The third-year medical students at East Carolina University have been recognized for their innovative teaching methods. Active learning is an essential component of their curriculum, aiming to enhance student engagement and understanding. This approach has led to a reduction in the passive, lecture-driven format that characterized previous clerkship experiences.

**Rationale/Need**

Traditional didactic lectures have been criticized for failing to adequately engage students and facilitate meaningful learning. The shift towards active learning was necessitated by the desire to improve contextual learning, aligning with the needs of practicing physicians. This approach promotes critical thinking, problem-solving, and personal goal setting, further enriching the educational experience.

**Methods/Description**

To optimize teaching techniques, active-learning was incorporated into a surgical clerkship experience focused on the pancreas. A hybrid of just-in-time and team-based learning was employed, divided into four smaller segments: pancreatic anatomy and physiology, pancreatitis, pancreatic cancer, etc. This strategy allowed for an active, learner-centered experience employing several active learning techniques.

The lecture was divided into four segments, each focusing on a specific topic. Prior to the lecture, students were encouraged to prepare and engage in discussions with their peers. This active approach was implemented to replace the traditional, lecture-based, team-centered didactic lecture that was re-designed to fit into a learner-centered experience employing several active learning techniques. The lecture was designed to re-engage learners and overcome decreases in learning that occurred after the first 10 minutes.

I will employ a hybrid of just-in-time and team-based learning. Each 15 minute segment will be presented in a standard PowerPoint format. Care will be taken to include concepts commonly found on the student shelf examination to ensure relevance. In order to ensure mastery of subject matter, I will present several multiple choice questions derived from student study guides after each segment. Using a clicker application for smart phones, the questions will be answered individually and then in teams. I will provide content expertise to rectify misperceptions.

In order to improve contextual learning, after conclusion of the first 10 minutes. I will employ a hybrid of just-in-time and team-based learning. Each 15 minute segment will be presented in a standard PowerPoint format. Care will be taken to include concepts commonly found on the student shelf examination to ensure relevance. In order to ensure mastery of subject matter, I will present several multiple choice questions derived from student study guides after each segment. Using a clicker application for smart phones, the questions will be answered individually and then in teams. I will provide content expertise to rectify misperceptions.

In order to improve contextual learning, after conclusion of the four sub segments, I will engage the students in a case-based, problem-based learning experience with standardized patients that highlight key intellectual concepts. Questions will be directed to each student, going around the room in a clockwise manner to ensure engagement of all learners.

**Evaluation Plan**

Overall, the project provided an introduction to state of the art in medical education. We often must do to learn. As such, there has been personal learning. It is, however, clear that the need for new lecture in not optimal from a student perspective. The technology is frustrating and lengthening the learning process.

**Impact/Lessons Learned**

Incorporation of new technology in an active learning exercise is not without difficulty.

Continuous improvement can be used to optimize a new teaching format.

When learning experience is optimized, this could be expanded to other learning experiences in the surgical clerkship.

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