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Letters to the Editor / Cartas al Editor

SIGNS AND REASONS ACCOUNTING FOR SOME KEY WEAKNESSES IN A PURE PBL CURRICULUM: A TEN YEARS EXPERIENCE IN ARGENTINA

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To the Editor:

When there was still time for enough changes, we made some critical observations about the implementation of a pure PBL curriculum in 2002 at our medical school. We mainly based on the fact that a pure PBL curriculum did not fulfill the basic conditions established for a successful ending[1].

After many years and medical promotions, a consistent paper recently issued in an Argentinean journal clearly reveals that an essential deficiency does exist in relation with the achievement of a key curriculum goal: "*construct a university graduate with solid formation, apt to intervene scientifically in health promotion (HP) and illness prevention (IP), taking into account its biological, psychological and sociological aspects*"[2].

In accordance with appeared in this paper, ninety five students concluding their career and 9 already graduated ones were polled and the professor in charge for planning the Field Practice, interviewed. Regretfully, recorded data were discouraging. Almost 40% of the students were not committed or ignore HP whilst the supposedly committed 60% was oriented toward a *verticalistic* model[3], quite far from that the curriculum really pursued. Results worsened in relation with IP since 75% of the students were not committed or ignored it and the remaining 25%, supposedly committed, was oriented toward secondary prevention and not to primary care, as intended. Other analyzed related aspects did not show any improvements. In this regard, participants virtually recalled nothing about the National Program for Massive Deparasitation, a key tool for acquiring HP and IP competences, in which they participated. Likewise, a poor knowledge on prevalence, diagnosis and therapeutics of intestinal parasites was noticeable. The authors summarized their whole findings in two main conclusions: (a) rupture with traditional format keeps being troublesome, and (b) it is necessary to think why a high percentage of students accomplishing contents dealing with primary health care -including HP and IP -, did not recall those relevant contents during their undergraduate and professional practice[2]. Both conclusions are partial expressions of what we previewed eight years ago.

Consequently, four questions arise:

- **Why the former authorities insisted in the implementation of a pure PBL curriculum when this transformation began? Several reasons may be envisioned: lack of experience on medical education, predominance of personal experiences and views over science based - national and international ones, lack of foresight, a bit of overconfidence and omnipotence, enthusiastic more than reasonable advices, an important curricular gap between truly professional teachers and professionals playing such a role, among others.**
- **Who became responsible for this failure? Undoubtedly, those who planned and implemented this format regardless the existing preventions and warnings**
- **Did the possibility of doing something better exist? A curricular renewal was feasible if we joined the strengths the traditional curriculum had with the valid, reliable and promising new contributions in medical education (i.e: a hybrid format)[4]. In this regard, the Faculty of Medical Sciences (National Littoral University, 150 kilometers north from Rosario) is carrying out a successful experience under the guide of school professors. Among them, the first author of our 2003 paper performs the relevant conducting role of Academic Secretary**
- **What can we do now? Such a 180º transformation created a sort of "barren land". However, and without renouncing to**

the goal of training excellent medical graduates, it becomes still feasible to amend much more than the until now amended. Perhaps, this challenge could be framed in an old anonymous thinking: "*when "demigods" are allowed to impose their beliefs and certainties over fallible but judicious persons, all kind of ventures tends to fail*".

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