Introduction
The inguinal canal is one of the most complex anatomic areas of the human body even though it has been the subject of great interest to anatomists and surgeons because of its clinical importance.[1-3].

Materials and Methods
The anatomical diagrams were prepared on Microsoft Word 2007. The year two medical students were assigned to construct the inguinal canal using three A-4 papers, ordinary scissors and glue. The efficacy of the model construction is evaluated by testing 10 questions regarding the anatomy of inguinal canal before(pre-test) and after(post-test) doing the construction. The 5-point scale questionnaire was used to elicit the students’ views on different teaching methods in our university. The questionnaire (response rate of 60.19%), which included a free comments section, was completed by 62 second-year medical students.

Assessment of teaching methods on Inguinal Canal Anatomy
5= excellent, 4= very good, 3= good, 2= fair, and 1= poor.

<table>
<thead>
<tr>
<th>Teaching Methods</th>
<th>Grade</th>
<th>Comment</th>
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<tbody>
<tr>
<td>1. Interactive session(Lecture)</td>
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<td>2. Practical</td>
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<td>3. Tutorial</td>
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<td>4. Paper Model Construction</td>
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Results
Ninety six students performed the construction and most of them completed within an hour. Scores on the anatomy pre-test and post-test were compared. The mean pre-test score was 8.406/10 and the mean post-test score was 9.309 /10. It was found that there was a significant increase in post-test score (P<0.05), (Table 1) The students(sixty two) also responded similarly to interactive session, practical, tutorial and 3-D paper model construction (P>0.05) in the 5-points scale questionnaire. (Figure 1)

Figure 1. Assessment of teaching methods on Inguinal Canal anatomy

Conclusion
We concluded that the 3-D paper model provides the opportunity to learn the inguinal structures in a short period of time especially when taking constraints of time and the availability of other resources into account. Moreover, this model is inexpensive and easy to construct and a valuable supplement to conventional teaching methods.

References

Layer V. Peritoneum.
Layer IV. Transversalis fascia.
Layer III. Transversus abdominis muscle.
Layer II. Internal oblique muscle.
Layer I. External oblique aponeurosis.

Anterior Superior Iliac Spine

A. External spermatic fascia
B. Cremasteric fascia
C. Internal spermatic fascia
D. Spermatic cord

3 Dimensional Paper Model of Inguinal Canal

Table 1. Pre-test & Post-test Scores and descriptive statistics

<table>
<thead>
<tr>
<th>Test</th>
<th>Average score</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Standard deviation</th>
<th>P value</th>
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</thead>
<tbody>
<tr>
<td>Pre-test(96 students)</td>
<td>8.406</td>
<td>4</td>
<td>10</td>
<td>1.350073</td>
<td>&lt;0.000</td>
</tr>
<tr>
<td>Post-test(68 students)</td>
<td>9.309</td>
<td>5</td>
<td>10</td>
<td>0.796585</td>
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