

FROM THE LITERATURE

## **In the News**

An opinion

The frequency with which our relevant journals appear is such that it is very difficult to stay informed of every little (or big) gem that is being published. *Medical Education* now has twelve issues per year, *Medical Teacher* eight per year and *Academic Medicine* twelve. It follows that summarizing is an increasingly important skill in our professional lives.

Consequently, the issue addressed in this column is an individual choice of the author. Since the latest issue of *Education for Health*, for example, five articles have been published about distance learning, four about portfolios and five about skills training (three of those about communication skills).

Nevertheless, I would like to direct the reader's attention to one other article that I have found extremely rich and informing: a qualitative study of the views of Canadian residents about Problem-Based Learning in undergraduate medical education.

Lohfeld, Neville and Norman (2005) give a 25-page report of the views of 17 residents or fellows, currently affiliated with a PBL-school (Mc Master). Ten of the 17 were graduates from McMaster Medical School, seven from five other, more traditional Canadian medical schools.

The article stands out because of its clear description and the rigour that has been followed in this qualitative study.

First, extensive background is provided, well embedded in literature. From the literature it was concluded that much information about PBL was collected from current PBL students and/or tutors, or from comparisons between student results from PBL-schools compared to those of non-PBL schools. However, no study has used recent graduates from both PBL and conventional medical curricula to systematically investigate the strengths and weaknesses of each system.

Then, a fantastic "Methods" section is given, including "Procedures to ensure rigour". Guided by literature (Sandelowski, 1986), a number of procedures were followed to avoid bias and subjectivity in this qualitative study: member checking (asking study participants to review analysis reports), peer examination (asking researchers not involved in the study to review procedures and findings) and triangulation (using multiple sources of data and multiple researchers to ensure an in-depth understanding of the issues). In addition, summary statements were linked to the data in order to ensure a good fit between the data and the findings. Verbatim statements are given, edited

only to improve clarity where that could be done without changing the speaker's meaning. Participants' statements are highlighted in indented paragraphs and italicized words.

Participants were interviewed about: overview of PBL; greatest strengths of the PBL-system; what makes a good health care (tutorial) problem; what makes a good tutor; what is the tutorial student's role, and the residents' views on how to improve PBL-based medical education.

It will not do to summarize the results. This qualitative research was conducted because the researchers intended to reveal the richness of opinions of this underutilized source of information. However, the authors themselves attempt to give conclusions. I will mention two:

1. Tutors were seen as the key to the success of a PBL-based undergraduate curriculum. Tutors who were content-experts were preferred. Earlier findings have been supported that clinician-facilitators run the biggest risk to take over the group process. The authors recommend that undergraduate medical programs pay particular attention to facilitating good tutor skills by modeling group facilitation and evaluation. Faculty development programs should focus on stimulation of self-directed, situated and collaborative learning by students.
2. Good health care (tutorial) problems are clinically relevant, realistic, up-to-date, not too detailed and yet rich enough to encourage students to seek information about clinical and non-clinical topics.

Moreover, from this excellent example it can also be concluded that more qualitative studies are needed in order to better understand the role of tutors, students and health care problems in PBL undergraduate medical education. The authors end their article with the modest hope that the present study has added to the body of knowledge available to those interested in improving medical education. In my view it certainly has. On top of that it has given a state-of-the-art example of how qualitative research should be conducted and reported.

Jan van Dalen  
Associate Editor, *Education for Health*

## References

- LOHFELD, L., NEVILLE, A. & NORMAN, G. (2005). PBL in undergraduate medical education: A qualitative study of the views of Canadian residents. *Advances in Health Sciences Education*, 10, 189–214.
- SANDELOWSKI, M. (1986). The problem of rigor in qualitative research. *Advanced Nursing Sciences*, 8, 27–37.