

Best Practices for Increasing Reading Compliance in Undergraduate Medical Education

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Faculty often assign and require readings with varying levels of urgency and relevance, which may result in students considering all reading “recommended.” Best practices are provided to increase the likelihood that students will read and retain assigned material.

Why Don't Students Read?

- Too much required reading¹
- Reading is not relevant to course materials¹
- Readings will be summed up in lecture session
- Student have to balance a number of responsibilities,² and reading is lower priority
- Students are unprepared for the level of reading complexity³



Best Practices for Faculty

- Limit required reading of new or complex material to 12 pages per hour.³
- Provide reading guides for students, including objectives, key areas of focus, and relevance of reading to the curriculum.^{1,4,5}
- Consider allowing students to curate their own resources to prepare for class.
- Indicate how reading compliance will be assessed. Some suggested assessments include the following:
 - » One-minute paper at the beginning of class,⁴
 - » Discussion questions on concepts from the reading,⁴ and
 - » Short quiz on the reading.^{2,5}

“Triage” Your Readings¹: Is It Required or Recommended?

Required

The material is necessary to understand higher-order concepts in a lecture.

The material will not be covered in a lecture, but will be on an exam.

The material is necessary for students to participate in a class activity.

Recommended

The material will be covered in a lecture.

The material can be obtained through multiple methods (e.g., Internet, video).

The time frame is flexible.

Lack of reading compliance is not solely a student issue. Faculty also have a responsibility to be intentional and consistent in creating reading lists.

References:

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