

# Developing A Wound Care E-Module in Medical School

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## Abstract

In Year 4 of The University of Auckland's undergraduate medical programme, over 300 students are dispersed throughout New Zealand's hospitals and community settings. Curriculum challenges include delivering consistent student experience whilst considering local timetabling and limited availability of specialist clinical teachers.

In 2022, a new wound care online module was piloted. The SPICES model for medical education provided a framework for curriculum development and revision. A flipped classroom pedagogy and backwards design guided lesson planning. Live remote tutorials incorporated Zoom features including peer role-play in breakout rooms. Videos were developed for tutorials. Polls and audience response software enhanced interactivity. A cyclical curriculum dictated that the module was repeated 12 times during the year, with student attendance at Zoom tutorials remaining consistently high (90%). A global score indicated a significant increase in student knowledge when comparing their self-assessed pre and post knowledge. On a 10-point scale (1 = no knowledge of wound care and 10 = extremely knowledgeable about wound care), mean scores for knowledge were, 'pre module' (3.26) and "post module' (6.58). A 'train-the-trainer' approach, where a senior medical educator trained emerging teachers as facilitators, enabled roll-out of the module, alongside teacher development. We will discuss the pros and cons of remote clinical learning, with feedback from students and staff, and outline lessons learned. Practical tips will be given for other educators interested in maximizing student engagement using synchronous remote sessions.

Dent JA. The continuing use of the SPICES model in 'SAVOURING' curriculum development. *Medical Teacher*. 2023 Jul 3;45(7):760-5. <https://doi.org/10.1080/0142159X.2022.2158067>

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