

Some reflections on problem-based learning medical curriculum

Alberto Enrique D'Ottavio

Rosario Medical School and Research Council, Rosario National University, Rosario, República Argentina

Dear editor

Given the promising results reported by Yadav et al,¹ it seems timely to make some reflections, related to this article, for contributing to improving the hybrid problem-based learning (PBL) curriculum carried out in our medical school, and in another ones where this kind of curriculum is being implemented.

In this regard, some facts for a better implementation may be considered. One of these lies in the belief that it is feasible to provide formative quality to medical students, with the number of entrants exceeding 350 per year and a teacher–student ratio near to 1:20. Furthermore, this landscape is likely to get darker provided students do not take a prior compensating course addressed to cope with their high school deficiencies, and hence acquiring basic content to learn the subsequent content, and facilitating a faster adaptation to a different learning strategy. In this context, it becomes clear that some basic conditions for a right PBL curriculum implementation may not have been completely satisfied.²

Other facts may be related with the implementation itself. For instance, (a) the lack of a suitable number of qualified tutors for carrying out one of the key activities of the SPICES model;³ (b) the limited number of professional teachers in respect to those with an unsuitable background; (c) the unfeasible integration of contents that, despite being attempted, collides with a significant number of students lacking fully developed abstract logical thinking;⁴ and (d) a pursued interdisciplinarity without prior and necessary disciplinary support.

Facing these challenges is essential for student benefit and a correct curriculum implementation.

Disclosure

The author reports no conflicts of interest in this communication.

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Correspondence: Alberto Enrique D'Ottavio
Rosario Medical School and Research Council, Rosario National University, Rosario, Santa Fe 3100, República Argentina
Email aedottavio@hotmail.com

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