

Correspondence

Case/problem-based learning discussion for teaching ethics to anaesthesiology residents

doi:10.1017/S0265021508003864

EDITOR:

We have read with great interest the article by Carrero and colleagues [1] comparing lecture-based approach and case/problem-based learning discussion for teaching pre-anaesthetic assessment. The authors found, in two groups of first year anaesthesiology residents, that the effectiveness of the two educational methods differed little in terms of improving participants' immediate knowledge of the topic of 'pre-anaesthetic assessment'. They suggested that more studies are needed to evaluate the interest of case/problem-based learning discussion for other topics in anaesthesiology.

We have recently reported the application of problem-based learning discussion to teach ethical reasoning in our anaesthesiology residency programme [2]. Ten anaesthesiology residents participated in this activity. They met in small group interactive sessions, with two tutors, to analyse ethical cases experienced by them during their clinical training. Group discussions were based on the identification of ethical conflicts, analysing the contextual features related to the case and taking the appropriate decisions. Learning was reinforced by ethical guidelines and bibliographic references related to anaesthesiology. At the end of the activity, a structured anonymous questionnaire, based on a Likert five-point scale, was distributed to each resident to assess his perception of the educational activity learning advantages.

Five problem-based learning sessions were completed. Discussed cases were: (1) A Jehovah witness undergoing complicated cardiac surgery; (2) Informed consent for a regional anaesthesia; (3) Withdrawing life-sustaining therapies in an ICU patient; (4) Confidentiality in a HIV-positive woman; and (5) Organ donation from a brain-dead young patient. According to collected questionnaires, more than 8/10 participants considered that this learning method promoted

the debate of ethical issues related to anaesthesia practice and facilitated the identification, analysis and resolution of ethical problems as well as dialogue with implicated persons. The residents perceived favourably small-group discussions, the quality of the references and the acquisition of ethical principals.

In conclusion, now that problem-based learning is being introduced into anaesthesiology residents training programmes [1,3,4], our study showed that it may be applied for teaching not only clinical subjects, but also ethical reasoning. We fully agree with Carrero and colleagues [1] that the impact of problem-based learning discussion on long-term acquisition of knowledge, skills and attitude should be defined. As described by these authors, the immediate retention of knowledge could be evaluated by a 'pre-tests and post-tests' objective tool. However, an appropriate method to assess the effect of a teaching approach on the acquisition of clinical competences in anaesthesiology remains to be found.

A. Yazigi, S. Madi-Jebara, F. Richa, P. Yazbeck
Department of Anaesthesia and Intensive Care
Hotel-Dieu de France Hospital
Saint-Joseph University
Ashrafieh, Beirut, Lebanon

References

1. Carrero E, Gomar C, Penzo W, Rull M. Comparison between lecture based approach and case/problem-based learning discussion for teaching pre-anaesthetic assessment. *Eur J Anaesthesiol* 2007; 24: 1008–1015.
2. Yazigi A, Jebara S, Yazbeck P. Ethical reasoning learning sessions applied to anaesthesiology residency education. [Les séances d'apprentissage du raisonnement éthique appliquées à la formation des résidents en anesthésie-réanimation]. *Pédagog Méd* 2007; 8: 2–8.
3. Rodrigues de Oliveira G, Schonhorst L. Problem-based learning implementation in an intensive course of anaesthesiology: a preliminary report on residents' cognitive performance and perceptions of the educational environment. *Med Teach* 2005; 27: 382–384.
4. Chang CH, Yang CY, See LC, Lui PW. High satisfaction with problem-based learning for anaesthesia. *Chang Gung Med J* 2004; 27: 654–662.

Correspondence to: Freda Richa, Anaesthesia and Intensive Care Department, Hotel-Dieu de France Hospital, Alfred Naccache Street, Ashrafieh 166830, Beirut, Lebanon. E-mail: fredrich24@yahoo.com; Tel: +961 3 872077; Fax: +961 1 615295

Accepted for publication 18 January 2008 EJA 4910
First published online 13 March 2008