

PROBLEM-BASED LEARNING MAY BE DEMANDING BUT THE REWARDS ARE GREAT!

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Abstract

Problem Based Learning (PBL) is relatively new in some educational institutions even though it has been in existence for decades. PBL is a learner-centred instructional approach that uses scenarios to stimulate learners to seek viable solutions to scenarios through extensive search for information and group work. The purpose of this paper is to share my experience of problem-based learning. I found PBL to be demanding in terms of the search for knowledge. However, in the end, the method enhances learning as it enables students to be responsible for their own learning as well as acquire concrete skills for real life problem solution. Team learning allows sharing of experience and feedback for improvement. Whereas I would strongly recommend PBL for nursing education, I believe issues of age, level of learners, and other environmental factors need to be considered if the concept of “self-directed learning” is to be fully exploited.

Background and Introduction

Problem Based Learning (PBL) is a relatively new in some educational institutions even though it has been in existence for decades (Raingruber, 2010). PBL is a learner-centred instructional approach that uses scenarios to stimulate learners to seek viable solutions to presented scenarios through extensive search for information and small group work (Savery, 2009). The typical features of PBL include small group learning, contextualized problems or scenarios, and the teacher as a facilitator of learning (Dolmans & Gijbels, 2013). Individual group members work on assigned tasks and later come together for discussion. PBL helps learners to develop critical thinking, develop problem solving skills, and develop communication and life-long learning skills (Morales-Mann & Kaitell, 2001). I had an opportunity to participate in a PBL course offering for the first time when the method was used in a graduate course on health promotion. The purpose of this paper is to share my experience of problem-based learning. My experiences cover an overview of the structure learning process for the course offering, and my reaction to PBL and what I found to be its benefits. Conclusion and recommendations provide a closure to the paper.

Overview of the Learning Process for the Course Offering

Team meetings. The class was split into five small learning groups, and each group was assigned two scenarios to stimulate learning. I tried to attend almost all the scheduled group meetings even though often I had other academic commitments and work schedule competing for my time. Groups were a little disorganized at the beginning. However, as time went on they began to be more organized and members picked up roles and became leaders, presenters, rapporteurs, and computer information search experts. The roles were rotated as and when necessary.

Scenarios of contemporary health issues in society were posed to trigger collaborative learning. Work on each scenario analysis usually started with the team reviewing the scenario in order to check and ensure that members had a common understanding about what was happening in the scenario and what the main issues were. Group members would then brainstorm on what they knew (prior knowledge attitude and skills), identify problem knowledge gaps related to the problem in the scenario, and come up with learning goals.

Once they had set learning goals, learning teams were required to identify a theory or conceptual framework to organize the content to be learned. They would then draw a plan of what needed to be done in order to acquire what was unknown. Individual group members would then be assigned tasks. A meeting would be called at which each member would report on his or her assignment. Members would deliberate on what had been presented, determine what more still needed to be done, assign tasks to individuals, and repeat the process. When the team/group was satisfied that all needed information had been found, the team would then prepare a report or write up for presentation to the entire class. Teams were required to consider, in the scenario analysis and plan of action, ethical, cultural and policy implications which also influence decisions about problem solution. Working in partnership with communities was a theme that was emphasized in promoting the health of communities.

Communication about meeting schedules was generally good; even though some colleagues had challenges such as failure to subscribe to the WhatsApp group and lack of funds for the use of mobile phone. Although group members' contribution in meetings was generally good, it varied as some would bring well prepared information supported by evidence whereas others would just come to register their presence. It was a challenge to have all members present in any given team meeting. Two or three members would meet, write up something then send it to others by email for additions. Communication through non-face-to-face means often delayed decision making as ideas would fail to logically build on one another. This could lead to last-minute and rushed preparation for presentation to the larger class. Discussion usually flowed well even though occasionally, some members could go astray to discuss social issues irrelevant to the problem at hand. Some degree of a sense of maturity and sensitivity to the rights and non-verbal communication of other members prevailed.

