



## Chapter X

# Curriculum and Organisational Issues

## Introduction

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The subject of problem-based learning can raise some surprisingly strong emotions, both in terms of the right process to use and the right curriculum model.

For example, on the PBL Initiative Web site (director, Howard Barrows, n.d.), the minimum essentials for PBL are stated, and include: “Problem-based learning should not occur within a single discipline or subject.” Specifically for medical education, the recommendations are further specified:

*Problem-based learning must be the pedagogical base in the curriculum and not part of a didactic curriculum. Problem-based learning should not be episodic, added on to or mixed in with more traditional, didactic, teacher-directed, passive, memorization-based and lecture-based educational methods.* (PBL Initiative)

This requires a large-scale intervention, obtaining commitment, collaboration, and consensus from staff in multiple subject areas, followed by much planning and training. It can be quite discouraging for a teacher who can see many benefits in the PBL approach and would like to try out PBL “in the small.”

While there are numerous benefits for implementing PBL throughout a curriculum—we will discuss in more depth later in the chapter—there is an alternative

view of PBL as a pedagogical approach, one that can be applied at several levels, from a single session to a fully integrated curriculum. Ranald Macdonald (2001) puts it like this:

*So, what is the big deal with PBL? For me it's nothing more nor less than the fact that problems, tasks, queries (Boud, 1995), or the every day necessity to learn to meet unexpected situations, form the starting point for learning. The real motivation for using it, whatever 'it' is, is a desire to improve the quality of student learning and to prepare students for future learning needs by giving them greater responsibility for their own learning now. As such, it doesn't matter whether we adopt PBL across a whole programme, within a single subject, or as the basis for a single learning experience. It is the intention to provide a need to acquire knowledge, develop skills, or demonstrate applied understanding that is the starting point for PBL.*

In this chapter, we will explore some of the curriculum and organizational issues of implementing PBL, both “in the small,” that is at a module level, and “in the large,” throughout the curriculum.

## **PBL in the Small**

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Forms of problem-based learning have often been introduced at a module level, especially outside of Medicine. Many of the published case studies are from individuals or small teams who have decided to introduce aspects of PBL into an otherwise traditional programme.

There are a number of issues that need to be addressed in such a situation. We have discussed some of these in detail in previous chapters. We will provide a brief summary here.

## **Learning Outcomes and Assessment**

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Introducing PBL at a module level can require review of the learning outcomes, as discussed previously. The content-related outcomes may need to be reduced to make way for outcomes related to PBL team and process outcomes. Adding PBL methods while maintaining the “volume of content” can have an adverse effect as we need to provide sufficient time for students to explore a case. Lack

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