Data Analysis:

The George Washington University School of Medicine & Health Sciences; Washington, DC, United States

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Improving Anatomical Knowledge through Interactive Modules on the OB/GYN Clinical Clerkship

Artin Galoosian, MA; Jill M. Krapf, MD; Kirsten Brown, PhD; Gisela Butera, MLIS; Ellen F. Goldman, EdD; Rosalyn A. Jurjus, MD, PhD

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Results

Table 1: Mean percentage of answers for baseline and final tests by anatomical topic. Significant differences (p<0.05) are denoted by an asterisk.

<table>
<thead>
<tr>
<th>Anatomical Topic</th>
<th>Non-curriculum questions</th>
<th>All questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uterus</td>
<td>47.46%</td>
<td>77.80%</td>
</tr>
<tr>
<td>Vascular</td>
<td>56.32%</td>
<td>72.16%</td>
</tr>
<tr>
<td>Perineum</td>
<td>63.68%</td>
<td>73.17%</td>
</tr>
<tr>
<td>Peritoneum</td>
<td>85.78%</td>
<td>94.81%</td>
</tr>
<tr>
<td>Fallopian Tubes</td>
<td>41.52%</td>
<td>67.48%</td>
</tr>
<tr>
<td>Muscles and Ligaments</td>
<td>54.96%</td>
<td>63.33%</td>
</tr>
<tr>
<td>Embryology</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Placenta</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Additional Information: Please contact study PI, Rosalyn A. Jurjus, MD, PhD at rajurjus@gwu.edu or medical student researcher Artin Galoosian, MA at agaloos1@gwu.edu.

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Conclusions

This curriculum may serve as a model of vertical integration of basic science and clinical concepts. Components of this model may be adapted and incorporated into an anatomy course or during the clinical clerkship. Active coordination between clinical and anatomy faculty was a strength of this curriculum. This collaboration is necessary as many institutions move forward with vertical integration of the medical curriculum.