

Moving to Problem-Based Learning (PBL) in Libya -the Sooner the Better

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To The Editor: The authors are to be commended on this highly valuable and succinctly written editorial [1]. It is undoubtedly very useful to encourage tutors and lecturers to make their teaching more interactive and non-threateningly challenging for students.

The authors provided numerous useful suggestions for developing learners' problem-solving skills. Problem-solving skills are an important component of PBL. In PBL students are presented with the problem rather than the information (or knowledge). Encouraged by their "facilitator" they explore the problem; demonstrate team working skills, independent thinking and problem-solving skills. They build profiles of self-directed learners with good generic skills like communication and presentation skills. The role of the facilitator is extremely important. It does not stop at supervising the process and ensuring inclusive practice. It extends to providing constructive feedback. The importance of constructive feedback in clinical teaching can not be overemphasised as its role extends beyond pedagogy. The goal of clinical training is expertise in the care of patients. Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically or not at all [2]. Facilitators will need to be trained for the task. Knowledge, skills and attitude (the latter incorporates professionalism) are the main components of learning in the medical field. Contrary to the traditional teaching, which puts more emphasis on knowledge and some skills (often technical) assuming other skills and attitudes are learnt by intuition and experience, PBL (in medical education) recognises the importance of equipping tomorrow's doctors with important skills like communication skills. Communication skills do not reliably improve with time and experience [3].

In my opinion, it is hard to argue that communication between doctors and patients and the concept of team working are not issues that require attention in Libya. PBL approach incorporates all that as a package in its teaching modules as well as its assessment methods. Moreover, PBL approach affords medical students with ample opportunity of bedside teaching from their first year of study, and therefore, maximising their learning opportunities from patients. "To study the phenomena of the disease without books is to sail an uncharted sea. Whilst to study books without patients is not to go to sea at all"

Sir William Osler (1849-1919)

Finally, if improving patients' quality of care is the desired outcome then adopting PBL approach should be seen as one of the ways forward. However, this will require not only enthusiastic and highly motivated

students and tutors, of which there are plenty in Libya, but commitment from healthcare and educational organisations' leadership. Our role as clinicians and teachers should be highlighting the advantages, be prepared to debate, share experience and gather the momentum for a forward move.

References

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