

1 **Student Attendance at Pharmacology Lectures and Its Relation to**
2 **Exam Performance in the Era of Lecture Capture: A Two-Year**
3 **Analysis.**

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22 **ABSTRACT**

23 **Background:** Students can now often choose to attend live lectures or review recordings of the
24 lectures made using lecture-capture technology. However, data on lecture attendance in such
25 cases is scarce, and there are few comparisons of the learning outcomes of the different learning
26 approaches. This study reports data relevant to this issue.

27 **Methods:** Attendance data was collected at 13 of 40 voluntary lecture sessions in the Medical
28 Pharmacology course in Fall 2013 (192 students) and Fall 2014 (207 students) by use of an
29 audience-response system. All 40 lectures were recorded using lecture-capture, and students
30 could attend lectures or review the online recordings and PowerPoint files as desired. The data
31 illuminated the features of student lecture attendance and its relation to exam performance.

32 **Results:** Only 25-31% of students attended any given monitored lecture, and only 12-14%
33 exhibited high attendance (>80%); 41-52% of students did not attend any monitored sessions.
34 On average, exam scores of students with high lecture attendance were significantly higher than
35 those of other students with a significant shift in scores to higher ranks. Exam scores of students
36 with intermediate to low attendance (77-8%) did not differ from those of non-attending students.
37 The exam scoring advantage associated with high attendance remained evident 20 weeks after
38 the Fall semester when students took a comprehensive NBME exam in pharmacology.

39 **Conclusions:** Only a small fraction of students had high attendance at live voluntary lectures
40 providing foundational material. On average, students with high attendance had higher exam
41 scores even though all students had unlimited access to the identical material on-line. The exam
42 scoring advantage associated with high attendance appeared to be long-lasting. The data indicate
43 that high attendance at live lectures was part of a very successful learning approach for some
44 students.

45	Keywords:
46	Student attendance
47	Exam performance
48	Learning approaches
49	Audience-response system
50	Lecture attendance
51	Lecture capture

52 **BACKGROUND**

53 Faculty lectures have been a classic teaching format in medical education for generations.
54 However, student attendance is now often voluntary due to lecture capture technology that
55 records lectures and uploads the video files to online learning management systems where
56 students can study the material whenever desired (1-3). This is beneficial for students whose
57 learning approach, lifestyle or distance from school is ill-suited for live attendance. Such
58 technology has also fostered the development of approaches like the “flipped classroom” where
59 students are instructed to study lecture recordings online before attending live sessions using
60 active-learning methods to enhance learning (4,5). Indeed, some have proposed that live lectures
61 should be replaced with blended methods that couple self-study of online material with live
62 active-learning methods to develop advanced reasoning skills (6,7).

63 The lack of mandatory attendance requirement at lectures that are recorded, and
64 approaches like the flipped classroom give the impression that review of online materials enables
65 learning as effectively as live attendance. However, data on this issue is sparse and variable in
66 its findings. Some studies found lower exam performance in students using online recordings to
67 replace lecture attendance (8-10); while others reported similar efficacy (11-13). A 2010 meta-
68 analysis comparing traditional and on-line approaches (14) concluded that blended approaches
69 with online offerings were as effective as traditional instruction. However, that report also
70 noted that blended approaches typically benefited from greater learning time, more instructional
71 materials, differing pedagogies and greater collaborative opportunities than lectures (14). This
72 imbalance in learning time, educational resources and instructional approaches remains evident
73 in virtually all studies comparing traditional lectures to flipped classrooms or other on-line or
74 blended learning methods (15-19). Given such advantages, it is surprising that improved

75 academic performance is not a consistent finding in studies comparing flipped classrooms to
76 traditional lectures (16,18,20-23). This suggests that the learning efficacy of live lecture
77 attendance may be underestimated.

