Faculty of Medicine, The Chinese University of Hong Kong Curriculum Retreat 2010:

Should we reduce the didactic component of our curriculum?

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Variation in Lecturing

- Teacher-centered vs student centered
- Didactic Lectures
 - A traditional way to teach
 - Advantages
 - Can accommodate large number of students (economic)
 - Can be interactive
 - Convey considerable amount of information to a large audience at the same time



Didactic lectures

Disadvantages

- Not promoting higher order skills
 - Conceptual understanding
 - Independent learning
 - Problem solving
- Teacher centered with minimal participation from students
- Lack of communication (easy to fall asleep)



Didactic lecture vs Interactive discussion teaching

- A prospective randomized trial (77 medical students) on Orthopedics teaching
 - Group 1: 12 formal lectures
 - Group 2: 12 group discussion on same topics

	Discussion group (SD)	Lecture group (SD)	Р	95% CI
Content of lectures	4.3 (0.52)	4.1 (0.69)	0.255	-0.13-0.49
Presentation of lectures	4.3 (0.54)	3.8 (0.74)	0.003	0.18-0.84
Written paper score	8.3 (0.98)	7.8 (0.96)	0.025	0.07-0.96
Oral exam score	3.7 (0.66)	3.8 (0.66)	0.437	-0.42-0.18

Should we reduce the didactic component of our curriculum?

A Survey from Department of Surgery

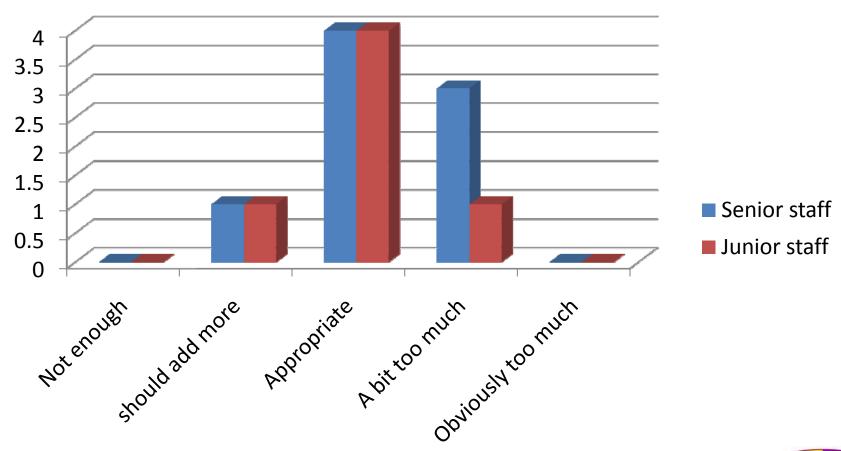
- Questionnaire sent via email to medical staff of all teams
 - General Surgery, Cardiothoracic Surgery, Neurosurgery,
 Pediatric Surgery, Plastic & reconstructive surgery,
 Urology

Senior staff

- Passed exit examinations for more than 2 years
- Junior staff
 - Trainees
 - Junior specialists who passed exit within 2 years

