



## DOUBTS AND FACTS ON PRIMARY CARE ORIENTED PBL CURRICULA

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To the Editor:

Primary care oriented PBL curricula have become an increasing attractive model for Argentinean medical schools. However, to our professional judgment, based on studies and reports dealing with medical education, troublesome doubts remain about its design and implementation in our country. In addition there also exist worrying special facts related with the pioneer experience of such curriculum, though partially amended, in our medical school since 2002<sup>1</sup>. Both of them allow to us to raise warning flags, particularly for developing countries, as there is nothing more harmful than confusing unsolved mistakes with successful procedures.

- Taking into account the present lack of knowledge about the deepest roots of the learning process and its individual variables, may the application of different learning theories be more advisable than focusing everything in an exclusive and controversial one (constructivism)? Even worse, does this behavior reveal some kind of pedagogic fundamentalism linked to a non-scientific conduct?
- In this context, may a passing fashion be wrongly perceived as a paradigm shift?

Going further we add other general doubts and a conjunct of still remaining deficiencies to be surmounted:

- May the pride of being active participants in its design and implementation affect the good judgment?
- May be the following questions related with these two processes: who?, how?, when?, where?, why?, what for?, and how much?, accurately addressed?
- Have the problem designs followed valid and reliable national and international rules?
- Have been the below listed obstacles, some of them already pointed out<sup>2</sup>, taken into account?
  - High number of students (1500 ± 500/year) directly admitted from high school without a previous college (or substitute) and a selection exam, both ensuring a suitable educative background
  - Lack of an adequate number of tutors and experts in biological, psychological and socio-anthropological areas with a proper scientific background for facing this challenge and accomplishing a suitable quantitative and qualitative teacher-student relationship
  - Inadequate morpho-physiological background for understanding morpho-physiopathology, pharmacology and its related clinical and therapeutic contents
  - Lack of gradually development of the pursued integration process (this finally leads to an insufficient basic-clinic integration)

- Interdisciplinary areas not suitably based on well-defined and balanced disciplines
- Limited training in scientific competences since the existing 3-month course in scientific research methodology would have to be changed by its progressive development all along the medical curriculum
- Uncoordinated pool of electives
- Heterogeneous formative and summative evaluations resulting from different pedagogical, scientific and disciplinary teachers' expertise
- Lack of continuous, systematic and objective curriculum assessment for further adjustments
- Risky replacement of self-learning under expert supervision for self-education or autodidacticism
- Inadequacy for NTICs in most of students (approximately 85% of them) because of their shortcomings in reading, writing and managing native and foreign languages, as directly revealed through the position occupied by Argentinean students in 2012 PISA report<sup>3</sup>
- Training contradiction between the complex and varied Argentinean health care system forcing specialization and the medical schools' attempts to train primary-care-oriented generalists
- Last but not least, does this implementation, performed under improper conditions, produce graduates only trained to carry out a *primitive care for low-income people*? If so, are students and patients more victims than primary and secondary target groups?

These issues not only reinforce our remaining concerns on the format itself for developing countries but also put into evidence the need of opening a debate to reach a sensible middle ground. In this regard, we think that:

- The format itself has to be reanalyzed. Subsequently, if its relevance is established, a hybrid model mixing the best of old formats with the more reliable, valid and promising features of the contemporary ones, as we formerly proposed<sup>2,4</sup>, is preferable to a pure PBL curriculum
- This task has to be conducted by persons with good sense, modesty, eligibility, self-criticism, space-time location and institutional commitment.

While obvious, these conditions have to be conveniently repeated since they constitute the "spicy-elements" of a desirable recipe for giving certainty to the doubts and for solving any deficiency when the challenge of a curricular change is faced.

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