78 Our understanding of the learning efficacy of live lectures is greatly clouded by a lack of
79 detailed information on student attendance. In particular, what proportion of the class attends
80 any lectures, what is the average attendance level among those present, how variable is
81 attendance over time, and how do these factors relate to exam performance? Most modern data
82 on lecture attendance is largely based on student surveys with limitations in participation,
83 accuracy, and detailed attendance data. Moreover, studies have shown that attendance decreases
84 over the course of a semester and from year to year (24-28). This complicates efforts to assess
85 the value of live lectures relative to online offerings since students may initially attend and later
86 switch to on-line viewing. Such attendance decreases might reflect recognition that online
87 viewing enables learning as well as live attendance (2). However, surveys assessing student
88 attitudes indicate that diverse factors influence attendance decisions. Thus, time of day, subject
89 matter, other commitments, lecturer quality, lifestyle choices, distance from school, time-savings
90 from accelerated replays and other convenience factors all prominently figure in attendance
91 decisions (2,12,25-27-31). Overall, the learning efficacy of live lecture attendance versus review
92 of on-line recordings remains unresolved but is an important issue since material covered in
93 lectures typically provides foundational knowledge that other teaching formats build upon.

94 We report two years of observational data that enabled a characterization of student
95 attendance at voluntary lecture sessions and an analysis of its relation to exam performance. We
96 accomplished this with attendance data collected from a subset of the voluntary lectures in which
97 an audience-response system (ARS) was used to pose questions that students answered using

98 wireless response devices (32,33). In addition to answer choices, transmitted responses
99 identified students in attendance. This provided information on the attendance habits of students
100 and enabled analyses of the relation of attendance to exam performance.

101

102 **METHODS**

103 **Data collection:** We collected data on exam performance and student attendance at voluntary
104 lecture sessions during the Medical Pharmacology 1 course for 2nd year medical students during
105 the Fall semesters in 2013 and 2014. The course begins in early August and ends in late
106 December and included 40 voluntary lecture sessions covering foundational material.
107 Mandatory laboratory demonstrations, problem-solving exercises and clinical case conferences
108 built upon the material covered in voluntary sessions. Thirteen of the voluntary lectures
109 between mid-October to early December included an interactive component where an ARS
110 (Turning Point 5, Turning Technologies, Youngstown, OH) interfaced with PowerPoint to pose
111 multiple-choice questions that students answered using wireless response devices (Turning
112 Technologies ResponseCard RF). Lectures involved PowerPoint presentations in an auditorium
113 with equipment and software that created synchronized audio and screen-capture recordings
114 (Camtasia Recorder, TechSmith, Okemos, MI). Lecture recordings (including ARS questions)
115 were promptly posted to an online learning management system for student use. All students
116 also had access to the PowerPoint files for each lecture before and after the session.

117 Students were provided with advance notice of which voluntary lectures would include
118 interactive questions to encourage attendance and alert them to bring their wireless response
119 devices. Wireless response devices were mandatory equipment for medical students since the
120 ARS was used to administer required formative quizzes in 2nd year courses. Each response

121 device was registered to a specific student and transmits its identifying code along with the
122 student responses. Turning Technologies software (Turning Pont 5) automatically generated an
123 ARS session file that was converted to Excel spreadsheets for use in the data analysis. The ARS
124 assigned attendance points to students who answered at least 50% of the questions presented in a
125 session. Attendance points were only used to track and calculate student attendance during the
126 voluntary lecture sessions that were monitored; they had no bearing on the formal assessment of
127 student performance in the course. Attendance data from monitored sessions, and data from
128 exam result spreadsheets were compiled and analyzed to examine the relation of student
129 attendance to exam performance.

130 **Statistical analysis:** Compiled data were analyzed using NCSS Data Analysis software
131 (version 11; Kaysville, UT). Datasets of exam performance and student attendance were initially
132 subjected to linear regression analysis. Datasets were subsequently stratified into groups based
133 on different levels of attendance. Due to differences in the 2013 and 2014 course schedules,
134 minor variations in attendance groups were used in different years (see Results). Attendance
135 stratifications that yielded groups with equivalent exam averages were often re-stratified into a
136 smaller number of groups to enhance statistical power. The datasets were analyzed using
137 ANOVA followed by multiple comparison tests (Tukey HSD test, etc.) or by t-tests when only
138 two means were analyzed. Effect size analyses on exam averages were done using Cohen's *d*
139 with datasets that had been stratified into two groups (34,35); this statistic measures effect size as
140 a proportion of the standard deviation.

141 Frequency distribution analyses were performed using Pearson's Chi-squared statistic.
142 Effect size analyses on such data used the phi (w) statistic (34); which measures categorical
143 correlations. The pattern of attendance in different attendance groups was assessed by calculating

144 the absolute value of the difference in attendance during different course sections (“attendance
145 variation”).

