Case-based learning versus problem-based learning: When does one format outmatch the other? First report from the undergraduate Medical Curriculum of Vienna

• Angelika Hofhansl1 • Michael Krebs2

Poster

The role of PBL for clinical education is a matter of an ongoing debate [1]. In the new Medical Undergraduate Curriculum of Vienna (MCW) a total of eight pre-clinical semesters are composed of a series of integrated, lecture-dominated blocks which have been supplemented by weekly Problem-based learning (PBL)-sessions as well as skill units during semester 3 to 8 [2]. The PBL groups consist of 10 students and are moderated by tutors from any medical and pre-clinical discipline. The goals of PBL courses encompass

1. deepening and cross-linking contents of the parallel blocks,
2. elaborating and presenting new knowledge,
3. judging different sources of information critically,
4. introducing into clinical thinking and working, including clinical reasoning and finally
5. preparing students for self-directed, lifelong learning [3].

Since the very beginning, PBL were never satisfactory evaluated. In large parts students have perceived PBL as a doubtful ad-on with regard to learning for their assessments as well as to their future medical profession. As a consequence PBL courses in semester 4 and 5 have been replaced by case-based-learning classes (CBL). In contrast to PBL, CBL is a teacher-centred format which is organized in groups of 20 students and patient cases are instructed by experts from the respective clinical field. Here the authors present some crucial evaluation results of CBL for the first time and contrast them to the PBL evaluation data.

Although all the presented data rely on students’ self-ratings, it appears that most of the goals which were intended to be reached by PBL have been met by case-based-learning instead. Moreover, students perceive a benefit for their future medical profession within CBL rather than within PBL.

Based upon those results one could easily conclude that CBL has clearly outmatched PBL in the given curriculum. We advocate case presentations as a sensible method for clinical education but since both formats represent different learning and teaching paradigms, the authors underline and discuss the advantage of CBL primarily as a matter of the prevailing learning environment. Finally we question the implementation of PBL as a curricular appendix indicating that doing PBL in a teacher centred curriculum is like swimming against the stream.

Corresponding author:

• Mag. Dr. Angelika Hofhansl, Medical University of Vienna, Core Unit Medical Education, Curriculumcoordination, Spitalgasse 23, A-1090 Vienna, Austria
angelika.hofhansl@meduniwien.ac.at

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