

1 Radiarte: A New Didactic Tool for Teaching Radiology. A 2 Qualitative Study of the Sensory Perceptions of Students

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5

6 **Abstract**

7 Objetive: The primary care physician's performance is strengthened by his skills in teamwork
8 and the transmission of ideas to the patient and his family. For the development of these skills,
9 a didactic tool called RADIARTE has been designed. Which, seeks the correlation of the
10 imaging findings through drawing by medical students. Materials and methods: A qualitative
11 ethnographic study was carried out with cumulative sampling. The data collection was done
12 through field work and focus groups, achieving a triangulation of the students' perceptions of
13 the research. Results: The perception of the medical students about the didactic tool shows a
14 positive effect on the significant learning being more practical the learning with the correlation
15 by drawing in an established learning environment. The evaluation system proposed allows
16 students to know the transmission of ideas. Conclusions: The RADIARTE tool is an
17 innovative didactic tool that allows the development of practical and useful skills in the
18 medical student for the performance of medicine in primary care. Materials and methods: A
19 qualitative ethnographic study was carried out with cumulative sampling. The data collection
20 was done through field work and focus groups, achieving a triangulation of the students'
21 perceptions of the research. Results: The perception of the medical students about the didactic
22 tool shows a positive effect on the significant learning being more practical the learning with
23 the correlation by drawing in an established learning environment. The evaluation system
24 proposed allows students to know the transmission of ideas. Conclusions: The RADIARTE tool
25 is an innovative didactic tool that allows the development of practical and useful skills in the
26 medical student for the performance of medicine in primary care.

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28 **Index terms**— radiology, problem based learning, perception, advance medical planing.

29 **1 Introduction**

30 The adequate performance of the primary care physician is paramount in the care of patients nowadays in the
31 Colombian health system. One of the most important problems is the development of skills in the work team
32 and the transmission of ideas to patients; therefore, it should be a priority to work on these competences in
33 undergraduate medicine.

34 One of the areas with the most problems in primary health care is Radiology, where the proper use of resources
35 for making decisions with diagnostic images becomes crucial. Because of this, it is of vital importance that the
36 primary care physician learn to optimize health resources by requesting and interpreting the most important
37 diagnostic images in their area of work. Therefore, in Bogotá, Colombia, a didactic tool based on the schematic
38 drawing for learning in the area of Radiology called RADIARTE has been created by the researcher. This tool
39 is developed in an elective matter that seeks to correlate the imaging findings of the most prevalent diseases to
40 which the primary care physician will be confronted using conceptual associations with drawings created by the
41 students in the development of the subject. The evaluation method used is through equipment and evaluation
42 of the transmission of ideas in an appropriate learning environment an art exhibition where students from other

4 RESULTS

43 careers, teaching specialists and radiologists assess the information transmitted through the use of drawing. With
44 this tool, they develop skills in meaningful learning, teamwork, and evaluation of the transmission of ideas in
45 an appropriate learning environment (Figure 1-4). Chest x-ray in AP (anteroposterior) view with severe aortic
46 stenosis and cardiac dilation. A radiopaque image is observed in the apex cardiac caused by concentric ventricular
47 hypertrophy (white arrow), and a tortuosity in the aorta with the presence of calcification (black arrows). In the
48 drawing, the prominence of the aortic arch with the head of the giraffe is interpreted, while its body interprets
49 the hypertrophy of the left ventricle. Likewise, the bony structures are interpreted with the branches of the trees.
50 Image is taken from Amirs by university platform. Magnetic resonance of the knee in coronal section with
51 the presence of multiseptated para meniscal cysts with medial horizontal meniscal lesions. In the drawing, the
52 femoral condyle is interpreted through the eyes of the owl. Likewise, the cruciate ligaments are interpreted by
53 the owl's beak and the tibia using the neck of the owl. Image is taken from Amirs by university platform. The
54 systematic review of the literature by the researcher shows the evidence of this didactic tool in related areas such
55 as anatomy with positive quantitative results. However, in the area of Radiology, it has not been demonstrated
56 that there are sensorial perceptions that students have with this tool for meaningful learning. For this reason,
57 the present study focused on determining the sensory perceptions of the tenthsemester medical students of the
58 faculty of health sciences at the Rosario Unevirsity with the Radiarte teaching tool (Radiología desde el arte) in
59 the area of radiology. Through qualitative research with an ethnographic approach.