146 The criterion of significance for ANOVA, Chi-squared and multiple comparison tests
147 were $P < 0.05$. Meaningful small, medium, and large effect sizes were defined as Cohen’s d
148 > 0.2 , 0.5 and 0.8 for comparison of two means, and $w > 0.1$, 0.3 and 0.5 for Chi-square analyses.
149

150 **RESULTS**

151 **Student Attendance Levels:** Student attendance during the voluntary lecture sessions was
152 measured in 13 of 40 sessions during the Fall semester by using an ARS to pose interactive
153 questions. Fig. 1 (left panel) shows the levels of student attendance recorded in the monitored
154 sessions in 2013 and 2014. High levels of attendance ($> 80\%$) were exhibited by only 12-14% of
155 the enrolled students; 34-47% exhibited intermediate to low attendance (77-8%), and 41-52% did
156 not attend any of the monitored voluntary sessions. On average, 25-31% of the students were
157 present at voluntary lectures that were monitored, and the average attendance rate among
158 students who attended any of the monitored lectures was 51-52%. Among attendees, 20-30%
159 exhibited high attendance ($> 80\%$); 20-40% exhibited 77-46% attendance; and 40-50% exhibited
160 38-8% attendance (Fig. 1, right panel).

161 **Relation of Student Lecture Attendance to Performance in Course Exams.**

162 Complete datasets of the attendance level and the average of all 4 exams for each student
163 were initially subjected linear regression analysis. The results revealed weak positive
164 correlations that provided little insight; 2013 $r = 0.173$, $r^2 = 0.030$, $P = 0.016$; 2014 $r = 0.072$,
165 $r^2 = 0.005$, $P = 0.302$. For a more discriminating analysis the datasets were segregated into
166 groups based on attendance levels. Figure 2 (left panel) shows the average scores for students

167 exhibiting high, intermediate to low, or no attendance during the monitored class sessions during
168 each of the 4 exams held during the Fall 2013 semester. The group with high attendance (>80%)
169 had higher exam scores (+3 to 6 percentage points) compared to groups with intermediate to low
170 or no attendance. This difference was significant for exams 1, 3 and 4, The 2013 data also
171 indicated that students with intermediate to low attendance did not exhibit a significant scoring
172 advantage relative to students with no attendance.

173 Fig 2 (right panel) shows the corresponding data for Fall 2014. Unlike Fall 2013, exam 1
174 scores were not related to attendance rates in Fall 2014; this may reflect higher attendance and
175 higher exam scores that are typically seen in the first section of the course. However, on exams
176 2, 3 and 4 the group with high attendance had higher exam scores (+3 to 5 percentage points)
177 compared to groups with intermediate to low or no attendance. This difference was significant
178 for exams 3 and 4. Thus, the 2014 data for Exams 2, 3 and 4 generally matched the Fall 2013
179 data showing that high attendance was associated with a significant scoring advantage relative to
180 students with intermediate to no attendance. The Fall 2014 data also confirmed the Fall 2013
181 data showing that students with intermediate to low attendance did not exhibit a scoring
182 advantage relative to students with no attendance.

183 The relatively small numbers of students exhibiting high attendance weakened the
184 statistical power of analyses focusing on a single exam. Thus, we analyzed the aggregate exam
185 averages of the different attendance groups. Figure 3 (upper left panel) compares the aggregate
186 exam averages of groups of students exhibiting high, intermediate to low, or no attendance in
187 Fall 2013. The high attendance group had a significantly higher aggregate exam average than the
188 groups with either intermediate to low or no attendance (+5.9 to 5.5 percentage points). The
189 dataset was then subjected to effect size analysis to determine if the performance difference was

190 meaningful. For this analysis, students with intermediate to low or no attendance were pooled
191 since there was no significant difference in their aggregate exam averages. Effect size analysis
192 comparing the aggregate 2013 exam average in the high attendance group to the average of the
193 rest of the students indicated that this was a meaningful difference (Cohen's $d = 0.605$). This
194 dataset was then subjected to frequency distribution analysis to assess the relation of student
195 attendance to relative scoring rank (Fig. 3 lower left panel). The frequency distribution analysis
196 revealed that high attendance was associated with a significant shift in aggregate exam averages
197 towards the high rank coupled with a decrease in the intermediate and low ranks. Effect size
198 analysis indicated that this was a meaningful difference (effect size $w = 0.185$). Thus, students
199 with high attendance were 71% more likely to have a high rank, and 50% less likely to have a
200 low rank, compared to students with intermediate to low or no attendance.

