More than just problems with problem-based learning

Problem-based learning (Skokauskas N, Psychiatr Bull 2009; 33: 117) is used in a ‘new’ curriculum since the publication of Tomorrow’s Doctors by the General Medical Council in 1993. It allows students to solve problems and can integrate teaching across specialties and between clinical and basic science elements (horizontal and vertical integration). This promotes ‘deep learning’ and students using this learning style perform better in clinical examinations.1 This learning style will not suit all students, but allowing the opportunity to adopt alternative learning styles is important. It also facilitates adult learning which is required in clinical practice.2

McParland et al3 showed that using problem-based learning led to an improvement in both written and viva examinations compared with traditional methods for teaching psychiatry, consistent with previous studies. This approach also had greater student satisfaction ratings.4

In view of these factors, problem-based learning and other newer methods are used as part of an integrated curriculum in most medical schools.5 This ensures students develop the skills fostered by problem-based learning and those of a traditional curriculum.

Although psychiatry changes rapidly, advances are not restricted to this specialty and it is thus difficult to use this as an argument against using problem-based learning in psychiatry. This would lead to less rather than more integration as intended by Tomorrow’s Doctors, to the detriment of the specialty.

It is also contradictory to argue for traditional lecture methods while criticising problem-based learning as problems may be set by one person, which is likely to be the case with lectures. It has been shown that problem-based learning delivered by non-experts leads to a reduction in examination performance,2 thus experts such as Dr Skokauskas’ ‘charismatic professors’ should be encouraged to facilitate problem-based learning sessions. The lack of exposure to a ‘charismatic’ figure, postulated to reduce student’s enthusiasm for pursuing psychiatry as a career, can be addressed using an integrated approach. An alternative way of attracting students to psychiatry is for teachers to encourage them to join the Royal College of Psychiatrists as Student Associates (www.rcpsych.ac.uk/training/students.aspx).


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Psychiatry benefits from problem-based learning

Skokauskas (Psychiatr Bull 2009; 33: 117) restates several arguments against the use of problem-based learning in undergraduate medical education. We feel, as current problem-based learning tutors who were ourselves students on a problem-based learning course, that we can offer a more positive view. The author seems to imply that problem-based learning cases replace the clinical experiences that have traditionally shaped students’ learning. In our experience, cases (often meticulously refined over several years) act to support and guide clinical learning, as they can bring to the fore ideas and issues that may rarely be apparent to students on clinical placements.

Skokauskas suggests that problem-based learning courses are inefficient, since traditional curricula can cover more material over the same time. But of course including a subject in the curriculum does