EDITORIAL J. Med. Sci. (Peshawar, Print) April-June 2010, Vol. 18, No.2: 75-76

## PROBLEM BASED LEARNING: A PANACEA OR A PROBLEM?

Over the past few years medical experts and educationists have been debating and most of the time advocating 'Problem Based learning' (PBL) to halt deteriorating standards of medical education. Those who are strong advocates of adopting PBL in medical schools have been citing philosophical literature and global work on this subject. Exploring an idea is appreciable but falling for an idea without due consideration to local realities is not wise. Every medical school is trying to adopt it earlier than the other thus trying to have the honour of achieving this glory in medicine before any body else. While the idea and philosophy of PBL is excellent but is it universally effective? Certainly not. Professionals are expected to bring reasonable balance between what is ideal and what is real. Change without need assessment and blind faith in global processes and changes would end up in disaster far greater than what we have today.

In countries like ours, one has to look at the logistics and basic requirements of PBL.

PBL needs a fixed, rigid and inflexible time table for the whole semester. In the current environment, unscheduled holidays and forced closure of medical schools because of global terrorism makes such a time table next to impossible. To help students prepare themselves for problem solving, universal access to literature search is essential. These would include 24 hours internet access both at the medical school and their residences, availability of scientific journals in the libraries with libraries open for extended hours and e-support/facilitators. All this would require a lot of logistics and money, making PBL laborious and expensive. Where would we find such funds? Further, power outages (which has become a norm) would make it harder to achieve. PBL is supposed to be conducted in smaller groups of students and facilitators. These groups would need to sit and conduct group activity under a roof requiring improvement and enhancement in premises and infrastructure. Again it would require a lot of extra support staff, facilitators (teachers), logistics and finances to organize and conduct such educational activity. In the first meeting of the group, problem is introduced followed by interactive discussion ending with unanswered questions. The students then go back, search the literature to find answers to those unanswered questions so that the problem can be wrapped up in the next session. Getting all the participants around for such a group activity seems impossible with the current law and order situation and shortage of teachers. Students may miss an activity due to student politics or sickness. Arrangement for them to go through the same activity would be difficult if not impossible. A teacher/facilitator may be on leave, sick, on examination duty or attending to an official duty. Who would stand in for him, specially when we have such a shortage of teachers?

In PBL, students are given a problem which they try to assess, investigate and solve through interactive session. Philosophically, to me, this is at best a 'Biomedical model approach' leading to 'Doctor-Disease' relationship. Further, early in the learning process, students may find it difficult to process a large amount of information (Cognitive load) in a short span of time. Thus the rigors of active problem solving may become an issue for undergraduates. After foundation year, the students would have gained expertise to help avoid these issues.

Table 1. Advantages of Patient-Based Study

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| • Time table for the whole semester **not required: Flexible** |
| • Access to literature search **required but not essential:** Internet, Journals, e-support/ facilitator |
| • Number of Participants: One Facilitator, Students **unlimited** |
| • Meeting rooms– **only one lecture theatre required** |
| • Number of meetings — **only one meeting required** |
| • Extra staff not required |
| • Extra funds not required |
| • Much less laborious |
| • Based on most modern concept of teaching and learning |

Given the above facts, PBL seems impossible to be implemented in its true spirit. Keeping the above difficulties, it is suggested that we introduce 'Patient based study' (PBS). This would involve presenting a patient with a problem (not just a problem) with few changes in the current system without requiring extra funds. This could be 'Retrospective/reflective patient based study' involving projection of data of a patient (Personal, Social, Past history and current problem) followed by questions regarding differential diagnosis, investigation and treatment options. Students answer questions while facilitator adds and explains the answer. This type of learning method may be adopted in undergraduate level. For postgraduate students 'Prospective patient based study' may be a

better approach. In this case, the student is actively involved in the management of real life patients under supervision. This supervision can be of various levels e.g. for a first year postgraduate student, facilitator should be physically around, for 2nd year postgraduate students, facilitator should be available on the premises but not necessarily physically on site and for 3rd year postgraduate students, facilitator should be available on phone and if need be ready to come and help. Table 1 enlists few of the advantages of PBS.

"Teaching" (teacher-centered approach) is a thing of the past. Today, emphasis is on "active learning" (student-centered approach). Patient based study (patient-centered approach) is a mix of both teaching and active learning. It is based on 'Biopsychosocial model' leading to 'Doctor-Patient relationship'. It seems most appropriate for our local environment as it would take into account what is locally available, socially acceptable and financially affordable.

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