201 Figure 3 (upper right panel) shows the aggregate averages of Exams 2-4 for the high
202 attendance group and the groups exhibiting intermediate to low or no attendance in Fall 2014.
203 High attendance was again associated with significantly higher aggregate exam averages (+5.4
204 percentage points) relative to intermediate to no attendance. Effect size analysis indicated that
205 this was a meaningful difference (Cohen's $d = 0.537$). Frequency distribution analysis revealed
206 that high attendance was again associated with a shift in the number of students with averages in
207 the higher rank coupled with a decrease in the number of students scoring in the lower rank (Fig.
208 3, lower right panel). Effect size analysis indicated that this was a meaningful difference ($w =$
209 0.151). Thus, students with high attendance were 60% more likely to have an upper rank, and
210 37% less likely to have a lower rank compared to students with intermediate to low or no
211 attendance.

212 We also analyzed the aggregate exam averages using an attendance stratification that
213 gave a larger number of attendance groups (i.e., 100-80%, 77-46%, 38-8%, 0%). In both 2013
214 and 2014 the high attendance group (100-80%) was unique in displaying a consistent increase in
215 exam performance in both 2013 and 2014 (data not shown).

216

217 **Relation of Student Lecture Attendance to Performance on a Pharmacology**
218 **Exam Prepared by the National Board of Medical Examiners (NBME).**

219 The Medical Pharmacology 1 course in the Fall semester is followed by a Medical
220 Pharmacology 2 course in the Spring semester that concludes with a comprehensive NBME shelf
221 exam in pharmacology covering material taught in both semesters. The NBME exams were
222 given 20 weeks after the end of the Fall semester when the attendance data was collected. In
223 both years the group with high attendance had a higher NBME exam average than groups with
224 intermediate to low or no attendance (+4.5 points in Spring 2014 and + 3.1 points in Spring
225 2015); this difference was significant for the Fall 2013 class (t-test $P < 0.02$), and approached
226 significance in the Fall 2014 class (t-test $P < 0.13$). To increase the statistical power of the
227 NBME exam data analysis, we transformed the NBME scores to give a mean of 55.6 for both
228 classes, with no change in the variance of either class. The data were then pooled and analyzed.
229 The pooled data showed that the high attendance group had a significantly higher NBME
230 average (+3.8 pts.) than the intermediate to low and no attendance groups (Fig. 4, left panel). For
231 effect size analysis, students with intermediate to low or no attendance were pooled since there
232 was no significant difference in their NBME exam averages. Effect size analysis indicated that
233 there was a meaningful difference in the NBME exam averages (Cohen's $d = 0.403$). Frequency
234 distribution analysis of NBME scores showed that high attendance was associated with a

235 significant shift in scores towards the higher rank coupled with a decrease in scores in the lower
236 rank (Fig. 4, right panel); effect size analysis indicated that this was a meaningful difference
237 (effect size $w= 0.138$). Students with high attendance were 50% more likely to have an upper
238 rank and were 48% less likely to have a lower rank. Thus, on average, high lecture attendance in
239 the Fall semester was associated with increased NBME exam scores almost 5 months later.

240

241 **DISCUSSION**

242 After the introduction of lecture capture technology, it became apparent that attendance at
243 voluntary lecture sessions progressively declined during the semester, particularly after exam 1.
244 This declining attendance has been widely reported (24-28), and in the present study 41-52% of
245 the class never came to any of the monitored lectures in October through early December, and
246 only 25-31% of the class were present at any of the monitored sessions. It was anticipated that
247 most students attending lectures would have high attendance. However, this was not true; only
248 20-30% of those attending (12-14% of the class) had high attendance (>80%); the attendance
249 average of the rest was much lower (34% in 2013 and 41% in 2014). This indicates that most
250 students attending any given lecture had a highly variable pattern of attendance.

