

5th SEARAME

INTERNATIONAL CONFERENCE

in Conjunction with
WFME Meeting,
2nd JIT Seminars, and
5th IASHE International Conference



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“Improving the quality of health professions education for the better future of health services”

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PROCEEDING

5 SEARAME International Conference
in Conjunction with WFME Meeting, 2nd JIT Seminars, and 5th IASHE International Conference

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Developing e-Bandongan as a learning system for flipped-classroom in medical education and massive open online courses in medical long-life learning

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ABSTRACT

Background : Information gathering have been substituted with problem-based learning in many medical school worldwide regarding the need of clinical problem solving skill and the limitation of time to master rapidly-growing of medical sciences. The students may not have the opportunity to gain an understanding of the concepts in logical progression. Medical learning material in social media have a potential benefit to facilitate the student needs. This work aims to describe our development on e-Bandongan as a learning system for flipped-classroom in medical education and massive online courses in medical long-life learning.

Summary of Work: We offered audio, video, and written material resumers in Indonesian language for every topic in existing discipline-based textbook. We also explained about its utilization as part of flipped-classroom in their education and massive open online courses in their future long-life learning. The online anonymous questionnaire was given to identify the students perception on their behavior to the material resumers. Thirty-seven students responses were taken. The respondents answer for the opened question were assessed qualitatively.

Summary of Results : All respondents admitted that they will always (16.2%), very frequently (29.7%) and quite frequently (48.6%) utilize the material resumers. However, the addition of exercises feature and/or non-curricular rewards did not change the utilization frequency, indeed, it made the 'never' and 'quite rarely' utilization were admitted. The qualitative assessment demonstrated their reasons that the material resumers were more concise, repeatable, synhronized with the exam question from the teachers, visually-explained and in Indonesian as their native language.

Discussion & Conclusions : Respondents admitted that they will utilize the offered material resumers. Video material resumers from their own teachers is preferred. Future investigations will compare their behavior to the online material resumers between the on-page website statistics and these self-assessed perceptions.

Take-Home Messages : The e-Bandongan as a learning system for flipped-classroom and massive open online courses was acceptable for the medical students with or without both exercises feature and non-curricular rewards.

Keywords : *ebandongan, medical long life learning, learning system, medical education*

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INTRODUCTION

In recent years, problem-based learning has been considered as better curriculum compared to information-gathering (lecture-based) which at the opposite side in the SPICES continuum (1). Nonetheless, there is a possibility to integrate information-gathering without disrupting problem-based learning. The Falk Library Program had facilitate its integration for the medical students in University of Pittsburgh by providing the packages of informational materials in small-group rooms based on the librarians' case-related resource lists and by hiring key informants in central location during specific time to be students partner for informal discussion (2). Although this offline program was succesful for the integration, the online implementation have not been elucidated yet.

It is important to innovate in medical education with problem-based learning, however, it does not means to sacrifice the information-gathering, particularly using the students-centred approach. Medical doctors who graduated from lecture-based medical schools after 9.91 years perceived that they have better possession of profession-relevant knowledge, writing reports or articles, productivity and ability to work under pressure, in comparison with graduates from problem-based medical schools after 8.49 years who perceived that they have better interpersonal competencies (3). McGill University's medical school that integrated problem-based and lecture-based learning in hybrid curriculum for eleven years demonstrated that their students had more text-generated rather than inferences-generated explanation, while the students with problem-based curriculum had a great deal of inferences, particularly in basic sciences (4). Although evidence-based medicine is considerably important to enhance patient care (5), and the evidences is exploding in fundamental process of human biology, basic sciences has been shrinking in most medical schools curricula (6), along with shrinking of information-gathering as time-compensation for the expanding clinical problem-based curriculum. Therefore, we need teacher-directed, students individual learning beyond face-to-face class and time to enhance competencies of the medical graduates, at least on four competencies above.

More time for application of knowledge in problem-based learning can be given by removing transmission of factual knowledge in information-gathering from face-to-face meeting to pre-meeting

teacher-directed learning, that is, well-known as flipped-classroom model (7). This model demonstrated significant improvement on oral case presentation skills (8), and exam results of physiology as the basic science (9,10), however, no improvement on examination of obstetrics and gynaecology as the clinical practice (11). Flipped-classroom utilizes video lectures and computer-graded tests that makes it potentially expanded as massive open online courses (MOOCs) by adding discussion forums (12). Both of them require self-directed learning readiness, while it is lower by students in some health profession educational institutes from different countries (13–15), including from Indonesia. However, no study has found either for flipped-classroom or MOOCs in Indonesian medical education.

