

## Study Protocol

### **Comparative evaluation of Syndicate with Conventional method of Case Discussion by the Post Graduates from Dept. of Orthodontics.**

#### **Abstract**

**Background:** Basics of every aspect must be known thoroughly to JR1 with active participation during the discussion to understand any case. Active participation is must irrespective of the syllabus distributed for the PG in the syllabus as per the DCI guidelines. The cognitive knowledge, clinically for any case should not be year specific based on the syllabus, but, a collective and collaborative foundation of understanding. So to reframe the methodology of and to make the case discussion more effective, a study was planned.

**Study design:** cross-sectional observational

**Methodology:** the following study will be conducted with the JR of dept of orthodontics SPDC, For comparison between the conventional and syndicate case discussion, the conventional case discussion will be entitled as Group I; while syndicate case discussion will be entitled as group II. They will be asked to present the case as per the suggested syllabus recommended by the DCI for each academic year respectively. Pre-test and post-test feedback will be taken after each presentation. Also, perception form the faculty as well as the post graduates will be taken after each presentation.

**Expected Outcome:** the detailed case discussion from the etiology and treatment modality to the retention phase can help the JRI to understand the basics of any case. The feedback and posttest of the syndicate format might be a better way to present as compared to the conventional method.

**Conclusion:** The syndicate case discussion is a better way to understand any case from the initial stage to the last stage of retention with inclusion of all the JR in the presentation of a case.

**Key words:** JR, syndicate case discussion, orthodontic case

#### **Introduction**

In the process of learning students are expected to extract maximum knowledge. Basics of every aspect must be known thoroughly to JR1 with active participation during the discussion to understand any case. <sup>1</sup>

When the JR3 is presenting a case report in a PG activity except the basics the further presentation is not clear to the JR1 if they have not read the article prior to presentation.

Active participation is must irrespective of the syllabus distributed for the PG in the syllabus as per the DCI guidelines.

The cognitive knowledge, clinically for any case should not be year specific based on the syllabus, but, a collective and collaborative foundation of understanding.

When it comes to a clinical case report mostly it is seen that the students are allotted the responsibilities to learn the case based on the envelope defined to them by the syllabus framed by the council. Whereas it can be hypothesized that basic knowledge of the 2<sup>nd</sup> and 3<sup>rd</sup> year syllabus if presented by the JR1 can activate the thinking process in the initial days of learning thus giving a scope to learn and implement for further scope and recent advances when they are promoted to next year of their post-graduation; which is even true for the JR3.

So to reframe the methodology of and to make the case discussion more effective, a study was planned

**Aim:**

To evaluate and compare the Syndicate with Conventional method of Case Discussion by the Post Graduates from Dept. of Orthodontics

**Objectives:**

1. To sensitize syndicate case discussion as a teaching learning modality in Post graduate teaching programme
2. To evaluate the level of understanding of a case discussion through conventional method using pre and post test
3. To evaluate the level of understanding of a case discussion through syndicate method using pre and post test
4. To compare the pre and post test for conventional and syndicate method individually and with each other using ALG score
5. To evaluate and compare the perception of faculty regarding syndicate case discussion
6. To evaluate and compare the perception of post graduates regarding syndicate case discussion
7. To frame the methodology for a syndicate case discussion.

**Study design:** cross- sectional observational

**Duration of the study:** 1 year

## **Methodology**

The study will be conducted in the Department of Orthodontics, SPDC with the guidance of SHPER, DMIMS(DU), after the receipt of the approval from the institutional ethical committee DMIMS(DU). All the 18 Post graduates and the faculty from HOD, Professor to Asst. Professor from the department will be participating in the research.

While, under graduate students and Post graduates and Faculty from other dept will be excluded from the study.

For comparison between the conventional and syndicate case discussion, the conventional case discussion will be entitled as Group I; where, 3 post graduates one from each academic year will be randomly selected to present a case in PG activity. They will be asked to present the case as per the suggested syllabus recommended by the DCI for each academic year respectively. Where in JR1 may focus more on etiology and classification and basics, JR2 may focus more on the diagnosis part while JR3 may focus more on the treatment modalities.

Pre test and post test feedback will be taken after each presentation. Also, perception form the faculty as well as the post graduates will be taken after each presentation.

The syndicate case discussion will be entitled as Group II; where one Postgraduate each from the academic year will present one case report. 3 days prior to the presentation the abstract of the case report and the article will be given to the faculty and PGs for their referral. As guided to prepare the presentation, JR1 – will focus on review, etiology, incidence, etc with brief introduction of the complete case. JR2 will focus on Differential diagnosis, review, tool is diagnosis, etc with brief introduction of various treatment modalities while JR3 is expected to compile data along with discussion, treatment modalities, future scope, meta analytic review, references, clinical implication, recent advances, etc. two such case discussion will be conducted in the department.

Pre test and post test feedback will be taken after each presentation. Also, perception form the faculty as well as the post graduates will be taken after each presentation.

## **PERCEPTIONS REGARDING SYNDICATE CASE DISCUSSION**

FACULTY: \_\_\_\_\_

JR: 1 / 2 / 3

Sr. No	Items	SD	D	N	A	SA
	The purpose / objective of Syndicate Case Discussion are clear to the participating residents and faculty					
	Learning objectives relevant for each participating resident and faculty are defined in advance and circulated.					