251 High attendance variability has prompted others to use linear regression analysis to
252 correlate attendance level to course outcomes such as exam performance (13,28,36-39). Such
253 analyses have generally found low correlations with coefficients of determination (r^2) below 0.1.
254 Although the correlations were positive, such data suggested that attendance was not a major
255 determinant in exam performance for most students. Similar correlations were found in the
256 present data with r values below 0.2 in both 2013 and 2014, However, linear regression

257 analyses assume there is a linear relationship between two variables, and analysis of the present
258 datasets showed that this was not true.

259 When students were stratified into groups based on attendance levels it was evident that,
260 on average, students with high attendance (>80%) consistently achieved higher exam scores than
261 students with intermediate to low or no attendance. This was true in 7 out of the 8 in-house
262 exams administered in Fall 2013 and 2014 and confirmed in the aggregate exam averages of Fall
263 2013 and Fall 2014. The scoring advantage associated with high attendance also appeared long-
264 lasting. On average, students with high attendance displayed higher scores in a comprehensive
265 NBME pharmacology exam given 20 weeks after the end of the Fall semester. Frequency
266 distribution analyses demonstrated that students in the high attendance groups had a consistent
267 shift towards higher exam scores coupled with a decrease in lower scores. This was true for both
268 the in-house exams and for the NBME exam.

269 The reasons why some students adopted a high attendance approach was not addressed
270 but presumably reflects their preferred learning style and desire for live interactions with
271 classmates and faculty. In this regard, it is notable that surveys of student attitudes regarding
272 attendance indicate that many students prefer live attendance to study of recorded lectures, but
273 factors related to lifestyle, other commitments and convenience can over-ride such preferences
274 (11,26,28,29). Interestingly, students who did not attend any monitored sessions had the most
275 consistent attendance pattern and the most specialized study approach: attendance had been
276 abandoned in favor of online or other resources. Nonetheless, on average, this approach did not
277 yield an exam scoring advantage. The reasons why so many students chose not to attend lectures
278 was not addressed but surveys of student attitudes indicate that a multitude of factors play a role

279 in such decisions, many of which relate to convenience rather than perceived learning outcome
280 (2,11,24-27,28-31).

281 At this point it should be noted that there were many students in the top ranks of the class
282 who had intermediate to no attendance. Thus, other learning approaches worked well for some
283 students. Conversely, high attendance did not guarantee high exam scores since some students
284 with high attendance had scores that placed them in the middle or lower ranks of the class.
285 Nonetheless, a learning strategy that increases the chance of earning a score in the middle ranks
286 may be highly valued by some students given the varying academic strengths of individual
287 students.

288 Although our data show that the high attendance group had increased exam performance
289 relative to those with lower attendance, the behavioral characteristics of students with high
290 lecture attendance might also contribute. Thus, personal attributes such as organization,
291 discipline and motivation that may foster high attendance may make some students better
292 prepared than others for learning. However, such attributes should not be viewed as innate
293 character traits; they are more likely to reflect the influence of years of learning experiences that
294 rewarded class attendance and shaped behavior accordingly.

295 Modern pedagogy emphasizes the value of ‘active learning’ that actively engages
296 students in the material being taught. Thus, it is ironic that students are routinely instructed to
297 prepare for active learning sessions by passively reviewing on-line lectures recordings that may
298 offer no advantages beyond convenience for many students and may be less advantageous for
299 students preferring live classes. Given the present findings, it may be prudent to reconsider
300 suggestions for the replacement of live lectures with on-line lecture recordings. Nevertheless,
301 this is not meant to imply that on-line offerings or blended approaches lack value, or that

302 traditional lectures cannot be improved by use of active-learning methods (40). Rather, the use
303 diverse teaching formats may be advantageous since there appears to be considerable variation
304 among students in the efficacy of any single approach.

305

306 **CONCLUSIONS**

307 Only a small fraction of the class had high attendance (>80%) at the lecture sessions
308 monitored. High lecture attendance appeared to be part of a highly effective learning approach
309 based on higher exam scores in the group of students using this approach. Although some
310 students had similarly successful exam outcomes with intermediate to low or no lecture
311 attendance, on average, exam scoring was lower in groups where on-line study had largely
312 replaced lecture attendance. Further analysis of the relation of live lecture attendance to learning
313 is warranted.