60 This research model allowed the researcher through ethnography to clarify the sensory perceptions of students
61 in the learning sessions. Subsequently, a focus group session was held to collect data from the research actors.
62 This design allowed to achieve triangulation of the inductive, deductive categories and the theoretical referents to
63 build the conclusions proposed at the end of the project and obtain some recommendations for the improvement
64 of significant learning in the medical students of the Rosario University.

65 2 II.

66 3 Materials and Methods

67 For the collection of the existing information the state of the art was made with the search of the bibliography
68 in international databases such as Medline, base, Ovid with search engines established by MeSH terms. This
69 raised the questioning and problematization of what is known about this didactic tool in the general literature
70 and learning in the areas of health. For this, the delimitation of the object of study for the use of the tool in
71 medical students in the radiology area was carried out. With this, it was allowed to enter into the design of the
72 elective class and to be able to pose how the research and field work would be developed to methodologically
73 design the research study in the best way. With all this process it was found that the key informants for this
74 study were the 10 th -semester students of medicine who were previously exposed to a previous teaching tool in
75 this area. Likewise, they had a more established income profile to be able to effectively develop the study of the
76 variables.

77 The choice of the proposed methodology and the qualitative method was the ideal to establish the sensory
78 perceptions of the students. The design chosen for this study was intentional and reasoned, where the sampling
79 units were chosen by the discourse of the study where it was intended to obtain the information of the entire
80 accessible population; therefore, the cumulative sampling of 45 students during 18 months was considered.

81 The development of the field work was carried out by the researcher, who got involved in the classroom
82 with the students interacting with each group about their opinions of the tool used, developing little by little
83 the field diary with the attitudes, expressions, verbal and non-verbal behavior of students, in order to continue
84 building the reformulation of research within emerging design. In this period, the researcher analyzed the learning
85 environment where the didactic tool was developed, completing the information with the opinion of the actors of
86 the research. For the evaluation of the work of art, the researcher was present in the qualification of the works
87 by the evaluators taking the verbal opinions and the expressions of the behavior at the time of the evaluation.
88 For the collection of the data, the focused group session was obtained where the data was obtained with voice
89 recording. In addition, the details of the non-verbal language of the interviewees were taken into account, which
90 allowed obtaining additional information from the discussion.

91 The technique of data collection was carried out by the researcher using the ethnographic method described
92 above, and subsequently two focus group sessions were carried out with random assignment for each semester.
93 The data collection was done through audio recording in the focus group sessions established by the researcher.
94 Subsequently, the transcription of the data was obtained with the help of the naturally speaking program "dragon"
95 and it was exported to Word office 2010. For the analysis of the information was made in the Atlas. Ti program,
96 completed with the use of images established by the researcher in the field work. Finally, the inductive categories
97 that emerged from the voices of the actors were obtained (figure 5).

98 4 Results

99 All students (45) signed informed consent to participate in the research, where six focus groups of one hour
100 duration were conducted, involving students of both sexes with a random assignment for each focus group. 96%
101 of students belonged to the fifth year of medicine between 18 and 25 years old. The information collected for the
102 triangulation was from the focus groups, field work, and theoretical references.

103 **5 a) Sensory Perceptions**

104 Students consider that it is more practical to learn with this didactic tool since having the option to draw to
105 correlate allows to generate clearer concepts and long-term memory, "... This tool is more practical, we are
106 seeing the image that you give us and one looks for the drawing, it seems to me that one is not going to forget
107 one ... ". Likewise, this tool can generate a better association of the radiological findings of diagnostic images
108 with instruments or figures of daily life. On the other hand, it seems to them that the way of interpreting the
109 pathologies and the anatomical repairs in the images is better, since it allows them to generate a better learning
110 link based on the analysis and the search of images that correlate with the described findings "... it allows us to
111 let the imagination fly so we can find the correlation; For example, our group in the last work took a long time to
112 choose the image, but one realizes that you can always find an image that correlates with the most characteristic
113 patterns of the image ... ".

