

Application of problem-based learning and case-based learning integrated method in the teaching of maxillary sinus floor augmentation in implant dentistry (#31026)

1

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- Impact and novelty not assessed. Negative/inconclusive results accepted. *Meaningful* replication encouraged where rationale & benefit to literature is clearly stated.
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Smith et al (J of Methodology, 2005, V3, pp 123) have shown that the analysis you use in Lines 241-250 is not the most appropriate for this situation. Please explain why you used this method.

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2. The next most important item
3. ...
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I thank you for providing the raw data, however your supplemental files need more descriptive metadata identifiers to be useful to future readers. Although your results are compelling, the data analysis should be improved in the following ways: AA, BB, CC

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I commend the authors for their extensive data set, compiled over many years of detailed fieldwork. In addition, the manuscript is clearly written in professional, unambiguous language. If there is a weakness, it is in the statistical analysis (as I have noted above) which should be improved upon before Acceptance.

Application of problem-based learning and case-based learning integrated method in the teaching of maxillary sinus floor augmentation in implant dentistry

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[p] **Background.** Teaching

of maxillary sinus floor augmentation (MSFA) is challenging for dental educators due to the varied sinus anatomy and high rate of complications. The method integrating problem-based learning and case-based learning (BPL-CBL method) may be advantageous over the traditional teacher-centered method. The aim is to evaluate the efficacy of the PBL-CBL method in teaching MSFA. [p]

[p] **Materials & Methods** . Ninety-two students who received training between 2015 and 2017 at the

Department of Implant Dentistry were divided randomly into the experimental group and the control group. Students in the experimental group were trained using the PBL-CBL method, while those in the control group were trained using the traditional teacher-centered method. After three months of training, the satisfaction rate was evaluated through a feedback questionnaire. A theory test was used to test how much information about MSFA the students had grasped. A case analysis was designed to test whether they can apply the information in solving new problems. [p]

[p] **Results.** The

survey by the questionnaire showed a higher rate of satisfaction in PBL-CBL group compared with that in the control group. The PBL-CBL method resulted in higher scores compared with the teacher-centered method in both the theory test and the case analysis. The difference in scores between the two methods were statistically significant ($P < 0.01$), [p]

[p] **Conclusion.** The PBL-CBL method resulted in better results regarding acquisition of academic knowledge, ability in case analysis and student satisfaction compared with the teacher-centered method. It may be a promising mode for teaching complex surgical techniques in implant dentistry and other dental fields. [p]

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13 Abstract

14 **Background.** Teaching of maxillary sinus floor augmentation (MSFA) is challenging for dental
15 educators due to the varied sinus anatomy and high rate of complications. The method
16 integrating problem-based learning and case-based learning (BPL-CBL method) may be
17 advantageous over the traditional teacher-centered method. The aim is to evaluate the efficacy of
18 the PBL-CBL method in teaching MSFA.

19 **Materials & Methods.** Ninety-two students who received training between 2015 and 2017 at the
20 Department of Implant Dentistry were divided randomly into ~~the~~^{an} experimental group and ~~the~~^a
21 control group. Students in the experimental group were trained using the PBL-CBL method,
22 while those in the control group were trained using the traditional teacher-centered method. After
23 three months of training, the satisfaction rate was evaluated through a feedback questionnaire. A
24 theory test was used to test how much information about MSFA the students had ~~grasped~~^{mastered}. A case
25 analysis was designed to test whether ~~they~~^{the students} can apply the information in solving new problems.

26 **Results.** ~~The survey by the questionnaire~~^{This wording is awkward} showed a higher rate of satisfaction^{A higher rate of satisfaction with what?} in PBL-CBL group
27 compared with that in the control group. The PBL-CBL method resulted in higher scores

28 compared with the teacher-centered method in both the theory test and the case analysis. The

29 difference in scores between the two methods were statistically significant ($P < 0.01$),

30 **Conclusion.** The PBL-CBL method resulted in better results regarding acquisition of academic

31 knowledge, ability in case analysis and student satisfaction compared with the teacher-centered

32 method. It may be a promising mode for teaching complex surgical techniques in implant

33 dentistry and other dental fields.