314

315 **DECLARATIONS**

316 **Ethics Approval and Consent to Participate:** The protocol used was reviewed by the
317 Committee for Protection of Human Subjects of New York Medical College (approval L-12,058,
318 January 27, 2017). The protocol was given a waiver of informed consent /HIPPA waiver based
319 on the minimal risk exemption for research in educational settings involving normal educational
320 practices [45 CFR 46.104(d)(1) Exemption 1]

321

322 **Consent for publication:** Not applicable.

323

324 **Availability of data and materials:** The course datasets used in the study are not publicly
325 available as they are based on exam scores and attendance data of identifiable students.
326 Datasets are available from the corresponding author on reasonable request after modification to
327 remove identifiers.

328

329 **Competing Interests:** The authors declare they have no competing interests.

330

331 **Funding/Support:** The authors declare there was no external body involved in the design of the
332 study, the collection, analysis and interpretation of the data, or in writing the manuscript.

333

334 **Author's Contributions:** C.A.P. was responsible for all phases of the research (conception,
335 design, data collection, data analysis and interpretation, manuscript preparation). M.A.C.
336 contributed to the design, data collection, and editing of the manuscript. All authors have read
337 and approved the manuscript.

338

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343 use of NCSS software and the statistical analyses.

344

345 **List of Abbreviations:**

346 **ARS** – audience response system

347 **NBME** – National Board of Medical Examiners

348

349 **Author's Information:**

350 C.A.P. has been the course director of the Medical Pharmacology courses at NYMC for over 20
351 years. He is also the course director of two advanced graduate courses and is a teaching faculty
352 member in many other courses. He has actively encouraged, supported, and implemented
353 diverse innovations in medical education in the courses he directs or teaches in. This includes
354 the use of lecture-capture technology - which provides on-line lecture recordings that are a
355 valuable learning resource for students. The medical education research of C.A.P. seeks to better
356 understand the diverse learning approaches used by students and explore how such diversity can
357 be more effectively assisted by versatile methods of curriculum delivery. Lecture attendance is
358 one of many approaches students use to achieve their educational goals and should neither be
359 ignored nor over-emphasized.

360 **REFERENCES**

361 (1) McGarr O. A review of podcasting in higher education: its influence on the traditional
362 lecture. *Australasian Journal of Educational Technology* 2009;25(3):309-321.

363 (2) Cardall S, Krupat E, Ulrich M. Live lecture versus video-recorded lecture: are students voting
364 with their feet? *Acad Med* 2008 Dec;83:1174-1178.

365 (3) Branet P, Cuggia M, LeBeux P. Recording and podcasting of lectures for students of medical
366 school. *Studies of Health Technology Informatics* 2011;169:248-252.

367 (4) McLaughlin JE, Roth MT, Glatt DM, Gharkholonarehe N, Davidson CA, Griffin LM, et al.
368 The flipped classroom: a course redesign to foster learning and engagement in a health
369 professions school. *Acad Med* 2014 Feb;89(2):236-243.

370 (5) Prober CG, Khan S. Medical education reimagined: a call to action. *Acad Med* 2013
371 Oct;88(10):1407-1410.

372 (6) Prober CG, Heath C. Lecture halls without lectures--a proposal for medical education. *N*
373 *Engl J Med* 2012 May 3;366(18):1657-1659.

374 (7) Mehta NB, Hull AL, Young JB, Stoller JK. Just imagine: new paradigms for medical
375 education. *Academic medicine : journal of the Association of American Medical Colleges*
376 2013;88(10):1418-1423.

377 (8) Fernandes S, Maley M, Cruickshank C. The impact of online recordings on learning
378 outcomes in pharmacology. *International Journal of the Association of Medical Science*
379 *Educators* 2008;18:62-70.