	Syndicate Case Discussion gives detailed in-depth explanation of a case, its management with justification and its outcome, helped in better understanding					
	After presentation, open discussion of article in the Syndicate Case Discussion is useful					
	Syndicate Case Discussion improves the knowledge and motivation for postgraduates to participate in Post graduate activity					
	Syndicate Case Discussion promotes self directed learning					
	Syndicate Case Discussion can motivate post raduates in future application of knowledge					
	Adequate cooperation of residents and faculty is sought, they learn to help and respond to complete the task					
	The students enjoyed learning through syndicate way as compared to the conventional way					
	Syndicate Case Discussion should be made a regular part of curriculum					
	Sufficient time was provided to the students for preparing Syndicate Case Discussion					

**Opinion / suggestions about Syndicate Case Discussion:**

1. What according to you was the most useful aspect of Syndicate Case Discussion?
2. What were the limitations/ shortcomings of Syndicate Case Discussion?
3. Please give your suggestions for improving the quality of Syndicate Case Discussion.

**Need Analysis**

Faculty: \_\_\_\_\_

JR\_\_1 / 2 / 3

1. Are you familiar with the term syndicate
2. Why does a post graduate present a case report in a PG activity?
3. What is expected from a post graduate after attending a case report in a post graduate?
4. If a JR3 is presenting a case report in PG activity, are the basics of the topic covered in details with crystal clear concepts to the JR1?
5. How can it be rectified?
6. Kindly suggest and comment on : should a case report be divided based on the cognitive knowledge and syllabus for a JR from each year explaining the details accordingly.

**Statistical analysis:**

- Pretest & Posttest will be assessed by ALG score will be compared for group I and II. (presenter and listener)
- Faculty and staff perception will be assessed as follows.
  - Closed question – LIKERT scale
  - Open question – quantitative assessment (manual content analysis method)

**Expected Outcome:** the detailed case discussion from the etiology and treatment modality to the retention phase can help the JRI to understand the basics of any case. The feedback and posttest of the syndicate format might be a better way to present as compared to the conventional method.

**Discussion:**

In 2015 Lohe et. al. <sup>2</sup> evaluated effectiveness of syndicate learning in oral medicine and radiology for UG students, where they concluded that syndicate learning is more interesting, becomes a platform for creative interchanging of ideas and a live session for a meaningful participation and discussion.

In 2019 Ingole et. al. <sup>3</sup> published a copyright on Incorporating Syndicate journal club in postgraduate teaching programme at DMIMS, where the syndicate teaching learning enhanced presentation skill and mastered the ability to critically appraise the evidence

In 2019 Uppal et. al. <sup>4-5</sup> introduced syndicate teaching learning in first MBBS students and concluded that this technique has better retention of knowledge and exchange of idea. <sup>6-9</sup>

### **Conclusion:**

The syndicate case discussion is a better way to understand any case from the initial stage to the last stage of retention with inclusion of all the JR in the presentation of a case.

### **Bibliography:**

1. Dian Novita. Syndicate learning: an alternative approach for teaching extensive reading. *Journal of languages and language teaching*. 2018;6(1).
2. Lohe V, Singh A. Evaluation of effectiveness of syndicate learning in oral medicine and radiology: cardinal finding in batch of final year students. *Medical Education Back to Basics* 2015;1(4):301-304.
3. Incorporating Syndicate journal club in postgraduate teaching programme at DMIMS – Dr. Abhishek Ingole, Dr Sunita Wagh, Dr Ved Prakash Mishra. Copyright published L-86559/2019.30/10/2019
4. Uppal N, Kukreja S, Kaur J, Kaur A, Sharma A. Introducing syndicate as a teaching learning technique in first professional MBBS students. *Int J clin Biochem Res* 2019;6(3):389-395.
5. Rai A, Datarkar A, Borle RM. Are maxillomandibular fixation screws a better option than Erich arch bars in achieving maxillomandibular fixation? A randomized clinical study. *Journal of oral and maxillofacial surgery*. 2011 Dec 1;69(12):3015-8.
6. Agrawal A, Timothy J, Cincu R, Agarwal T, Waghmare LB. Bradycardia in neurosurgery. *Clinical neurology and neurosurgery*. 2008 Apr 1;110(4):321-7.
7. Bourne R, Steinmetz JD, Flaxman S, Briant PS, Taylor HR, Resnikoff S, Casson RJ, Abdoli A, Abu-Gharbieh E, Afshin A, Ahmadieh H. Trends in prevalence of blindness and distance and near vision impairment over 30 years: an analysis for the Global Burden of Disease Study. *The Lancet Global Health*. 2021 Feb 1;9(2):e130-43.
8. Borle RM, Nimonkar PV, Rajan R. Extended nasolabial flaps in the management of oral submucous fibrosis. *British Journal of Oral and Maxillofacial Surgery*. 2009 Jul 1;47(5):382-5.
9. Franklin RC, Peden AE, Hamilton EB, Bisignano C, Castle CD, Dingels ZV, Hay SI, Liu Z, Mokdad AH, Roberts NL, Sylte DO. The burden of unintentional drowning: global, regional and national estimates of mortality from the Global Burden of Disease 2017 Study. *Injury prevention*. 2020 Oct 1;26(Suppl 1):i83-95.