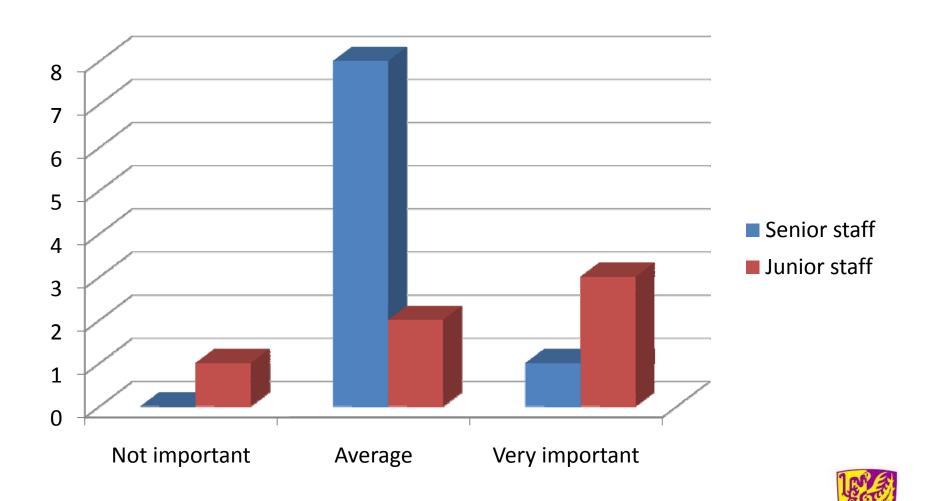


Q1: What do you think about the current didactic component of our teaching in surgery?

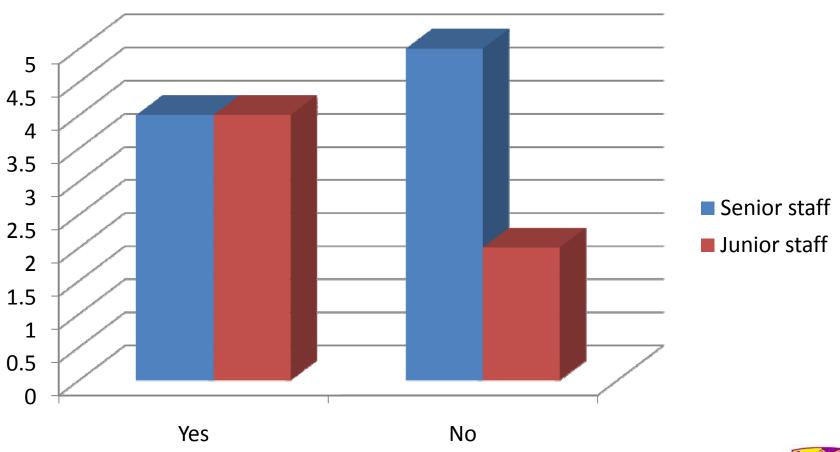




Q2: What do you think the importance of the didactic lectures

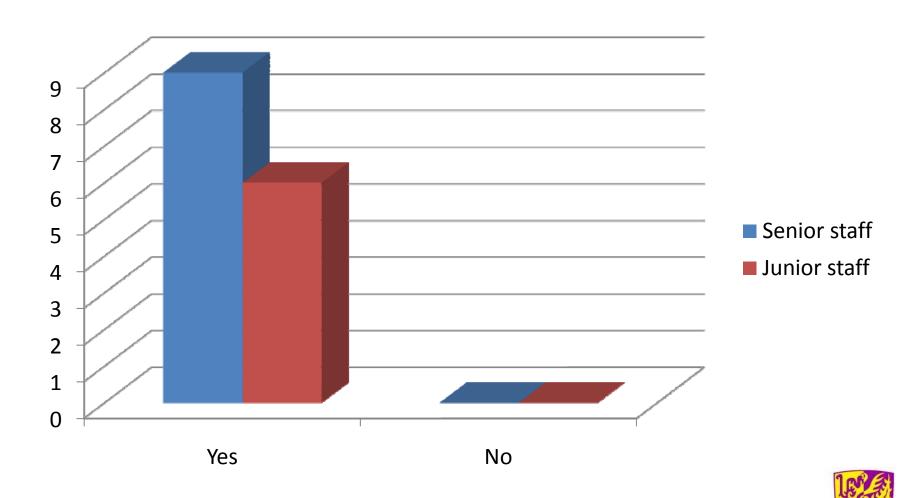


Q3: Can students retain the knowledge taught within the didactic lecture?