- 380 (9) Millis RM, Dyson S, Cannon D. Association of classroom participation and examination
381 performance in a first-year medical school course. *Adv Physiol Educ* 2009 Sep;33(3):139-143.
- 382 (10) Figlio DN, Rush M, Yin L. Is it live or is it internet? Experimental estimates of the effects
383 of online instruction on student learning. National Bureau of Economic Research. 2010 Working
384 Paper 16089. 28 pages.
- 385 (11) Schreiber BE, Fukuta J, Gordon F. Live lecture versus video podcast in undergraduate
386 medical education: A randomised controlled trial. *BMC Med Educ* 2010 Oct 8;10:68-6920-10-
387 68.
- 388 (12) Paul S, Pusic M, Gillespie C. Medical student lecture attendance versus iTunes U. *Med*
389 *Educ* 2015 May;49(5):530-531.
- 390 (13) Eisen DB, Schupp CW, Isseroff RR, Ibrahimi OA, Ledo L, Armstrong AW. Does class
391 attendance matter? Results from a second-year medical school dermatology cohort study. *Int J*
392 *Dermatol* 2015 Jul;54:807-816.
- 393 (14) Means B, Toyama Y, Murphy R, Bakia M, Jones K. Evaluation of evidence-based practices
394 in online learning: a meta-analysis and review of online learning studies. Washington, D.C.: U.S.
395 Department of Education Office of Planning, Evaluation and Policy Development; 2010.
- 396 (15) Stockwell BR, Stockwell MS, Cennamo M, Jiang E. Blended learning improves science
397 education. *Cell* 2015 Aug 27;162(5):933-936.

- 398 (16) Evans KH, Thompson AC, O'Brein C, Bryant M, Basaviah P, Prober C, et al. An innovative
399 blended preclinical curriculum in clinical epidemiology and biostatistics: Impact on student
400 satisfaction and performance. *Academic Medicine* 2016;91:696-700.
- 401 (17) O'Conner EE, Fried J, McNulty N, Shah P, Hogg JP, Lewis P, et al. Flipping radiology
402 education right side up. *Academic Radiology* 2018;23:810-820.
- 403 (18) Liebert CA, Lin DT, Mazer LM, Bereknyei S, Lau JN. Effectiveness of the surgery core
404 clerkship flipped classroom: a prospective cohort trial. *American Journal of Surgery*
405 2016;211:451-457.
- 406 (19) Belfi LM, Bartolotta RJ, Giambrone AE, Davi C, Min RJ. "Flipping" the introductory
407 clerkship in radiology: impact on student performance and perceptions. *Academic Radiology*
408 ;22:794-800.
- 409 (20) Jensen JL, Kummer TA, Godoy PD. Improvements from a flipped classroom may simply be
410 the fruits of active learning. *CBE Life Sciences Education* 2015;14(Spring):1-12.
- 411 (21) Whillier S, Lystad RP. No differences in grades or level of satisfaction in a flipped
412 classroom for neuroanatomy. *Journal of Chiropractic Education* 2015;29:127-133.
- 413 (22) Chen F, Lui AM, Martinelli SM. A systematic review of the effectiveness of flipped
414 classrooms in medical education. *Medical Education* 2017;51:585-597.
- 415 (23) Beihavas V, Bridgman H, Kornhaber R, Cross M. The evidence for 'flipping-out': a
416 systematic review of the flipped classroom in nursing education. *Nurse Education Today*
417 2016;38:15-21.

- 418 (24) Zazulia AR, Goldhoff P. Faculty and medical student attitudes about preclinical classroom
419 attendance. *Teach Learn Med* 2014;26(4):327-334.
- 420 (25) Mattick K, Crocker G, Bligh J. Medical student attendance at non-compulsory lectures. *Adv*
421 *Health Sci Educ Theory Pract* 2007 May;12(2):201-210.
- 422 (26) Gupta A, Saks NS. Exploring medical student decisions regarding attending live lectures
423 and using recorded lectures. *Med Teach* 2013 Sep;35(9):767-771.
- 424 (27) Davis EA, Hodgson Y, Macaulay JO. Engagement of students with lectures in biochemistry
425 and pharmacology. *Biochem Mol Biol Educ* 2012 Sep-Oct;40:300-309.
- 426 (28) Ikonne U, Campbell AM, Whelihan KE, Bay RC, Lewis JH. Exodus from the classroom:
427 student perceptions, lecture capture technology, and the inception of on-demand preclinical
428 medical education. *J Am Osteopath Assoc* 2018 Dec 1;118(12):813-823.
- 429 (29) Billings-Gagliardi S, Mazor KM. Student decisions about lecture attendance: do electronic
430 course materials matter? *Acad Med* 2007 Oct;82(10 Suppl):S73-6.
- 431 (30) Marchand JP, Pearson ML, Albon SP. Student and faculty member perspectives on lecture
432 capture in pharmacy education. *Am J Pharm Educ* 2014 May 15;78(4):74.
- 433 (31) Westrick SC, Helms KL, McDonough SK, Breland ML. Factors influencing pharmacy
434 students' attendance decisions in large lectures. *Am J Pharm Educ* 2009 Aug 28;73(5):83.
- 435 (32) Deal A. Classroom response systems: A teaching with technology white paper. Pittsburgh,
436 PA: Carnegie Mellon University Office of Technology for Education; 2007.

