Brief Communication

Assessing Problem Based Learning in Child and Adolescent Psychiatry at the Trinity College Dublin, Ireland

Norbert Skokauskas, Louise Gallagher, Thomas Frodl, Michael Gill

Received: 18 Dec 2011 / Accepted: 03 Mar 2012 © OMSB, 2012

Introduction

The School of Medicine, TCD (Trinity College Dublin) has developed the undergraduate degree in Medicine in accordance with the Medical Council and the World Federation of Medical Education guidelines. The course is 5 years. At TCD, clinical and theoretical aspects of psychiatry for 4th-year medical students are delivered during a two-month attachment. Four days of the two months are allocated exclusively to Child and Adolescent Psychiatry (CAP), and up to ¼ of all students do a two-week speciality clinical rotation in Child and Adolescent Mental Health Services. A team of academic child and adolescent psychiatrists at TCD developed the structure and content of the PBL-based component of the program for CAP. The introduced PBL into the curriculum was received positively by the students; PBL was well liked, stimulating and preferred, especially by those interested in psychiatry as a career.¹

P_{BL} was developed in late 1960's at McMaster University, Canada. Now PBL is recognized by professional and funding bodies as an appropriate strategy for professional education and increasingly as the method of choice.² Reviews of undergraduate medical education support the short term and long-term outcomes of PBL compared with traditional learning, however PBL also has some limitations: highly time intensive for faculty, lack of good prepared PBL cases and the need to develop them.³⁻⁵ Problembased learning assumes that students already are good problemsolvers, whereas it may be a skill they need to develop or improve.³⁻⁵

It is well-known that didactic lectures covering the major conditions within Child and Adolescent Psychiatry are not always appreciated.⁶ It would seem that Child and Adolescent Psychiatry because of its inherently integrative, bio-psycho-social nature and emphasis on teamwork and collaboration, would be a specialty learned optimally through Problem Based Learning,⁷ using multi-page and multi-stage PBL cases which ultimately incorporate course content objectives.^{7,8} Another advantage of using PBL in medicine and especially in Child and Adolescent Psychiatry its potential ability to incorporate the evidence based

Norbert Skokauskas Z, Louise Gallagher, Thomas Frodl, Michael Gill Department of Psychiatry, Trinity College Dublin, Ireland. E-mail: n_skokauskas@yahoo.com approach in teaching. When confronted with a clinical problem, the EBM (Evidence Based Medicine) medical students (as well as qualified doctors) formulates a question, searches for the best available evidence to address that question, does a critical appraisal of that evidence and then applies the evidence to the patient that stimulated the question.

The importance of assessment

One of the most important drivers of student learning is how that learning is assessed.⁹ Students are strategic in their use of time and "selectively negligent" in avoiding content that they believe is not likely to be assessed. Thus well-timed and well-designed assessment can have a powerful impact on how students approach their learning.^{10,11}

Assessment in Problem Based Learning

Nendaz et al. conducted a comprehensive literature review on assessment in PBL Medical Schools,¹² which revealed essentially the absence of uniformity and consensus on many aspects of assessment, despite the existence of general practical recommendations. Almost all types of assessment reviewed above have been employed by PBL medical schools, without a clear indication which one would be the best, or most appropriate.

So what would be the best and most suitable assessment form when using PBL to teach about Psychiatry and Child and Adolescent Psychiatry? Several researchers suggested that triple jump assessment could be the most suitable for Psychiatry and Child and Adolescent Psychiatry.^{4,8,13} The triple-jump is a threestage written or oral task that assesses a student's ability to analyze and resolve a problem or case. Students are given marks for their performance at each stage of the process.

- The student is presented with a new scenario or case, which requires him/her to identify the main problems or issues in his or her own words. They also identify early hypotheses or key questions at this stage and their initial approach to the task.
- 2. Students are then expected to find suitable data from a variety of resources, to check their reliability and validity, and to interpret the data in relation to their hypotheses or key questions.
- 3. Students then apply their findings to resolve or manage the

problem, or to address their key questions and then evaluate how they approached the task, and what they would do differently next time.