114 The opportunity for this subject to cover more thematic content allows students to grow in their knowledge
115 and correlate more pathologies seen in previous semesters in different specialties "... In this elective we have seen
116 the complete modules with the difference of normal and abnormal, here we have had a

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118 **7 b) Evaluation: objective qualification, Self-evaluation, co- 119 evaluation, hetero-evaluation, Transmission of ideas**

120 The students express that the proposed evaluation process allows them to establish that the objectivity leads
121 to the co-evaluation by pairs of students who do not have experience in the subject and for which it does not
122 influence if the student has other weaknesses and abilities in the hidden curriculum, since the fact of evaluating
123 a result allows to evaluate all the effort in a single work "... an external person or knowledge expert is a pair that
124 sees the same thing and contributes to the result they are doing, or in other methods a personal or professional
125 pair ; Likewise, a third evaluator with many years of experience in teaching is able to see things from various
126 points of view and who can evaluate things as medical auditors do ... ". This allows them to extrapolate the
127 results with what they are going to see as health professionals in a primary care setting where they should imply
128 to the families the results of a medical care process and they who are not experts in the subject. They will have
129 to qualify their work from a totally objective point of view without prejudice to the other characteristics of the
130 doctor.

131 Students express the importance of transmitting ideas to patients in the professional field so that the fact
132 of being able to express characteristics of the images in a drawing allows the evaluator to establish if what the
133 author means is what expressed on paper "... It is a tool to be understood. Not only make yourself understood
134 with the patient, but any person who comes forward. You must have many tools to be able to show what the
135 patient has and also to your colleagues; also, show everything in the drawing because we are not going to be in
136 the exhibition, which is why we have to show everything in the best possible way and this can be helped when
137 we are later in a conference as speakers or with patients in the office ... ".

138 **8 IV.**

139 **9 Discussion**

140 The society of the 21 st century is focused on knowledge and learning throughout life; their individuals learn
141 permanently, understand what they learn, select the appropriate for each context and adapt and transform
142 in front of new situations (1). This reality supposes a major challenge in the university formation, it implies
143 the substitution of a traditional transmissionist pedagogical model, for a model centered on the student, that
144 is integrating and constructive, that possesses learning and teaching strategies that favor the achievement of
145 meaningful learning.

146 Medical education does not move away from the profound changes in university education, and although
147 historically the pedagogical model in the education of health sciences has been the traditional positivist,
148 passive and content-centered model, in recent decades they have been implemented active teaching and learning
149 methodologies (2); Therefore, a turn towards a constructivist pedagogical model has been initiated, centered on
150 the student, on the development of competences and learning.

151 Thus, in the decade of the sixties, a group of teaching physicians from McMaster University (Canada)
152 recognized that it was necessary to modify the teaching of medicine, positivist, by the method of Problem
153 Based Learning (PBL). Of constructivist cut; because the disproportionate production of scientific knowledge
154 and technological advances, demands a permanent change every day in the competencies of the health professional
155 (2). There are many studies showing the great effectiveness of PBL in learning in health sciences (3).

156 Despite the great demonstrated global advantages of the ABP, it has been found that it has problems in the
157 development of the working groups; for example, that learning is group and is not individual, if the group is
158 conflictive does not allow to develop skills well and if the tutor in charge does not have enough skill for group
159 management does not allow the development of skills (4). A cross-sectional study published in the Journal of Ayub
160 Medical College, compared 100 thirdyear students of the University of Islamabad, finding statistically significant

10 CONCLUSIONS

161 evidence (value of $p < 0.05$) that the most frequent problems of PBL are lack of commitment to students for the
162 preparation of the topic and the clash of personalities within the group (4).