We will develop the learning system for MOOCs as well as for flipped-classroom because of its benefit for medical long-life learning (16). In addition, since our institution need to adopt *bandongan*, the mass approach learning in Islamic secondary education (17), we named the learning system as e-Bandongan (electronic *bandongan*). Anyone can attend *bandongan* without formal requirement which is similar to MOOCs' principle. Therefore, this work aims to describe our development on e-Bandongan as a learning system for flipped-classroom in medical education and massive online courses in medical long-life learning.

RESEARCH METHODOLOGY

This is a pilot study based on quantitative and qualitative responses from thirty-seven medical students in University of Nahdlatul Ulama Surabaya. The respondents consist of first-year (32,4%), second-year (21,6%), third-year (27%) and fourth-year (18,9%) students. We need to get insight about future behavior of the students on offering audio, video, and written material resumers to support flipped-classroom and MOOCs.

The material resumers were offered in Indonesian language for every topic in existing discipline-based textbook. It was explained to them that way since it is intended to negotiate with limited credits in relative to huge medical topics over clinically-oriented medical school curriculum rather than to provide specific learning system based on the curriculum. Medical learning materials were also largely provided in English rather than their native language (Indonesian). In addition, we also explained about its utilization as part of flipped-

classroom in their education and MOOCs in their future long-life learning.

The online, anonymous and concise questionnaire was given to identify the students perception on their behavior to the material resumer. The respondents answered both for the closed and opened question. Four closed questions were multiple-choices with 5-points Likert scale that asked about utilization frequency of the material resumer with or without exercises feature and/or non-curricular rewards. Each closed question consists of 'never', 'quite rarely', 'quite frequently', 'very frequently' and 'always'. One opened question asked about their reasons choosing the answer of each closed question and were assessed qualitatively.

RESULT

Utilization frequency for the material resumer without both exercises feature and non-curricular

rewards demonstrated highest proportion on option 'quite frequently' (48.6%), then followed by 'very frequently' (29.7%), 'always' (16.2%) and 'quite rarely' (5.4%), but no one chose 'never' (Figure 1). Addition of exercises feature made them mostly choosing 'quite frequently' (40.5%), then followed by 'very frequently' (35.1%), 'always' (13.5%), 'quite rarely' (8.1%) and 'never' (2.7%), while addition of non-curricular rewards made them mostly choosing 'quite frequently' (54.1%), then followed by 'very frequently' (24.3%), 'quite rarely' (16.2%) and 'always' (5.4%), but no one chose 'never'. Both exercises feature and non curricular rewards made them mostly choosing 'quite frequently' (55.6%), then followed by 'very frequently' (27.8%), 'always' (11.1%) and 'quite rarely' (5.6%), but no one chose 'never'.

