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Improvements in Cardiac Auscultation Utilizing Multisensory Learning in Medical Students: A Preliminary Study

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Improvements in Cardiac Auscultation Utilizing Multisensory Learning in Medical Students: A Preliminary Study

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Objective

• Investigate the impact of combining multisensory stimuli with traditional education methods on cardiac auscultation teaching outcomes for first-year medical students.

Methods

- Conducted a pilot randomized controlled trial at a simulation center
- Enrolled 32 first-year medical students from a single medical institution
- Randomly divided participants into two groups: control (traditional education) and intervention (multisensory stimuli)
- Control group (N=16) received a 10-minute pre-recorded slide presentation comprising 2D phonocardiogram visualization with narration and overlaid heart sounds (Figure 1)
- Interventional group (N=16) received the same 10-minute pre-recorded slide presentation, supplemented with simulated cardiac cycles of 3D cross-sectioned hearts and haptic synchronization. Printed phonocardiograms were provided for each heart sound as a tapping guide. These components created a multisensory environment incorporating visual, auditory, and tactile learning in the educational material. (Figure 2)
- Both groups were taught five different heart sounds: S1/S2, S3, S4, crescendo-decrescendo, and mid-systolic click.
- Participants' competency evaluated by administering a multiple-choice post-assessment exam
- Data analyzed using Mann-Whitney U test for statistical significance

Discussion

Table 1: Mean competency scores, Mann-Whitney U tests, and effect size from the control and interventional groups.

	Control Group (n=16)		Interventional Group (n=16)			
Scores	Mean ± SD	Mean of Ranks	Mean ± SD	Mean of Ranks	p-value	Effect Size (d)
Diagnostic Accuracy	58.75% ± 1.77	13.09	85% ± 0.93	19.91	< 0.042*	0.93†
Knowledge Acquisition	46.25% ± 1.19	11.56	76.25% ± 1.11	21.44	< 0.031*	1.30 [†]

* p < 0.05, Mann-Whitney U test [†] Cohen's d > 0.08, large effect size

- Incorporating visual, auditory, and tactile stimuli into traditional cardiac auscultation education significantly improved students' competency in auscultation.
- The multisensory approach could serve as an affordable alternative to costly simulators.
- Enhanced provider competency may lead to improved patient outcomes by allowing for more accurate diagnosis and treatment.
- Future research should involve larger sample sizes, multiple institutions, and assessment of long-term retention rates to further validate the effectiveness of this approach.

Multisensory approach to cardiac auscultation education is an effective way to enhance overall competency, which may improve patient outcomes





Figure 1: Example of slide based traditional learning



Figure 2: Example of 3D cardiac visual supplementation



Figure 3: Competency Measures for each group