163 In addition to what the scientific evidence shows, currently in the first years of the medical career, especially in
164 the basic sciences, many contents are still transmitted through lectures, since unlike the clinical areas (where the
165 opportunity to acquire knowledge through practices with real clinical cases, which offers an active pedagogical
166 perspective), in the basic areas the contents are often strictly theoretical and require orientation, structuring and
167 organization of the teacher through the master classes (5). Likewise, the volume of university students growing
168 (from 75 to 100 students per classroom), leads to the master class continues to be widely used, since it is cheaper,
169 it is flexible, it consumes fewer hours of teaching work, it can cover more topics and it is possible to instruct
170 many more students at the same time (6).

171 Due to the drawbacks of the new learning models, some tools have emerged to improve learning in the health
172 sciences. In anatomy, for example, a tool based on anatomical drawing has been designed for understanding
173 concepts (7). This tool has shown good results in the learning of the anatomy subject; the students express
174 to understand the concepts better with the anatomical drawing; however, introducing this method within the
175 academic program is very difficult since it needs a great amount of time to be able to develop the learning
176 workshops.

177 Designing teaching tools for learning in medicine is a real challenge. As the scientific evidence supports, the
178 barriers that exist have been raised, despite being a field widely studied for meaningful learning. Likewise, the
179 didactic tools based on drawing learning are very limited and for this reason there is no perception or impact of
180 these tools on medical students.

181 The RADIARTE tool is a new tool with few bibliographic antecedents of its use in the area of Radiology, for
182 which there is no approach of the perceptions of the students with this new didactic tool. With this investigation
183 it was possible to determine that the didactic design of the tool allows obtaining a better clinical correlation in
184 the association of diagnostic images with schematic images according to what the students describe concerning
185 to their previous experience with other radiology subjects. Likewise, having theoretical contents in addition to
186 the pathology of thorax allows expanding the significant knowledge on the part of students to face other areas of
187 knowledge that require basic training for decision making.

188 The didactic tool RADIARTE is established as an excellent didactic tool to complement the radiology area in
189 medical students, since it allows complementing previous concepts acquired with a traditional method.

190 The learning environment used with the RADIARTE tool is established as the ideal scenario to develop
191 meaningful learning by teamwork, as it allows team communication to develop and to know the opinions of group
192 members for decision making and to be able to solve a certain problem. On the other hand, the approach by
193 the teacher and their role in this learning environment allows an optimal student teacher relationship for the
194 resolution of doubts and the comfortable development of meaningful learning.

195 The form of evaluation of the RADIARTE tool allows developing elements of objective evaluation. The
196 proposed evaluation model allows knowing the perception of an academic pair, a person with knowledge in
197 teaching and a pair without previous knowledge. The co-evaluation model seeks the development of skills for the
198 transmission of ideas, which can be extrapolated to the professional's management with the patient and family
199 members.

200 V.

201 10 Conclusions

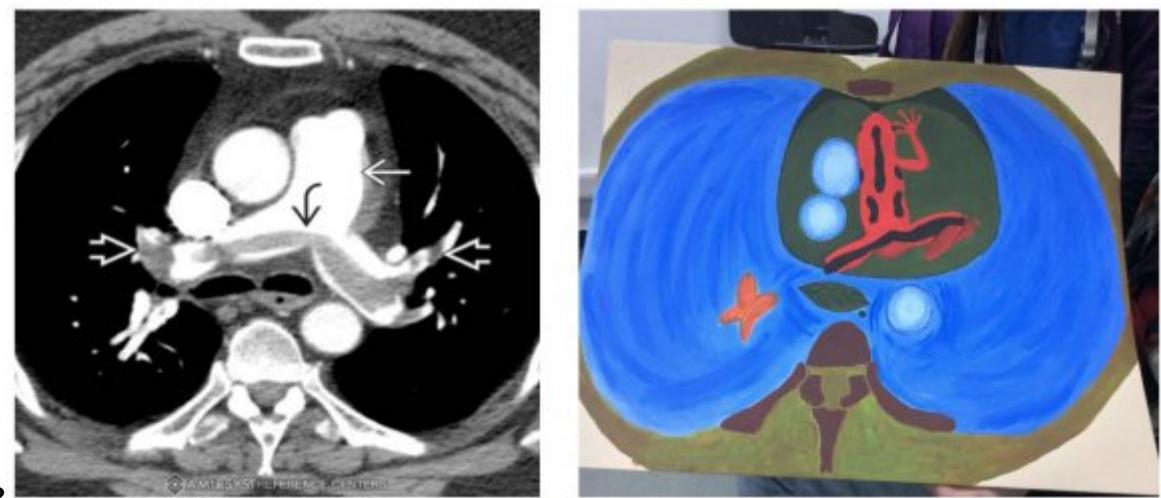
202 This research allows us to determine what is more practical to learn with this didactic tool according to the
203 perceptions of the students, since having the option of drawing to correlate allows to generate clearer concepts
204 and long-term memory. Likewise, this innovative tool can better develop mental processes, as it allows improving
205 sensory and cognitive connections for meaningful learning. Working in a group allows to nourish the decisions
206 from the experiences and concepts of each one of the members for the decision making; as well as the coevaluation
207 model allows an objective evaluation and seeks the development of skills for transmitting ideas, which can be
208 extrapolated to the management of the primary care professional with the patient and their relatives. ¹

