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Health Sciences Education Symposium

School of Medicine

2019

#### Medical Education Board Game: Interactive Learning

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#### **Medical Education Board Game: Interactive Learning** Ulysses Davila, MD1, Brooke Farquhar, MD1, Tim Lukenbill, MD1, Avni Sharma, MD1, Azam Siddiqui, MD<sub>1</sub>, Clifton Lee, MD<sub>1</sub>, Department of Pediatrics, Children's Hospital of Richmond at VCU

### Background

Researchers have been interested in promoting improved retention of medical knowledge through custom designed board games for a number of years (Bochennek, et al 2007, Karbownik et al, 2016, and Shaw et al 2013). Studies demonstrate at least a subjective medical student desire to continue to develop study methods like board games for routine use in medical education.

# Objective

The overall objective of the study is to improve retention of pediatric knowledge and thus pediatric patient care by providing MS3 students with an interactive game to improve their performance on the Shelf Exam. Our study will explore the question: "Does playing a board game during a medical student's pediatric clerkship-- in addition to attending already required lectures-- increase his/her long-term retention of pediatric knowledge as measured by performance on the shelf exam as compared to the average of his/her peers who only attended required lectures?" Our aim will be for those MS3s who participated in the board game to demonstrate, on average, a 10% improvement in shelf exam score as compared to their peers who did not participate in the board game, as well as a subjective preference for the board-game style of learning over traditional lecture format.

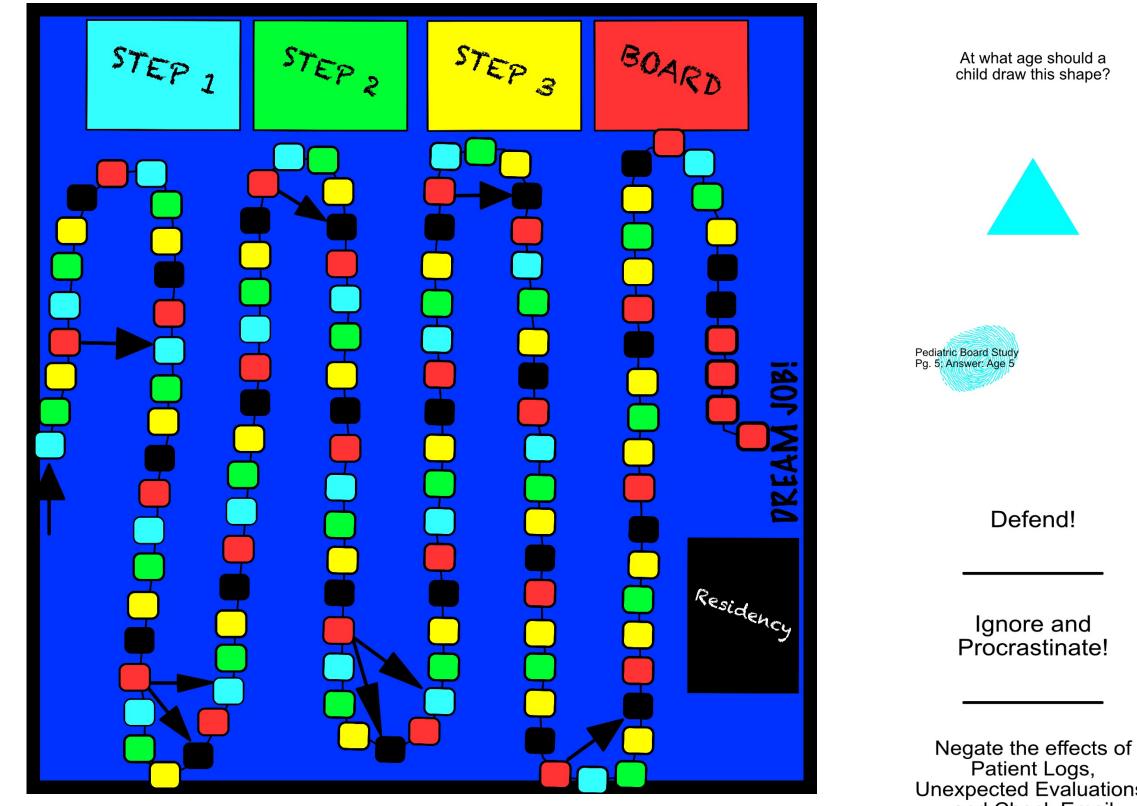
# Methods

Volunteers will be divided into 2-3 person teams and play the board game for 1 hour during Week 3 of the 6 week rotation. The board game involves questions written to address the core objectives as outlined by the American Board of Pediatrics in the General Content Outline for initial certification, maintenance and in-patient training exams. The students will answer the questions as a team. Correct answers merit another turn; winner is first to the end of the board. Following their playing session, an email with survey questions will be sent out to garner subjective feedback in addition to the more objective measure of their improvement through Shelf Exam scores.