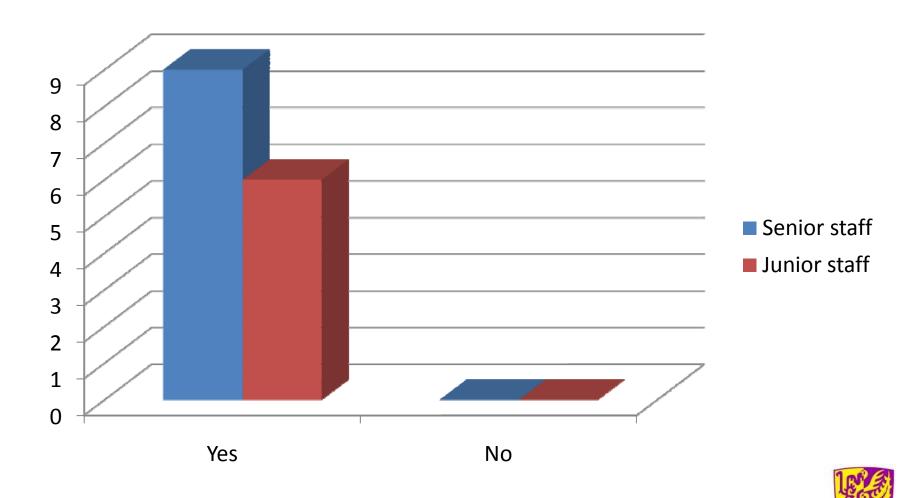




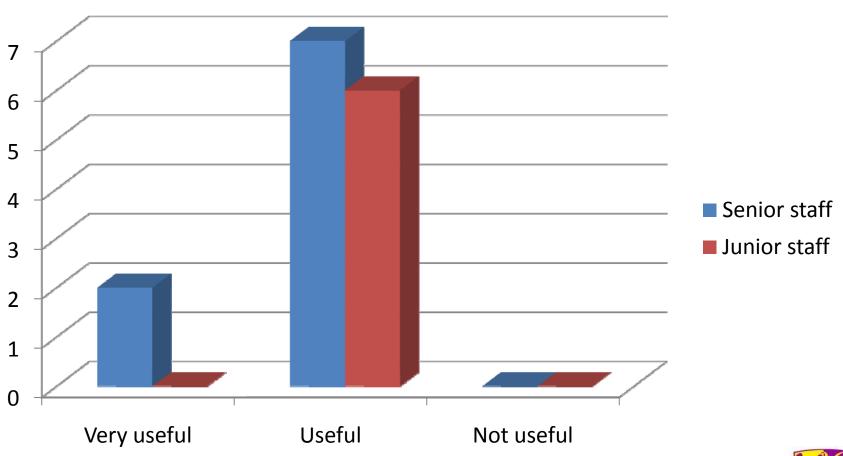
Q4: Can students retain the knowledge taught within small group tutorial?