34

35 Introduction

36 Dental implants are widely applied for rehabilitation of partial and complete edentulism
37 (Pjetursson, 2012; Zitzmann, 2013; Fillion, 2013). As an essential part of dental education,
38 teaching of implant dentistry has been required by multiple academic institutions (De Bruyn,
39 2009; Stanford, 2005). Pneumatization of the maxillary sinus and atrophy of the alveolar ridge
40 are common scenarios following the loss of posterior maxillary teeth. To develop these sites for
41 dental implant placement, maxillary sinus floor augmentation (MSFA) are routinely performed.
42 However, teaching MSFA faces great challenges. First of all, anatomy of maxillary sinus is
43 highly varied, such as the aberrations of the maxillary septum and the different pathological
44 conditions of Schneiderian membrane (Malkinson & Irinakis, 2009; Irinakis, Dabuleanu
45 & Aldahlawi, 2017). The prevalence of maxillary septum is between 16% and 48% (Naitoh, 2009;
46 Rosano, 2010; Güncü, 2011). The occurrence of Schneiderian membrane perforation is 10-60%
47 of all procedures (Becker, 2008; Nolan, Freeman & Kraut, 2014). In addition, MSFA is

How is the surgical approach limited? Limited anatomically?

48 technically sensitive because the surgical approach is quite limited, making teaching and training
49 difficult. Many educators in the field of implant dentistry are working hard to find a suitable

50 teaching method for MSFA so as to increase the teaching efficacy.

51 Given that most students learning MSFA are resident doctors, the teaching method of MSFA

52 should take the characteristics of adult learning into consideration. Hallmarks of adult learning

53 are the use of authentic problems to guide small-group discussions (Abela, 2009) and learning

54 techniques facilitating retention of interest in the subject (Major & Palmer, 2001). The traditional

55 teacher-centered teaching approach delivers basic and clinical sciences information primarily in

56 a lecture format. Students learning in this way tend to rely on repetition and memorization for

57 learning (Major & Palmer, 2001). PBL and CBL have emerged as powerful tools in reforming

58 traditional teaching methods. PBL in medical education uses the patient's problem as a

59 stimulator for students to learn problem-solving skills while CBL is a group discussion-styled

60 teaching approach based on analysis of authentic clinical cases (Tayem, 2013; Jackson, 2003;

61 Donner & Bickley, 1993; Finucane, Johnson & Prideaux, 1998). PBL and CBL engage students

62 in their own learning, focus on concrete scenarios like problems or cases, and emphasize the

63 development of thinking skills (Hofsten, Gustafsson & Haggstron, 2010; Chan, Hsu &

64 Hong, 2008; Hakkarainen, Saarelainen & Ruokamo, 2007). They comply with the key elements of

65 adult learning theory (Nadershahi N, 2013), making them the promising instructional methods to
66 teach MSFA.

67 However, CBL or PBL present some limitations in teaching MSFA if applied alone. First of all,
68 CBL may not provide an organized view of knowledge as it situates knowledge in real-world
69 contexts in a piecemeal way. The students, who usually don't have pre-established knowledge,
70 may find it difficult to learn a new subject using CBL method alone (Williams, 2005). On the
71 other hand, as it requires students to learn background knowledge by solving problems during
72 the class session, PBL is effective for students who don't have pre-established knowledge
73 provided the problems are properly framed (Williams, 2005). However, the teacher who poses a
74 problem without cases or context may find it difficult to frame the problems and engage
75 students' interests. Cases can help contextualize the problems and framed the knowledge in a
76 logical and organized way (Allchin D,2013). PBL is primarily student-driven whereas CBL is

This wording is awkward.

77 collaborative (Williams, 2005). It means in the case-based approach the teachers can be more
78 intimately and directly involved, making it easier for them to frame and contextualize the
79 problems. Therefore, PBL and CBL are mutually complementary.

