

Letter to the editor

Dear Editor

We read the article 'Is problem-based learning a good way to teach medical students?' by Mustafa Ghafouri (Vol 5, No 12) with interest.

The title of this article is wrong. PBL does not 'teach'. It is a tool for learning.

There are a number of other issues that we feel need clarification. The medical curriculum is continually under review and is described in the General Medical Council's Tomorrow's Doctors 1996, 2003 and 2009, as are the teaching methodology employed to deliver that curriculum. All medical schools in the UK have changed the content and depth of knowledge for undergraduates and some have taken GMC advice and changed the way students obtain that knowledge. There is a move away from traditional teaching ways to more active, interactive and self directed ones. Problem-based learning is an example of such knowledge delivery systems. PBL is not the 'curriculum'.

There is evidence that PBL is a good way to acquire knowledge and it has been used successfully in many academic fields. The measure of success in medicine has a number of assessment criteria. The GMC consider the Liverpool and Lancaster approach to be a success and have recently given us a good report as a 'teaching' facility. Examination results for Liverpool at 4th year and subsequent fit for practice at the end of 5th are comparable to other medical schools. There is some controversy regarding pass rates in the first part MRCP examination comparing traditionally taught and PBL students.

The research evidence identifies that PBL students have better communication skills and insight into lifelong learning. There is some criticism from clinicians of clinical skill competency at qualification and hence 'fit for purpose' in newly qualified doctors. However, this is not a 'fault' of PBL, it is the curriculum. The curriculum is under review and certainly for the Liverpool and Lancaster students there will be efforts to generate laboratory and clinical competency for the skills prescribed by the GMC's Tomorrow's Doctors 2009.

To re-iterate, in our opinion, the perceived failures of PBL are not PBL but the content of the curriculum.

A further issue is the use of the English language. English is a spoken language, it is only recently (late 1600s) that the written word has been used. This is one reason why Shakespeare's plays are difficult to read, glorious to listen to, impossible to fully comprehend. They were only written down some 50 years after his death. An article in a journal should make sense, be grammatically correct and sound right when read out loud. This article does none of the above.

It is commendable that the journal publishes undergraduates' written work. However we think that this particular article demonstrates a lack of editorial control which may be detrimental to the journal's credibility.

Perhaps it would have been helpful if the reader knew what year of study the student is in and the background to the article, ie produced as part of the curriculum as a Special Study Module.

Thank you.

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Sister C Mason.
Clinical Skills

The editor is grateful to colleagues in the medical school for their honest comments. The editor welcomes submissions to the *Journal* from all members of the healthcare community around Morecambe Bay. Matters of style, grammar and credibility are agreed between author and editor. Responsibility for this rests with the senior author and in the case of undergraduate work it is assumed that an article based on a successful special study module has been properly supervised and reached an appropriate level of writing. The editor will modify the content of undergraduate material to fit with journal style – but will not normally rewrite it.

These comments aside, the editor encourages undergraduates to continue submitting work. The decision to publish will rest with the editor and the assistant editor (medical school). Potential authors are encouraged to discuss the matter with the assistant editor so as to avoid disappointment.