Q5: Can student retain the knowledge taught within bedside teaching

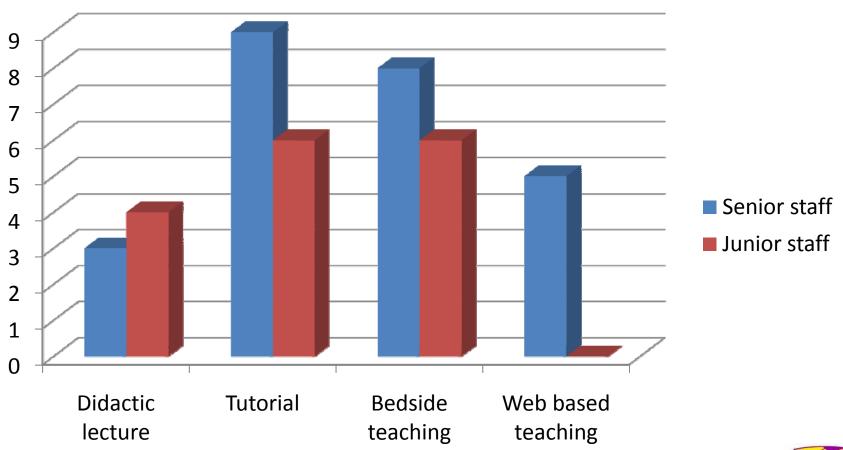


Q6: In understanding a particular surgical topic, didactic lectures were



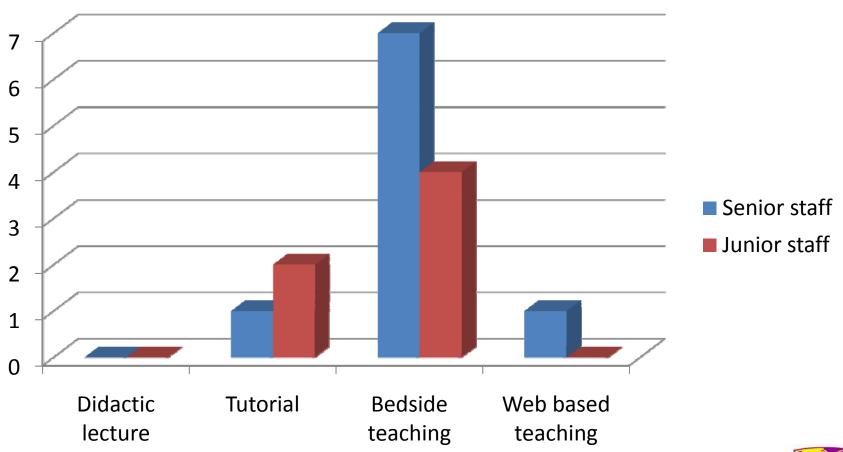


Q7: Which of the followings are effective ways to teach in surgery (can choose > 1)



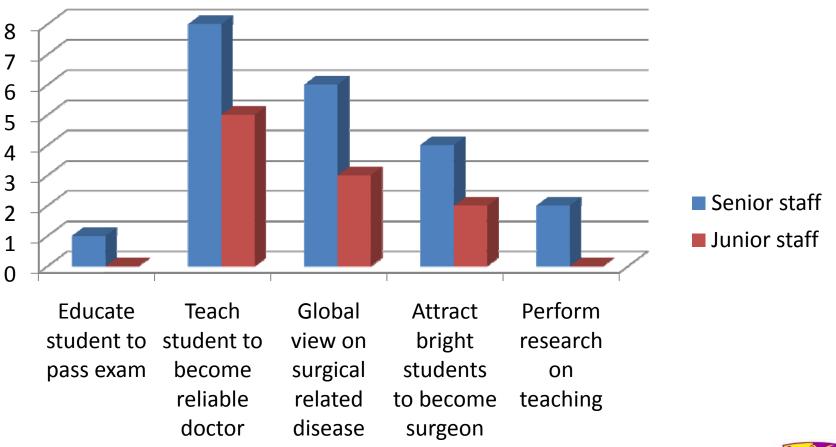


Q8: Which of the following formats of teaching can caught the best attention from students



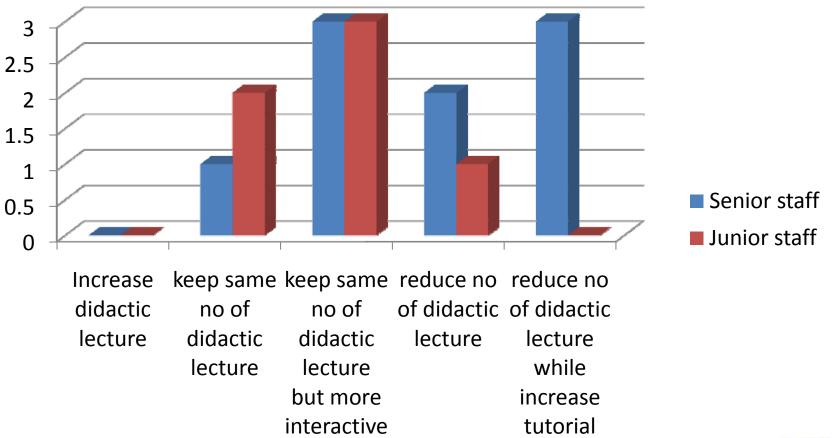


Q9: Our attitude as teacher towards medical student teaching?





Q10: What do you think we should do for the didactic part of our surgical teaching





Summary

- Most of us found that Didactic lecture is not an effective way to teach, with poor retention of knowledge
- However, Didactic lecture still served a role in our surgical teaching
- Most suggest to modify didactic lectures into more interactive sessions
- "I think the problem of our lecture is not quantity but quality"