I do not think that “recomendable” is an appropriate word. Is there a citation for tis assertion?

80 To make greater use of PBL and CBL, it is recommendable to combine the two methods by

81 interrupting cases with a series of well-targeted problems. In this way, PBL can amplify the basic

82 virtues of CBL, while CBL can facilitate framing and contextualizing the problems. This study is

83 to combine the two methods and evaluate the efficacy of the combining method (PBL-CBL

84 method) in teaching MSFA.

85 **Materials & Methods**

86 *Students*

87 This study was conducted according to the guidelines ^{set forth} ~~laid down~~ by the Declaration of Helsinki

88 and approved by the Ethics Committee of the Affiliated Stomatological Hospital of Chongqing

89 Medical University (No. KQJ201816). Written informed consents ^{was} ~~were~~ obtained from all

90 students. Ninety-two clinicians who received training between 2015 and 2017 at the Department

91 of Implant Dentistry, the Affiliated Stomatological Hospital of Chongqing Medical University,

92 were included in this study. All the students were junior doctors, aged between 25 to 30 years,

93 and were granted with a full-time undergraduate degree from dental colleges in China. No

94 students had any experience or training in MSFA. The students were randomly allocated into the

95 experimental group and the control group. In the experimental group, the students (25 males and
96 21 females) were trained using the PBL-CBL method, while the students in the control group (24
97 males and 22 females) were trained using the traditional teacher-centered method. Both groups
98 were trained for a period of 3 months.

99 *Teaching methods*

100 All students attended courses ^{on} ~~of~~ five topics ^{for} ~~on~~ MSFA, “1. Anatomy of Maxillary Sinus”, “2. Pre-
101 surgical Assessments and Treatment Plan”, “3. Surgical Principles and Procedures”, “4. Points
102 for Attention during MSFA”, and “5. Management of Complications”. The curriculum of MSFA
103 was completed in eighteen sessions, with each session lasting for forty minutes. In the control
104 group, the students sequentially attended the courses in the form of teacher-centered lectures, and
105 the role of the teacher was to dispense final form knowledge. There was no scheduled discussion
106 time during or beyond the class session. In the experimental group, the students attended no
107 formal lectures. Instead the students were divided into small groups of 3 or 4 members.
108 Discussions about the topic were held in each ^{of the 18 sessions.} ~~session~~. The role of the teacher shifted from
109 conventional authority to a case narrator and an expert guide for discussion. The total duration

110 and number of sessions were the same in the control and experimental groups.

111 The teaching method in the experimental group ^{is} ~~was~~ described as follows to show how CBL and
112 PBL were combined. The parenthetical abbreviations at the end of the sentences, namely (PBL)
113 or (CBL), indicated that the activity or method described in the sentence was drawn from PBL or
114 CBL.

115 1. Assignment of pre-class work and introduction of typical cases and problems

116 Before the course started, the teacher asked the students to do pre-class work related to the topic
117 of the course, such as searching and reading information in papers, books or on authorized
118 websites (PBL). The teacher prepared one or more typical clinical cases in advance to engage the
119 students' interests on the topic (CBL). During the course, the teacher presented the cases to
120 provide the students with detailed information about the patient's chief complaint, history of
121 present illness, medical history, intraoral examination, cone-beam computed tomography scan
122 and the research plaster model (CBL). The teacher would interrupt the case by raising problems
123 related to the topic of the course (PBL). The students were asked to use existing clinical data and
124 discuss in small groups. Then each group made comprehensive analysis, proposed effective

125 treatment plans, analyzed possible risks and identified ways to avert such risks, and explained
126 their reasons (PBL).

This wording is awkward

127 2. Commenting the report of each group and raising questions or problems

128 At the last session of each course, the teacher commented on the outcome of ~~discussion~~ ^{discussions} reported
129 by each group (CBL) and relevant questions were raised by both the teacher and the students
130 (PBL). The teacher guided the discussion on some questions while leaving the others for the
131 students to think about (PBL). These were open-ended questions that would arouse the students'
132 interest in learning and encourage them to further explore the issues (PBL). Questions about the
Next course of study or next course of treatment?

