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The points of view and cultural norms of Hong Kong's medical graduates toward online education: a comprehensive study.

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Abstract
It is advised that this study look into the attitudes of Hong Kong medical students toward taking classes online. While some pilot programs for online learning were still in the planning stages, others were about to launch. Since many other schools have implemented a similar policy, this is an excellent chance to learn what the students have to say.
This research presents an exploratory mixed-methods approach to examining the afore mentioned challenges in order to obtain high-validity insight into students' practices. The study can be divided into two sections: a quantitative questionnaire is used in the second part, and qualitative ethnographic fieldwork is conducted in the first (Greene et al., 1989). This collaborative study aimed to paint a comprehensive picture of medical students' attitudes toward and approaches to online learning. The goal of this mixed-methods approach was to combine the best features of each phase in order to gain understanding of a phenomenon that had not yet been explained. Given that we must take into account both qualitative and quantitative data, triangulating the results could be helpful
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INTRODUCTION

In this section, e-learning is presented as a recent development in medical education that is already having an impact. This thesis and its various components are situated within the context of e-problems, learning specifically those related to analyzing behavior, culture, and extracurricular activities. A systematic review and an in-depth analysis of game-based learning ensue from an exploratory mixed-methods study.

REVIEW OF LITERATURE

The researcher (Harden, 2011) notes that there is a growing consensus in the medical education literature that e-learning is a disruptive force. The term "e-learning" refers to a broad category of educational activities provided through digital devices (Clark & Mayer, 2011). In the field of medical education, there are a plethora of emerging technological learning methods.

Because of its unique characteristics and how they relate to fundamental learning theory, e-learning merits attention from a pedagogical perspective (Rice, 2011). Several instances include facilitating collaborative learning environments for students (Lave & Wenger, 1991), encouraging peer teaching (Vygotsky, 1978), and offering prompt feedback (Webb & Choi, 2013). (2013) Abendroth et al. New pedagogies can be developed and integrated into the current curriculum to advance medical education of online teaching resources for pupils.

At this moment, there is a critical intersection in the research on e-learning in medical education. Technology-based teaching methods are less expensive in the long run, but they require a larger initial financial and time commitment than more traditional methods (Sandars, 2009a). The result is that there isn't yet an overwhelming amount of instructional content on the e-learning delivery systems. Therefore, it is appropriate to review the body of evidence underlying current practices in the creation and use of these products. Research conducted on time can help to direct, inform, and optimize the creation of e-learning tools.

This term, which is now synonymous with audio e-learning, was defined as "A digital audio file made available on the Internet for downloading to computers" by the New Oxford American Dictionary in 2005. a computer or portable media player that is usually sold in series, with new installments being delivered to subscribers automatically (McKean, 2005). For instance, this description already emphasizes how the format can automatically deliver information without requiring learner input to access pertinent files in a series.

Description of the Issue

There is mounting evidence that the generations of medical education consumers and providers differ, and that this generational gap causes a mismatch between the intended use and the delivery of the education (Mahapatra & Leong, 2014). Unlike typical curricular interventions that simply replace one type of physical learning with another, e-learning can affect medical students' behavior outside of the classroom and lecture hall (Smith et al., 2013). Unlike traditional courses, lectures, and practicals, students can choose how much time they spend interacting with an e-learning tool (McLaughlin et al., 2013). These conditions suggest that students are forming new study habits at times and places that are not disclosed to teachers. On the surface, it seems difficult to close these knowledge gaps, but there aren't any comprehensive reports about them. in the literature to educate teachers about the real behaviors of their students (Ramani & Mann, 2015). Numerous studies concentrated on specific aspects of e-learning, but there is also a lack of comprehensive information about the current student learning ecosystem, which consists of both digital and

traditional components. Due to changing habits, it is currently unknown which materials students choose and use in and out of class.

The purpose of the study

to evaluate the quality of "ethnographic studies in medical education" by using the "Qualsyst Quality Assessment" tool.

Research Issues

• Is there a need for additional ethnographic research in medical education?

RESEARCH METHODOLOGY

This section outlines the theoretical foundations and research paradigm that the thesis is based on. Both the rationale behind selecting a specific research population and the justification for employing a mixed-methods approach are covered. A description of the data collection and analysis techniques employed in each study comes after the systematic review. Parts employing a combination of methods follow these, starting with an ethnographic study. This section will provide a detailed description of the research setting, including the study location and the candidate's background. We will now go into detail about the questionnaire survey approach that was used in the second part of the mixed-methods study. Lastly, a study will be carried out to go further into a particular subject mentioned during the earlier stages: a GBL investigation. Every research description has a section on gauging reliability and guaranteeing data integrity.

DESIGN OF RESEARCH

Participant observation in ethnography was the main technique used to collect the data. The applicant's familiarity with the subjects' surroundings was the basis for this decision. Furthermore, the candidate needed to be more than just present; he needed to be a contributing member of the group and gain the trust of the subjects he wished to study (Creswell & Miller, 2000). Depending on the course, finishing it could take up to a semester.)