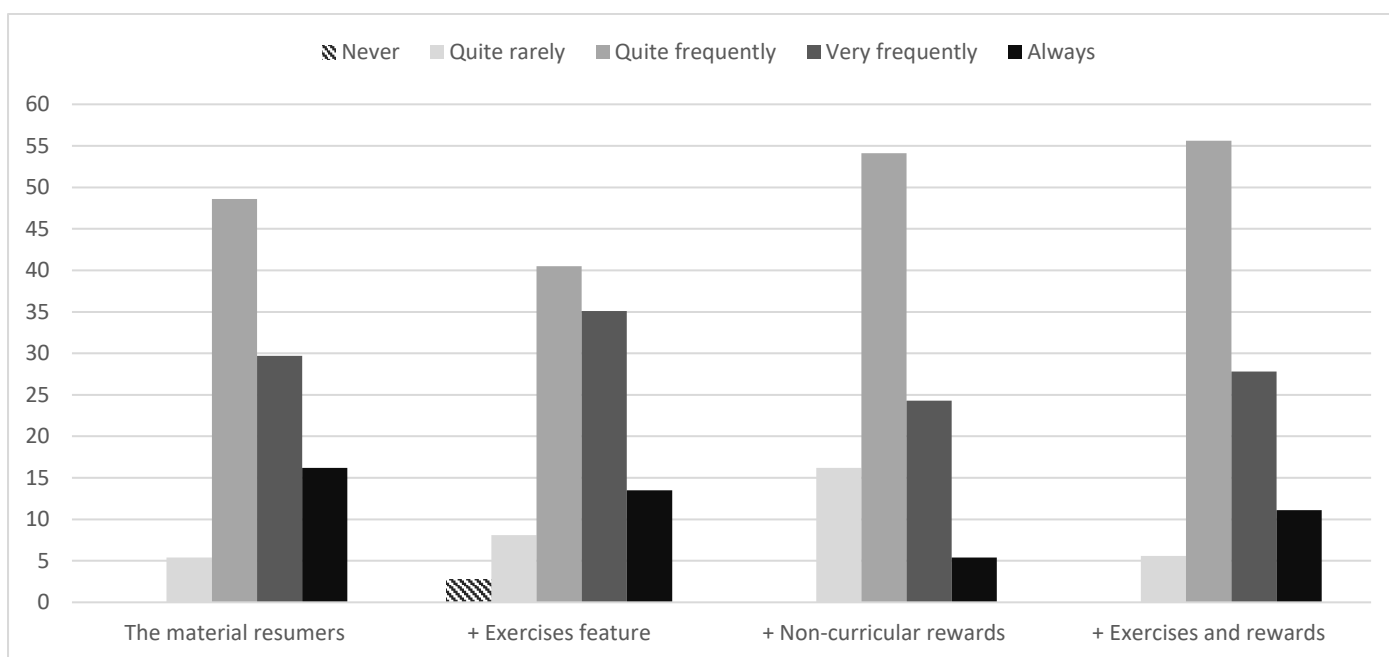


Figure 1. Utilization frequency of the material resumer with or without exercises feature and/or non-curricular rewards. The vertical axis is cut at maximum 60% to optimize visualization.

Their reasons choosing the answer of each closed question had been qualitatively assessed. The respondents would like the material resumer because of more concise and repeatable. They also like the material resumer that are definitely synhronized with the exam question from the teachers. The material resumer in video were preferred. Since most of medical textbooks are in English, the material resumer in Indonesian as their native language were also preferred.

DISCUSSION

Flipped-classroom model had been developed by many disciplines with several names. It is introduced by J. Wesley Baker in discipline of communication as the 'flipped classroom' (18), and by Maureen J. Lage, Glenn J. Platt and Michael Treglia in discipline of economics as the 'inverted classroom', on the same year about 18 years ago (19). An employment of this model in medical education is emerging since the widespread

use of MOOCs in recent years (7). The MOOCs have promoted the self-directed learning skill that is required by medical graduates for the continuing medical education (16). The openness of education is the main spirit that emerges the MOOCs (12). This makes us to name the learning system in this study as e-Bandongan since the same spirit is found in *bandongan*. It is a traditional learning method with mass approach that the *kyai* (Islamic cleric term in Indonesian) did textbook-based teaching for *santri* (Islamic boarding school students term in Indonesian) for hundred years (17).

Self-directed learning atmosphere is confirmed on flipped classroom model in this study as described in previous studies (8–11). This is because the addition of exercises feature and/or non-curricular rewards did not change the utilization frequency. The respondents' qualitative answer indicated their urgent needs for the material resumeres. Interestingly, the addition of exercises feature made the 'never' utilization was admitted insignificantly. The 'quite rarely' utilization also tend to be higher by addition of exercises feature and/or non-curricular rewards.

More concise, repeatable and synhronized with the exam question from the teachers were the reasons why they would like the material resumeres. Similar condition was found in The Falk Library Program that the key informants or the topic experts were the most use feature that is provided by the library in University of Pittsburgh School of Medicine (2). They chose to discuss with these key informants because of to-the-point, relevant and confirmable information the informants given.

The video lectures were preferred in this study. Although the students prefer video lectures, they supposed to integrate the live lectures with it rather than to substitute the live lecture, and the mean post-test score was still better for the live lectures rather than for the video lectures ($p=0.049$) (20). In addition, other study demonstrated 74% of students admitted that they watch video to review concepts they missed in live lectures, and the student attendance to the live lectures did not affected also (21).

Most of medical textbooks which are in English were perceived by the respondents as the barrier that can be solved by the material resumeres in Indonesian. The language barrier in education is also described in Japan that no ideal English textbook for students regarding dental medicine was admitted (22). Medical textbook translation from English to other language should be contextually in manner of the other language native speaker rather than in manner of the English native speaker (23).

CONCLUSION

Future utilization of the offered material resumeres is admitted by the respondents. The material resumeres from their own teachers is preferred, especially the

video lectures. However, the difference between the utilization based on on-page website statistics and these self-assessed perceptions may be exist that should be investigated further.

TAKE HOME MESSAGE

The e-Bandongan as a learning system with or without both exercises feature and non-curricular rewards was acceptable for the medical students for flipped-classroom and MOOCs.

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