133 topic of next course were raised and framed in the context of cases by the teacher to cue the need
134 for background knowledge (CBL and PBL). The students would then begin to search for and
135 read materials related to these questions and make preparations for discussion in the next course
136 (PBL). Meanwhile, the teacher would offer guidance to the students on how to retrieve
137 information online or from the library (PBL).

138 3. Summary of MSFA and development of a treatment plan for a complex case

139 At the final session, the teacher presented a complex case and raised questions on the five topics.

discuss the case in groups

140 The students were asked to discuss in groups and make a treatment plan. The group leader then
141 summarized their discussion and presented a summary on behalf of the group members. The
142 teacher analyzed and summarized the key and difficult points and determined the final treatment
143 plan together with all the students.

144 *Evaluation methodology*

145 The outcomes of different teaching methods were evaluated in the following three ways. Two
146 teachers from the department of implantology graded the exams. The graders were blinded to the
147 name of the students and the group they belonged to.

148 1. Anonymous questionnaire

Made by the students or by the researchers? comprised of nine by both
149 After the training, self-made anonymous questionnaires ~~including 9~~ questions were filled out by
150 the students from the experimental group and the control group. The detailed information of the
151 questionnaire was revealed in Table 1.

152 2. Theory test

four
153 At the end of training, students took the final exam which included 4 questions, namely
154 indications for sinus augmentation, preoperative assessments of MSFA, procedures for MSFA,

155 and management of maxillary sinus membrane perforation. The total score were 100 points, 25
156 points for each question.

157 3. Case analysis

158 After the theory test, the teacher presented a new case which was different from the cases
159 discussed earlier in the class. The teacher provided the students with detailed information about
160 the patient and the students were required to answer a series of questions about the key points
161 that had been taught or discussed in the class sessions in a written form. Finally, the papers were
162 graded. The test paper and the scale of marks were attached as supplement 1.

163 *Statistical analysis*

164 The gender difference between the experimental and the control groups was analyzed by
165 Pearson's chi-squared test. The scores of theoretical test and case analysis were expressed as
166 mean \pm standard deviation (SD). One-way ANOVA was applied to analyze the difference in
167 scores between the ~~studied~~ experimental group and the control group. All tests were two-sided, and $p < 0.05$ was considered
168 significant. Statistical analyses were performed using the statistical package SPSS (version 20.0,
169 IBM, Armonk, NY, USA).

170 Results

171 A total of ninety-two students (49 ~~wen~~ ^{men} and 43 women), aged between 25 and 33 years
172 (mean:28.6 years), were included in this study. No students were lost to follow-up. There was no
173 significant difference between the control group and experimental group with regard to gender
174 ($p=0.883$). All students followed the schedule and attended the lectures or discussion on time.

Rate of satisfaction with what?

175 Table 1 shows the survey results of the questionnaire. The rate of satisfaction in PBL-CPL group
176 is higher than that ~~in~~ ^{of} control group in all the items except for “This approach decreases
177 extracurricular workload”.

178 Table 2 shows the scores of the theory test and the case analysis. Compared with the teacher-
179 centered approach, the PBL-CBL method resulted in higher scores in both the theory test and the

180 case analysis. ~~And the~~ ^{The score} differences between the two studied groups were statistically significant
181 for both theory test ($P<0.01$) and case analysis ($P<0.01$). The students in the experimental group
182 presented a generally better understanding of MSFA based on the theory test and case analysis.

183 Discussion

184 PBL and CBL have been described as promising tools for medical and dental education and have

200 solve the problems. In this way we contextualized the knowledge in authentic cases and
201 embodied the rationale for learning by posing problems. Previous studies reported that PBL was
202 able to cover approximately 80 percent of what could be accomplished in a didactic approach in
203 the same period (Albanese MA,1993; Berkson L 1993). The result of the theory test in our study
204 showed that students in the PBL-CBL group had formed a comprehensive and organized view of
205 MSFA. The PBL-CBL method was even advantageous over the didactic approach in conveying
206 existing knowledge system, suggesting that problems well-framed in cases could cover standard
207 curricular content.

