

OPINION

PROBLEM BASED LEARNING AND THE CHANGE OF ACADEMIC BEHAVIOUR

Problem Based Learning (PBL) as a method of learning is implemented in the Airlangga University School of Medicine in the academic year 2001/2002 as part of several innovations in the educational process to improve the output quality. For many years, we as university teachers are highly capable of knowing what students should learn but pay minimal attention on how students should learn. We are now living in the era of vast information and advances in science and technology. It is expected that educational strategy be changed to ensure that the present education prepares the students to cope with the demand of tomorrow. We can never teach them all the knowledge. The advancement of medical sciences is so fast that most of the knowledge will be outdated within several years after they graduate.

Compare to the conventional learning method in which the teacher is the one who decided what the student need to study, the essence of PBL, on the other hand, is focused on the student decision. PBL is not merely a method but a way of learning; that is, a way of learning how to learn. Therefore, PBL has a positive effect on motivating and enhancing students to learn effectively and actively. The students are driven to obtain self-directed learning skills and hopefully may lead them to becoming life long learners. The faculty is especially concerned on skill trainings so that the laboratory skills are designed as such in order to support PBL and paying special attention on communication skills.

The problem does not lie on which method is much better than the others; but on the need of more self-directed learning skills. It is essential that the doctors produced are competent, efficient and compassionate.

Is there a change of academic behaviour?

To change the students and teachers academic behaviour within two years is too short a time. Nevertheless, two years after the PBL is implemented in the Airlangga University School of Medicine, it seems that there is a tendency that changing behaviour is in progress. Group discussion has become a need. Even in the new student program the students organize group and plenary discussions. There is an independent group discussion on EBM topics. We assumed that students start to think critically and are involved in critical appraisal on medical science development.

Since different sources tend to reveal conflicting information; critical appraisal is needed as an attempt to explain or when possible to reconcile with the differences. Practicing to use mapping concepts when solving problems is a way to help prepare the students to be ready for research work. Students carry out a survey to get their peers' opinions on PBL. This proved that the students have achieved critical thinking; and experience the freedom to express their opinion appropriately on what the teachers think about them. Groups of clinical students follow the student instructor program in order to become skilled laboratory instructors. The prominent reason is that they enjoy helping their juniors and they get the advantages; because by teaching the skills to the junior students they are at the same time practicing themselves. This reflects motivation and self-directed learning.

How about the academic staff?

In fact, most of the academic staff is willing to change. They believe that a tutor is the backbone of PBL activities and they readily support the students to build a self-learning behaviour. Another advantage of PBL activities is that it has brought together staff from different disciplines. Thus, PBL integrated module promoting interaction between basic scientists and clinicians and as well as help to develop interpersonal skills, exchange experience and knowledge. In general, PBL implementation has brought changes that enhances academic atmosphere in the Airlangga University School of Medicine.

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