The advantage of using TJ (Triple Jump) is a possibility to assess several aspects of the students' knowledge: what they might be expected to already know about the issues raised by the scenario; their knowledge of the resources needed to answer their questions; and their ability to apply those resources to the resolution of the problem. Moreover, the triple jump allows the examiner to assess the process whereby the students go about the task of analyzing and resolving the problem, their skill in using resources and their ability to critically evaluate both resources and their own efforts. In other words, it would also give some information about practical skills. And finally, the triple jump could also give an opportunity to assess matters such as students' attitudes to patients and their parents, or their awareness of ethical issues. The downturn of using triple jump for summative assessment over a short period of time is heavy on both personnel and material resources. Examiners must be available to interact with students at each stage of the process and many students may need access to a wide range of resources at the same time.4,8,13

While students are very eager to take part in PBL activities,¹ a formal assessment should make PBL sessions even more productive at Trinity College Dublin, Ireland. Still, there is a need to adjust the current assessment practice to the new PBL component at Trinity College, Dublin. Triple Jump format probably would be the most appropriate assessment type to employ.

Acknowledgements

The authors reported no conflict of interest and no funding was received for this work.

References

- 1. Skokauskas N, Guerrero AP, Hanson MD, Coll X, Paul M, Szatmari P, et al. Implementation of problem-based learning in child and adolescent psychiatry: shared experiences of a special-interest study group. Acad Psychiatry 2011 Jul-Aug;35(4):249-251.
- Newman M. A Pilot Systematic Review and Meta-Analysis on the 2. Effectiveness of Problem Based Learning Middlesex Univ., London (England).; Economic and Social Research Council, Lancaster 2003.
- 3. Norman GR, Schmidt HG. Effectiveness of problem-based learning curricula: theory, practice and paper darts. Med Educ 2000 Sep;34(9):721-728.
- Yates W. Problem-based learning in consultation psychiatry. General 4. Hospital Psychiatry. 1996;18(3):139-144., 1996.
- 5. Skokauskas N. Problems with problem-based learning in psychiatry. Psychiatr Bull 2009;33:117.
- Moli P, et al. Problem-Based Learning for Undergraduate Child & Adolescent 6. Psychiatry What not to do. IACAPAP meeting 2010, 2010.
- 7. Santos CW, Harper A, Saunders AE, Randle SL. Developing a psychopathology curriculum during child and adolescent psychiatry residency training: general principles and a problem-based approach. Child Adolesc Psychiatr Clin N Am 2007 Jan;16(1):95-110, ix. ix.
- 8. Sadek N, McConville D, Boekamp J, Lowenhaupt E, Barreto S, Hunt J. "Problem-based learning for advanced child psychiatry residents: Is the outcome worth the challenge? American Association of Directors of Psychiatry Residency Training Annual Meeting, Tuscon AZ, March 2009, 2009.
- 9. Falchikov N. Improving assessment through student involvement: Practical solutions for Higher and Further Education teaching and learning. London: Routledge. 2004.
- 10. Joughin G. The hidden curriculum revisited: A critical review of research into the influence of summative assessment on learning. Assess Eval High Educ 2010;35(3):335-345.
- 11. Taras M. Assessment for learning: understanding theory to improve practice. J Furth High Educ 2007;31(4):363-371.
- 12. Nendaz M, Tekain A. Assessment in problem-based learning medical schools: A literature review. Teach Learn Med 1999;11(4):232-243.
- 13. Coll X, Skokauskas N. An insight into a deliberately different approach to learning and teaching undergraduate psychiatry: expert-led problem based learning in mental health: a waste of money or a cunning investment? 13th International Congress of European Society for Child and Adolescent Psychiatry (ESCAP), Budapest, Hungary, 25th of August 2009.