208 In addition to basic knowledge, the result of case analysis further showed that students in the
209 PBL-CBL group were more likely to use the acquired knowledge spontaneously to solve new
210 problems than those who acquired the same information through lectures. Questionnaire
211 responses from the experimental group revealed a rate of satisfaction of more than 87% except
212 for the item “PBL-CBL integrated approach decreases extracurricular workload”. Although this
213 was only a subjective feeling of the students, it did show that the PBL-CBL approach
was popular (but you may want to say “was positively received” or did not
214 ~~gained popularity~~ ^{something to that effect} among students. Students who thought the PBL-CBL approach ~~was not able to~~

searching for information.

215 decrease extracurricular workload may have spent more time ~~searching information~~. Therefore,

216 in order to take full advantage of the PBL-CBL methodology, the faculty members should be

217 trained more vigorously to lead discussion groups and provide assistance to develop the students'

searching for

218 capacity in ~~searching~~ and generalizing information.

219 There were still some imitations in study design and methodology in this preliminary study. We

220 assumed that PBL and CBL were mutually complementary and could achieve the best effect

221 when combined. However, no control groups using PBL or CBL alone were included in this

222 study, and we were not able to determine whether the hybrid method was superior to PBL or

alone. gain feedback about

223 CBL. To ~~get the feedback of~~ the hybrid method, a Yes/No scale was used in the questionnaire,

224 which only resulted in ~~some~~ rough calculations. A Likert Scale would be more appropriate and

225 accurate to scale responses and detect difference in survey research. In addition, one study was

This should be written from the perspective of one study is inadequate to prove the efficacy of the method

226 inadequate to have the students realize the benefits of a new teaching method. Further

227 randomized controlled trial was needed to confirm the effect of the PBL-CBL method.

228 **Conclusion**

229 The students learning MSFA with the PBL-CBL method exhibited better acquisition of academic

230 knowledge and higher competence in case analysis compared with those learning MSFA with the
traditional teacher-centered

231 ~~teacher-centered~~ method. This research suggested that the PBL-CBL method be a promising new

232 mode for teaching complex surgical techniques in implant dentistry and other dental fields.

233

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Table 1 (on next page)

Comparison of Average Scores of the Two Groups ($\bar{x} \pm S$, n=46)

1

2 Table 1 Opinions on the PBL-CBL Method (PBL-CBL) and the teacher-centered teaching

3 method (control)

Items Surveyed	Rate of Satisfaction	
	PBL-CBL	control
1. I like this approach	91.3%	76.1%
2. This approach is efficient	89.1%	73.9%
3. This approach decreases extracurricular work	65.2%	87.0%
4. This approach makes learning more targeted and more interesting	95.7%	60.9%
5. This approach enhances my ability to analyze and solve problems	93.5%	39.1%
6. This approach helps me master theoretical knowledge	87.0%	82.6%
7. This approach helps me improve clinical skills	95.7%	52.2%
8. This approach facilitates clinician-patient communication	87.0%	73.9%
9. This model emphasizes more on teamwork	93.5%	32.6%

Table 2 (on next page)

Evaluation of the PBL-CBL Integrated Method by the Experimental Group (n=46)

1 Table 2 Comparison of Average Scores of the Two Groups ($\bar{x}\pm S$, n=46)

Group	Gender	Theory Test	Case Analysis	Total score
Experimental Group (n=46)	Male: n=25	80.69±3.25	76.30±3.01	78.50±3.21
	Female: n=21			
Control Group(n=46)	Male: n=24	76.34±3.46	72.19±2.82	74.27±3.07
	Female: n=22			
F Value		38.432	45.443	40.304
P		<0.01	<0.01	<0.01

2 (experimental group exposed to the PBL-CBL method; control group in the traditional teacher-

3 centered curriculum)

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