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Figure 1: Figure 1 :



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Figure 2: Figure 2 :



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Figure 3: Figure 3 :



Figure 4: Figure 4 :

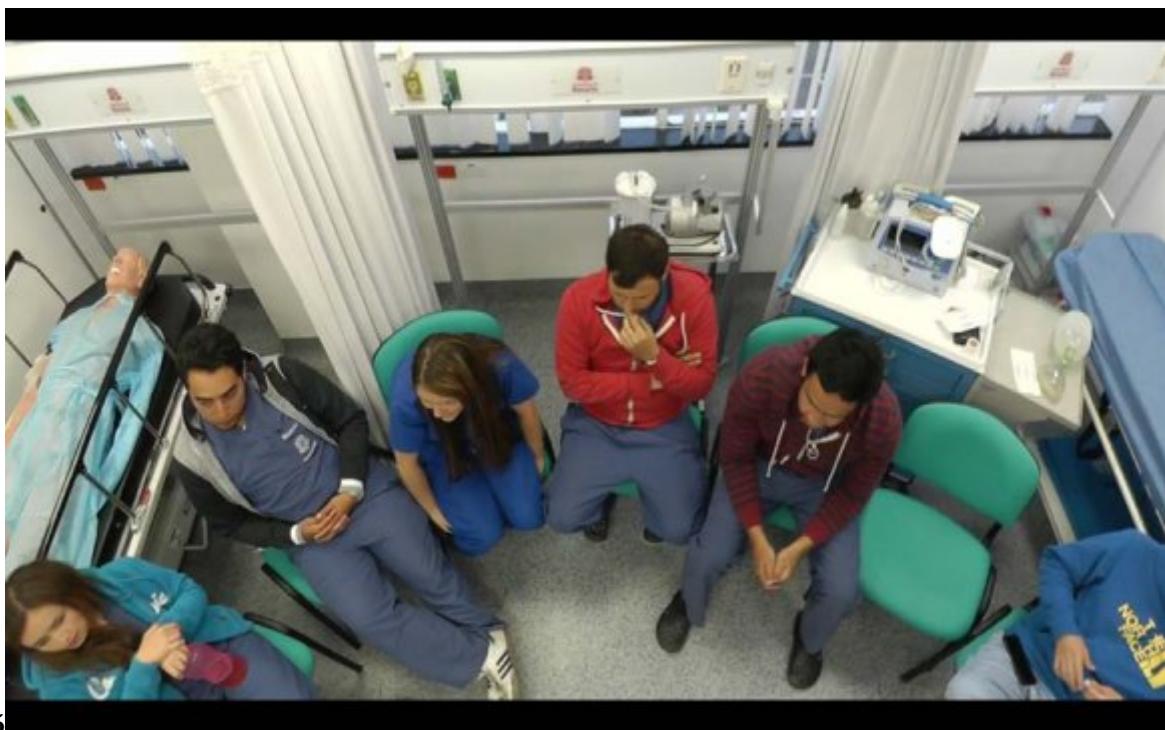


Figure 5: Figure 5 :

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