Background

Problem-based learning (PBL) has become a core component of many undergraduate medical programs across Canada, but is still evolving in postgraduate medical education. PBL is an approach to education in which learning is stimulated and motivated by the learner’s encounter with problems (1). Anecdotally, by its definition, PBL is practiced by all postgraduate medical trainees through their clinical experiences. Given its known advantages, formal introduction of PBL in postgraduate medical education is an appropriate next step, and may follow a similar tutorial structure as outlined in Figure 1. McMaster University’s Pediatric Residency presently uses a combination of didactic teaching and practical card cases for its academic half-day run by general and subspecialty pediatricians. We trialed four cases, addressing Royal College objectives for Pediatrics, through a modified-PBL curriculum.

Follow our trial in January 2011, a questionnaire was administered through www.surveymonkey.com that remained active for 1 month. Out of a possible 38 PGY-1 to PGY-3 residents, 28 responses were received (74%). Fourteen (14) respondents were PGY-1s, five (5) were PGY-2s, and nine (9) were PGY-3s. One respondent did not complete the entire survey. 63.2% of the PGY-1/2 group and 88.9% of the PGY-3 group had previous experience with PBL, mainly in the medical school setting, and 71.4% of all respondents did not read introductory resources.

Staff Lectures

Cases & Critical Appraisal

Time & Fit

Discussion & Next Steps

A recent systematic review by Koh et al (6) showed that medical school graduates of problem-based environments, which necessitate small groups, demonstrate enhanced competency in social and cognitive domains, and are better at applying the knowledge they acquire. Shin et al (7) found that graduates of problem-based learning (PBL) programs were more up to date on clinical topics than those coming from traditional medical schools. Although this data reflects the undergraduate medical school experience, it may be applicable to postgraduate medical education of PBL is delivered appropriately.

Our survey suggests that both junior and senior residents are divided on the model that we have trialed. For those that liked the model, there is a tendency towards having staff facilitators for the small groups instead of senior residents. The opinion of most junior residents at present is that one or more PGY-3 facilitators is somewhat effective and useful, but not very effective. Based on comments, there was a general tendency towards the PGY-3 group contributing to discussion, rather than facilitating, which highlights the role of peer teaching and how it utilizes social and cognitive congruence (3,8). In fact, junior respondents felt multiple senior residents offered additional perspectives on the discussion.

The majority of residents did find the cases appropriate in helping to set objectives and also found the lecture to be ‘very’ useful. One respondent stated that the cases were not re-visited, instead of senior residents. The opinion of most junior residents at present is that one or more PGY-3 facilitators is somewhat effective and useful, but not very effective. Based on comments, there was a general tendency towards the PGY-3 group contributing to discussion, rather than facilitating, which highlights the role of peer teaching and how it utilizes social and cognitive congruence (3,8). In fact, junior respondents felt multiple senior residents offered additional perspectives on the discussion.

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