- 437 (33) Collins J. Audience response systems: technology to engage learners. *J Am Coll Radiol*
438 2008 Sep;5:993-1000.
- 439 (34) Welkowitz J, Ewen RB, Cohen J. *Introductory statistics for the behavioral sciences*. 3rd ed.
440 San Diego, CA: Hartcourt Brace Jovanovich; 1982.
- 441 (35) Sullivan GM, Feinn R. Using effect size - or why the P value is not enough. *Journal of*
442 *Graduate Medical Education* 2012;September:279-282.
- 443 (36) Hammen CS, Kelland JL. Attendance and grades in a human physiology course. *Am J*
444 *Physiol* 1994 Dec;267(6 Pt 3):S105-8.
- 445 (37) Horton DM, Wiederman SD, Saint DA. Assessment outcome is weakly correlated with
446 lecture attendance: influence of learning style and use of alternative materials. *Adv Physiol Educ*
447 2012 Jun;36(2):108-115.
- 448 (38) Bollmeier SG, Wenger PJ, Forinash AB. Impact of online lecture-capture on student
449 outcomes in a therapeutics course. *Am J Pharm Educ* 2010 Sep 10;74:Article 127.
- 450 (39) Stegers-Jager KM, Cohen-Schotanus J, Themmen AP. Motivation, learning strategies,
451 participation and medical school performance. *Med Educ* 2012 Jul;46(7):678-688.
- 452 (40) Freeman S, Eddy SL, McDonough M, Smith MK, Okoroafor N, Jordt H, et al. Active
453 learning increases student performance in science, engineering and mathematics. *Proc Natl Acad*
454 *Sci USA* 2014;111:8410-8415.
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456 **FIGURE LEGENDS**

457

458 **Figure 1: Characterization of student attendance at voluntary lecture sessions where**
459 **interactive questions were posed using an ARS during Fall 2013 and 2014. Left panel:**

460 Distribution of students in groups stratified based on attendance level. Right panel: Percent of
461 attending students in groups stratified based on attendance level.

462

463 **Figure 2: Relation of attendance to performance on pharmacology exams in Fall 2013 and**
464 **2014.** Exam averages for each attendance group for each of the 4 in-house exams are shown.

465 Data show mean + SEM. Horizontal line through each exam set shows class average for exam.

466 P values are for t-tests comparing 100-83% attendance group to pooled group with 77-0%
467 attendance.

468

469 **Figure 3: Relation of Student Attendance to Aggregate Exam Averages and Scoring**

470 **Distribution in Fall 2013 and 2014. Upper left panel:** aggregate average of exams 1-4 in 2013

471 in the indicated attendance groups. Data show mean + SEM. Upper right panel: aggregate

472 average for exams 2-4 in 2014. Dashed lines show the aggregate exam average for the entire

473 class. Lower panels: scoring distribution for the indicated attendance groups. For both 2013 and

474 2014, intermediate to no attendance groups were pooled as indicated to increase the statistical

475 power of the analyses. For 2014, only two scoring ranks were used to increase statistical power.

476

477

478 **Figure 4: Relation of Fall voluntary lecture attendance to scoring on the NBME**
479 **pharmacology exam given 20 weeks after the end of the Fall semester.** Left panel: NBME
480 exam scores from Spring 2014 and Spring 2015 were transformed to yield a mean of 55.6 for
481 each year (no change in variance) and then pooled and average scores determined for the
482 indicated attendance groups. The dashed line indicates the pooled NBME average for the two
483 classes. Right panel: The NBME exam scoring distribution for the indicated attendance groups.
484 Note: the NBME used scaled scores in 2013 and 2014 (national average ~ 50); scores are not %
485 correct scores.

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