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Title: The effect of context on problem-based learning

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Abstract:: This longitudinal study used qualitative methods to explore students' use of self-regulated learning skills within problem-based learning (PBL) tutorials in a four year, graduate entry medical program. There are few longitudinal qualitative research papers published in the literature which investigate students' behaviour within the PBL tutorial and the underlying reasons for this behaviour. Method: Observation and interviews were the central techniques used to collect data. In this study, 30 x 90 minute PBL tutorials were observed in year 2 of the medical program and 19 one hour interviews conducted. Students within the two groups observed were followed up in year three of the medical program and at this time were geographically dispersed to eight different clinical schools (teaching hospitals). In this stage of the research, 11 PBL groups were observed, each over a four week period. The original 19 participants were again interviewed. Results: The context of PBL in year 2 of the medical program is very different from the PBL context in year 3. Firstly, the students are not on the main university campus in year 3, but are located at clinical school sites within and outside of metropolitan Sydney. Secondly, the resources (e.g. lectures, learning topic notes, textbooks within the tutorial room) to support the PBL process are lacking in year 3 of the program. Thirdly, there are fewer PBL sessions per case in third year and only one of the two is facilitated by a tutor in third year. Fourthly, the PBL facilitator in third year is a clinician, as opposed to a scientist in year 2. Finally, the focus of the PBL case in year 2 is to stimulate learning about the basic sciences, clinical reasoning, and generating hypothesis and differential diagnosis. The focus of the third year PBL cases is on management of the patient. Analyses of observation and interviews showed that student behaviour differed within the PBL tutorial between the two contexts. Within the second year PBL groups, the most commonly occurring behaviours were use of resources (10%), answering the tutors' question (10%), making a suggestion (10%), making a comment (10%) and answering a students' question (8%). In the third year groups observed, the most common behaviours were asking a question (11%), making a suggestion (10%) and answering a students' question (9%). These behaviours will be explained in the presentation in light of the rationale for the different PBL structures and interview results, which showed apathy for PBL in third year due to a variety of factors, but mostly due to the competing demands placed on them in the clinical environment. This presentation will also contrast the student behaviours with those of the tutor. Conclusion: The context in which PBL is implemented must be taken into consideration in any planning of PBL curricula. External factors such as other learning activities, demands on time, lack of clear expectations, assessment, and desire to be a part of a professional community of practice, have a significant impact on motivation for learning in PBL tutorials and cause tension. It is hoped that this research will promote a reconsideration of the style of PBL which has operated for over 8 years in some medical schools without change.

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THE EFFECT OF CONTEXT ON PBL

Aim: This longitudinal study used qualitative methods to explore students' use of self-regulated learning skills within problem-based learning (PBL) tutorials in a four year, graduate entry medical program. There are few longitudinal qualitative research papers published in the literature which investigate students' behaviour within the PBL tutorial and the underlying reasons for this behaviour.

Method: Observation and interviews were the central techniques used to collect data. In this study, 30 x 90 minute PBL tutorials were observed in year 2 of the medical program and 19 one hour interviews conducted. Students within the two groups observed were followed up in year three of the medical program and at this time were geographically dispersed to eight different clinical schools (teaching hospitals). In this stage of the research, 11 PBL groups were observed, each over a four week period. The original 19 participants were again interviewed.

Results: The context of PBL in year 2 of the medical program is very different from the PBL context in year 3. Firstly, the students are not on the main university campus in year 3, but are located at clinical school sites within and outside of metropolitan Sydney. Secondly, the resources (e.g. lectures, learning topic notes, textbooks within the tutorial room) to support the PBL process are lacking in year 3 of the program. Thirdly, there are fewer PBL sessions per case in third year and only one of the two is facilitated by a tutor in third year. Fourthly, the PBL facilitator in third year is a clinician, as opposed to a scientist in year 2. Finally, the focus of the PBL case in year 2 is to stimulate learning about the basic sciences, clinical reasoning, and generating hypothesis and differential diagnosis. The focus of the third year PBL cases is on management of the patient. Analyses of observation and interviews showed that student behaviour differed within the PBL tutorial between the two contexts. Within the second year PBL groups, the most commonly occurring behaviours were use of resources (10%), answering the tutors' question (10%), making a suggestion (10%), making a comment (10%) and answering a students' question (8%). In the third year groups observed, the most common behaviours were asking a question (11%), making a suggestion (10%) and answering a students' question (9%). These behaviours will be explained in the presentation in light of the rationale for the different PBL structures and interview results, which showed apathy for PBL in third year due to a variety of factors, but mostly due to the competing demands placed on

them in the clinical environment. This presentation will also contrast the student behaviours with those of the tutor.

Conclusion: The context in which PBL is implemented must be taken into consideration in any planning of PBL curricula. External factors such as other learning activities, demands on time, lack of clear expectations, assessment, and desire to be a part of a professional community of practice, have a significant impact on motivation for learning in PBL tutorials and cause tension. It is hoped that this research will promote a reconsideration of the style of PBL which has operated for over 8 years in some medical schools without change.