Numerous locations, including but not limited to the following, were used for the study:

•Participation in seminars where the whole group is present.

•Taking part in workshops or classes in smaller groups when permitted.

•Participation in a PBL tutoring class.

Authorized non-timetabled activities include study groups, lunch breaks, library study sessions, transportation to and from medical school, and after-school activities like hall activities. In these cases, group consent was essential to the effectiveness of participant observation. Because the applicant was unable to predict what the participants would consent to, the study's schedule could not be planned ahead of time. To further enhance his skills, the applicant lived in a student residence hall while attending medical school. his connections with classmates and obtain a deeper comprehension of the regional way of life."

Examination of Data

All information was entered using the qualitative analysis program Nvivo version 10, QSR, including visual data from photos taken during the ethnographic investigation. Word-for-word transcriptions of audio recordings were done while paying close attention to pauses, tone, and other small conversational details that might have revealed the informants' feelings.

After that, the data was analyzed using the open-coding method, which involved going over the text carefully line by line and turning important concepts into codes. When analyzing qualitative data, it has been suggested that one coder/analyst can do the task just fine (Bradley et al., 2007). On the other hand, inconsistent authors propose that dual-coding data with additional experts could improve its "quality and reliability" (Patton, 1999). When carrying out a qualitative analysis, it could be advantageous to include other people's opinions and ideas to broaden the study's focus and improve the caliber of the conclusions that emerge. The candidate and a research assistant with expertise in qualitative research and analysis coded thirty percent of the data set twice. For the remaining thirty percent, the candidate wrote all of the programming. Conflicts and misunderstandings pertaining to variations in coding were resolved. The candidate's discussions with their supervisors during and after the ethnographic research phase at scheduled meetings were also beneficial to the iterative analysis. Data reduction to codes, from which a coding tree was created, was the final step in these analytical processes (Appendix I).

The data was examined for themes. by comparing interview transcripts with other data sources and conducting iterative cycles of analysis to determine how much the beliefs, cultural practices, and attitudes of informants differed or were similar to each other (Glaser, 1965). Then a story about the points was told, utilizing quotes and examples to support the explanations. These themes also functioned as the foundation for the exploratory hypotheses that would be investigated in the ensuing quantitative study because of the mixed-methods nature of the research. The questionnaire research construct, as well as its unique domains and influence, are covered in the following section.

CONCLUSION

This article examines the ways in which different medical student groups are making use of online learning. Online education has its supporters and detractors, and convenience and consensus ultimately determined the model that was chosen. The availability of a plethora of online resources and reservations regarding their caliber and applicability to regional requirements have been recognized as major obstacles to the broad adoption of e-learning. It was suggested that in order to accommodate students' needs, e-learning options like lecture recordings and the creation of GBL tools might be used in the future.

RESTRICTIONS OF THE RESEARCH

It is true that the scope of what can be accomplished by qualitative research methodologies is constrained. The most popular methods of collecting data are focus groups, individual interviews,

and open-ended surveys, according to an AMEE handbook on qualitative approaches in medical education research (Tavakol & Sandars, 2014). Of all the biases that these approaches suffer from, recall bias is perhaps the most important. The aforementioned techniques for collecting data are essentially an oral or written report on the attitudes, ideas, and actions of the students. Memory issues are exacerbated when data is collected months or years after the incident (Corbin & Strauss, 2014).

Should researchers wish to know what students actually did instead of what they claim to have done, they may choose to conduct an observational qualitative study. It makes use of observations. as a means of collecting data, typically while keeping a field journal, and involves the researcher as a participant in the group being studied (Atkinson & Pugsley, 2005). This method can record learning processes in real time when applied appropriately. Being an observer in a learning environment all the time has an intrusive quality that could cause Hawthorne effects, which would alter students' behavior (Adair et al., 1989). This makes it more difficult to evaluate recent and fleeting innovations in medical education because there isn't much space for long wash-out intervals or lengthy rapport-building exercises before the activity to reduce these effects. This may be further demonstrated by non-ethnographic methods such as straightforward observation made by an observer rather than a participant (Leung, 2002).

The use of only quantitative methods in research has clear benefits and drawbacks. These studies range from cross-sectional studies, case series, cohort studies, case-control studies, and correlational types to interventional designs, which in the field of biomedical research include randomised controlled trials (RCTs) (Mann, 2003). (2000) Concato et al. Because they can test predetermined hypotheses while also accounting for bias, they can be replicated and generalized more readily than qualitative investigations (Kleinbaum et al., 1982). It is difficult, though, to apply them to novel or exceptionally complex events (Mertens, 2014). Furthermore, although the results exhibit generalizability and conceptual breadth, they might not offer the same level of in-depth understanding as more specialized research (van der Vleuten, 2014). It's evolving into It is becoming more and more clear in medical education research that certain research questions cannot be satisfactorily addressed by a purely quantitative approach (Krupat, 2010).

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