

Lessons learnt from Problem Based Learning and Community Based Education

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As long as I remember I wanted to be a doctor. I know my mother fueled this desire. Circumstances cut her dream short, but her passion burned in me. Every time she spoke of medicine her eyes gleamed with the endless possibilities. So I have known, even before I understood, that I have inherited the legacy of her dream. After spending the first 18-years of my life in institutions that taught students by the mode of linear hierarchy, I was expecting Medical University to be no different. I was fully prepared to attend long lectures and going home to rote learned textbooks. This was my initial perception of what medical school would be about and friends, who were attending traditional medical colleges reinforced this perception. I had been in this kind of system for so long that it had become a comfort zone. By now I was accustomed to not judging the material in the textbook, even if the edition of my textbook was as old as the independence of Pakistan. If there were any discussions in the classes they were limited. I entered Ziauddin Medical University. expecting nothing different. I was wrong. I spent the first few months not only shedding off old patterns of learning but also getting used to being an active participant in my education. For the first time learning was Di-directional! We were urged to question, think and explore. Professors were no longer unapproachable people on some pedestal, but friends. They were actual people that one could go and talk to and even pay them a visit at home. Within a few months one could clearly see the shift, the back seats of the classroom remained empty and students were cooped up in the front half. We were introduced to the PBL (Problem Based Learning), a concept known as “learning by doing”, which was alien to most of us. After learning something, we practised putting that knowledge to use. Sometimes we were given sample case studies and we had to pinpoint the disease or attempt to route a cause. Sometime research articles were supplemented after the lecture for critique. One of the key elements of the curriculum was that we were exposed to community based learning from the first year. That in itself broadened my horizon, not only to the problems that lie in the squatter settlements, but also made me understand and live up to the responsibility of choosing a profession in health care. There is nothing like first hand experience because no textbook can prepare you enough. Of the many days I spent in the squatter settlement where classroom teaching supplemented field experience, I was not only learning about health care but I was growing as a person. Now I feel I can encompass a broader picture of what it means to be poor in our country and how much needs to be done. I firmly believe that a lot of change came about because of the attitude of the teachers/facilitators towards the students. People in the university believed in our potentials, in our abilities and we started to see ourselves in a different light.

I was in Sweden in September representing my University in a global conference on “The Network of Community Oriented Educational Institution for Health Sciences”, discussing the importance of community based education. My two weeks spent in Sweden surprised even me. I felt competent to talk about the work we had done in our communities, in front of experienced health professionals. Instead of being nervous when an editor of a health journal asked to take my interview I was calm and confident. It was then more than ever when I was hit with the realization that Ziauddin Medical University’s efforts to incorporate PBL and Community Based Education (CBE) of imparting education had prepared me well. In Sweden, part of being in the program was to attend many workshops. The goals of such workshops were to help every one to grasp a better understanding of not only community-based health care but also how to structure our own resources to improve our own programs. After every conference, time was allotted for feedback from the medical students who came from all around the world like myself. It was an eye opener to hear about the range of experiences of

medical students around the world and there is so much more to learn.

In conclusion I would like to emphasize the lesson learned by PBL and CBE and how this approach has had a profound impact in my outlook towards education. The doctors of the future cannot afford to be rote learners. The medical colleges need to adapt PBL and CBE to keep up in line with the changing global trends in medical education.