### **Rules of the Board Game**

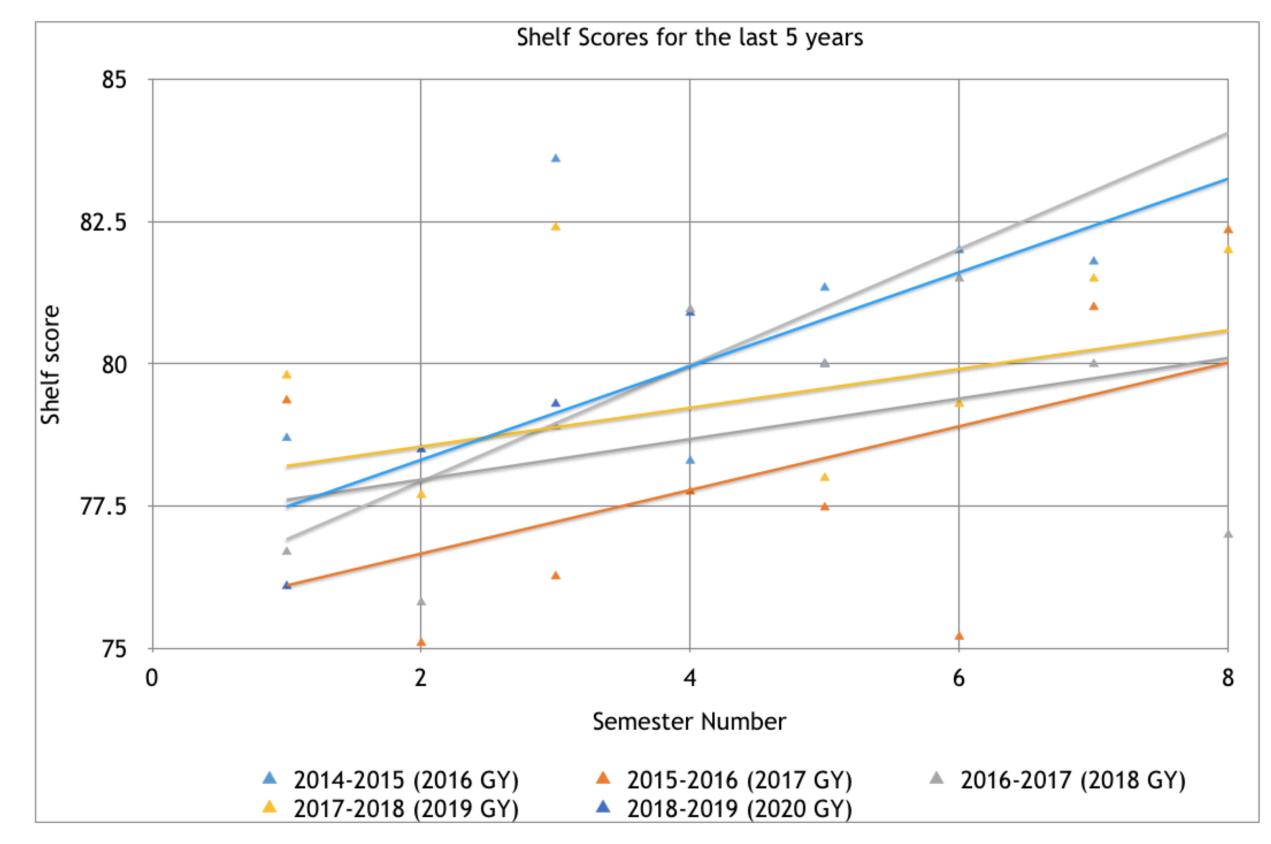
The question asked is based on the spot (if on red at the start of the turn then question asked from red pile, if on a black, then free roll). The person to the right of the player asks the question with finger over the answer. Every player, except the question asker, has a chance to steal. If the player whose turn it is missed the question, then the next player to the left of the player that answers the question correctly gets the credit. The player that steals rolls the dice instead and advances. Each player draws a residency responsibility card at the end of each turn; if on a black space, he/she draws a card at the beginning as well. Attack cards must be played before the end of a turn. Defend cards can be stored face up or down.

# **Board Game and Cards**





# **Shelf Scores 2014-2019**



## **Preliminary Results**

Students who participated were asked to answer the following questions, on a scale of 1-10, with 10 being strongly agree and 1 being strongly disagree. Of the 40 students who participated, only 8 students sent survey responses.

7.00	The game's organization helped m
7.50	I was motivated to research furthe
8.13	The game helped expose areas I is
8.50	I find the game very interesting
8.50	I recommend the game be adapted
8.38	The game is highly informative
6.13	Components such as attack / defer
6.88	The game improved significantly
7.25	The game positively improved my
6.38	The game has improved my level
6.00	The game has improved my confid
6.13	The game has improved my intere
6.38	The game has reduced the fear I h
8.38	I learned more from the game play
8.38	I would benefit from playing the g
9.13	The game generated group discuss
4.00	I would learn more from the game
2.00	The game became boring after I p
1.13	The game was quite boring and a

# **Reflective Critique/Future Implications**

There is no way to control which cards are drawn and what topics they cover. Only 20-25 questions are covered in a 1 hour period. Subjective evaluations will be blinded in future studies. Authors plan to incorporate the board game into existing mandatory MS3 lecture time and eventually include it in the weekly resident lectures. Ongoing research should be targeted towards solidifying the relationship between retention of pediatric knowledge and the use of our board game as a study modality with objective performance measures, ie Shelf test, ITE, Board test scores.

### References

Bochennek, Konrad et al. More than mere games: a review of card and board games for medical education. 2007: Medical Teacher, 29:9-10, 941-948.

Karbownik, Michael et al. Board game versus lecture-based seminar in the teaching of pharmacology of antimicrobial drugs—a randomized controlled trial. 2016: FEMS Microbiology Letters, Volume 363, Issue 7.

Swiderska, Nina et al. 2013: Randomised controlled trial of the use of an educational board game in neonatology, Medical Teacher, 35:5, 413-415.



me to easily identify my areas of weakness er after playing the game ignored during my earlier studies

d as a supplementary review material

end cards enhance the game my knowledge of pediatrics y perception and attitude to pediatrics of concentration while studying pediatrics idence in pediatrics rest in pediatrics had toward studying pediatrics aying as a team game repeatedly ssions on various topics of pediatrics ne playing as an individual played it once total waste of time