the time available to impart this knowledge to students remains fixed. The apprenticeship model is thus no longer possible<sup>3</sup>. In addition there are increasing distractions for the student in Nigeria. Hostel accommodation is often inadequate, there are incessant strikes which disrupt the training program, and inadequate staffing thus forcing reliance on adjunct staff whose services are often erratic. Also medical lecturers are hired without any formal training in teaching to compound the issue. In spite of their deficiencies most schools emphasize the attendance at lectures with some requiring the attendance of at least 70% of lectures before being allowed entry to any professional examination<sup>4</sup>. There is however some evidence<sup>5</sup> that only a minority of students routinely attend lectures. It has also been shown that learning style may be affected by age, and culture<sup>6</sup>. It thus became necessary to find out the learning mode preferences of our students so that adjustments could be made to the obstetrics and gynaecology posting to give students the best opportunity to acquire knowledge.

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**METHOD.**

A semi-structured pretested questionnaire of twelve major sections was administered to the sixty one medical students at the end of their sixteen week rotation in the Department of Obstetrics and Gynaecology of the Imo state University Teaching Hospital, Orlu in May 2012. The questionnaire had twelve sections which delved into socio-demographic details ,length of stay in the medical school

,preferences in mode of instruction, students perception of the lectures and the whole obstetrics and gynaecology posting . There was also a section for suggestions for improvement. The questionnaire were completed anonymously. Approval was obtained from the ethical committee of the hospital. Descriptive statistics such as means ,mode and standard deviation was used for continuous variables and proportions for nominal characteristics.

Table 1

**Learning Mode preferences**

	<b>RANGE</b>	<b>MEAN %</b>	<b>SD</b>
Journals and books	0-80	14.3	14.69
Resident Doctors	0-35	12.98	8.59
Lectures	0-30	12.86	7.68
Theatre	0-10	4.04	3.6
Dept. Seminars	0-10	5.40	3.34
Clinics	2-60	26.76	15.29
Internet	0-10	4.77	4.54
Nursing staff	0-5	1.27	2.10
Student Discussions	0-10	4.37	3.71
Ward Round	2-30	14.27	7.8

**Table 2 : How students scored lectures and posting**

<b>Grading</b>	<b>Lecture</b>	<b>Posting</b>
Very Good	11	19
Good	16	21
Satisfactory	16	16
Poor	6	2
Very poor	6	-
Useless	2	-
Not stated	1	-
<b>Total</b>	<b>58</b>	<b>58</b>

**Table 3: Adequacy of the 16 weeks posting.**

ADEQUATE	NOT ADEQUATE	NOT SURE	NOT STATED	TOTAL
28 (48.3%)	22(38%)	7(12%)	1(1.7%)	58(100%)

**RESULTS**

Sixty two questionnaires were distributed but only fifty eight were returned giving a response rate of 93.5%. They formed the basis of our analysis. Age of the students ranged between 23 and 36 years with a mean of 27.4+-2.43. Thirty three of the students were female out of which 10(43.5%) were married, while thirty five were male and unmarried. All but one were of the Ibo ethnic group. The students had spent between 8-9 years in the university. Table 1 shows the students response to the question on the contribution to their knowledge made by various aspects of the learning opportunities in the department. Clinics were the most important mode of learning. They were deemed to contribute 26.8% of the students knowledge of obstetrics and gynaecology, followed by books and ward rounds 14.3% each and residents 13.0%.and lectures 12.9%. Students used between one and five books for study with a modal value of two. Table 2 shows that forty three (74%) of the students considered the lectures either satisfactory, good or very good while fifty six (96.6%) considered the rotation satisfactory, good or very good. Suggestions made by the students included improved infrastructure, reduction in overcrowding, teaching of students in smaller groups, holding of more ward rounds, encouragement of residents to teach and the use of teaching aids. Others included not allowing lectures to exceed one hour, and more interactive lectures.

**DISCUSSION**

Medical education should be dynamic and there should be a relentless and continual

search for the best ways to impart knowledge to the student. Medical students in developing countries are faced with a lot of problems which militate against adequate transfer of knowledge. These include over admission, which stretches the limited facilities available, inadequate infrastructure and teaching aids, few and poorly motivated teachers, and frequent industrial strike actions which prolong the stay of these students etc. Most of the students in this class had stayed for nine years through no fault of theirs for a course which was to last six years. Nearly half of the women had married thus creating further distraction in their studies. Our study shows that students gained most (26.8%) of their knowledge from the clinics in spite of the deficiencies already identified. Greater emphasis should therefore be placed on clinics and ward rounds as they appear to be important sources of knowledge for students. This is consistent with the fact that students generally prefer multiple modes of learning<sup>7,8</sup> which is offered by clinics and ward rounds to the single mode of learning. The importance of books is also illustrated in this study. These are single modes of learning which were preferred by 2.1 -7.8% and 2.1% of students in some studies<sup>7,8</sup> respectively. The greater relative contribution of books in our study may result from the poor embrace of lectures making books an important alternative source of information for those who don't attend lectures. The low ranking of lectures was surprising given the importance attached to lectures in most schools. This study suggests that students view lectures differently with about a quarter 14(24.1%) scoring lectures as poor or worse than poor. However it is consistent with the fact that

only a small percentage (4.8-11.6% ) of students prefer only the auditory mode of learning which is the group to which lecturing belongs. Dissatisfaction with lectures led to students staying away hoping to get the same or better information from books. Our finding is consistent with a study<sup>5</sup> which showed that in one medical school only 17% of students reported attending lectures regularly while another study<sup>9</sup> showed that 16% nap during lectures. There is therefore a need to improve the quality of lectures. Virtually all medical teachers have no training in teaching<sup>2</sup> as they are recruited directly after their post graduate to teach. The false assumption being that being a consultant guarantees good teaching skills. It has been shown that formal training in teaching skills improves performance of medical teachers<sup>2,11,12</sup>. There is thus a need to introduce short courses or diplomas in teaching to improve the quality of teaching.

Unfortunately also professional progress of medical teachers is linked largely to journal publications not teaching excellence. There is thus a need to include this in the medical teachers assessment for promotion. The role of resident doctors in imparting knowledge is also highlighted in this study. This has also been shown to improve with the introduction of workshops in teaching<sup>13,14</sup>.

Although huge chunks of time are allotted to theatre sessions students felt that these contribute very minimally (4%) to their knowledge. Since young doctors are not required to do complex operations it is wasteful to require them to spend long hours standing round in theatre watching operations which many of them will never see again. Often because of overcrowding they don't even get to see what is being done. Moreover these operations can be better demonstrated in shorter time and more convenient environment using video. The low contribution of internet is not surprising given the fact that accessing internet facilities is presently relatively expensive

in Nigeria.

The limitation of the study is that it was done only on students doing their obstetrics and gynaecology rotation. Similar studies need to be carried out in other clinical departments to validate the result.

## CONCLUSION

There is a need for teachers to place more emphasis on clinics and ward rounds since the students appear to gain most of their knowledge from these activities. The popularity and effectiveness of lectures should be improved by compulsory teaching course for all would be medical lectures. The incorporation of a lecturers teaching performance in the assessment for promotion of lectures is suggested to promote better lectures. Cheaper bulk purchase institutional internet facilities should be made available and time consuming activities like theater sessions should be abandoned for shorter video sessions.

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