

PES 8**WHY HAS PBL BEEN PROGRESSING SO SLOWLY AND, IN SOME CASES, INEFFECTIVELY?**

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During the last decade, Problem-Based Learning (PBL) in medical education has forcefully swiped across the Asia Pacific countries spanning from Japan via Taiwan to Australia. However, one should realize that PBL in medical education was originally developed and coined by McMaster University in Hamilton Canada nearly 4 decades ago. PBL, according to McMaster philosophy, is more of a pedagogic concept than methodology in contrast to the traditional educational philosophy. PBL emphasizes on learning process rather on knowledge content. It advocates student-centered interactive learning, rather than teacher-centered didactic teaching. PBL makes effective learning by active inquiry-oriented approach rather than passive answer-oriented attitude. Learning in PBL is driven by self-directed interactive efforts rather than self-indulged studies in isolation. PBL promotes learning in professional context rather than learning from conventional textbooks. Assessment in PBL is multi-dimensional according to competency rather than repeated competitive memorization-promoting examinations. Despite all the superior theoretical advantages of PBL over the traditional education, the development of PBL in medical education has been very slowly evolving in the West and only received significant attention in the Asian region in recent years. Although increasing number of medical schools in many Asian countries start to adopt PBL curriculum, there are considerable potential problems and major concerns in its effectiveness in the change of student's learning attitude. Factors contributing to this uncertainty include the vague understanding of the PBL philosophy as many schools mistakenly regards PBL as a teaching methodology rather than a paradigm shift in pedagogic concept. The major problem lies in the fact that many schools adopts or adapts PBL from 2nd handed or 3rd handed sources primarily as a teaching methodology without much concern on the integrity of PBL spirits embodied in its original educational philosophy. As a consequence, different ways in adopting PBL under various compromised local situations result in many ill-defined hybrid-PBL clones. Other compounding factors include improper training of problem-writers or tutors, and the use of assessment tools inconsistent with PBL spirits. Unjustified use of PBL clones not only can nullify the effectiveness of putting PBL's innovative medical educational concept into practice, but also seriously confuses or contaminates the literature on the educational outcome of the PBL approach. In fact, being a fashionable commodity in current global trend of medical education reform, PBL may have been excessively misused or abused.