Class meetings.

PBL was a new concept or teaching method for almost all of us. The few students who had prior knowledge of it could not articulate it to others and hence they also learned a lot with

the rest of the class. Teams would present their work to the class and other members would ask questions, seek clarification, or otherwise contribute toward bridging any gaps. Learners who happened to have read on the problem scenarios participated very well. They asked relevant questions and made some brilliant contributions. Those who were up-to-date with current affairs, cultural issues and local public policy issues shared their knowledge with the rest of the class. The facilitator/tutor would guide and moderate the class discussions, and at the end, make on contribution to what had been discussed. The presenting groups would later prepare a revised write up incorporating contributions made in class and submit their work for grading

The thrust of the exercise was a tutor facilitated collaborative student-directed learning supported by an extensive information search involving a review of local policy documents and literature from across the globe, and application of the new knowledge to the problem at hand. Work on the scenario would end with a reflection on what had been learned and the effectiveness of the strategies that had been employed.

My Reaction to PBL and what I found to be Its Benefits

I found PBL to be demanding in terms the search for knowledge. However, in the end, that extensive search for information was rewarding and enlightening as it was comprehensive and interdisciplinary. It was interesting to see team meetings went going beyond being purely academic to incorporate members' socialisation. I learnt to appreciate other students in spite of their shortfalls; a legacy I can take beyond the classroom to the workplace and social relationships. We learnt to respect each other irrespective of race, colour, creed or ethnicity. The team meetings enabled us to appreciate how much we knew, how much we would not have known about ourselves, and how much we did not know about each scenario that we worked on in terms of its diversity.

We managed to identify our strengths and weaknesses within the groups. Self and peer assessments were done at the completion of each scenario to help each one us reflect on own and others' contribution to learning. PBL provided students with an opportunity for self-directed learning (as they generated their own learning goals), bonding (as they worked together toward a common goal), and confidence building (as each of them worked on assigned tasks and became an authority in the area relative to the rest of the members). Indeed we were responsible for our own learning.

Group work helped us appreciate that leadership is about coordinating and keeping the group together. The leader would organize meetings, bring members together, keep the group focused during discussions and even control or arbitrate over disputes. I also learnt quite a lot about myself. I learnt that I was too strict on time when compared to my team members and that I had no patience with those who failed to honour meeting times. I also learnt that I was weak on current affairs and knowledge about organisations that specialised in some specific areas in the society. I also learnt that Batswana take a lot of pride in their vernacular language

and could engage in it throughout a group meeting or at times even in class. In this regard I found myself missing out a lot in some deliberations and hence it requires me to seriously consider learning the local language too.

As we applied theories to the health issues in the scenarios, I learnt that selecting an appropriate theory to organize the study of a problem starts with a thorough assessment of the problem what behaviour is desirable. This involves making assumptions about behaviours, health problems, and target population, environmental, social and cultural contexts. It also involves reviewing research literature and using that to support decisions.

As we explored culture, health care ethics, and public policy and their bearing on the scenarios that we were working on, I realized that some of the culturally unacceptable behaviours were protective or designed for a reason at that particular time, needing only to be re-assessed and aligned to the current context. I appreciated the need to always work in partnership with the custodians of culture so as to avoid cultural conflicts. The learning exercise helped us to introspect and to make sure that as we were working on scenarios, we were sensitive to issues of human rights, dignity of life, client's autonomy, and equity in distribution of scarce resources (Ministry of Health, Botswana, 2011).

Thus consideration of the implications for culture, health care ethics and public policy in our delivery of health care should be something that we do in our day-to-day encounter with clients. Disregarding them should make us re-think our responsibility in that regard. Culture has been in place from generations to generations and it is dynamic and has its good attributes in a community but needs to be gradually and cautiously modified so that out-dated practices can be replaced by those that support emerging developments. Culture has a very significant impact on the health of communities worldwide and certainly in learning

Conclusion and Recommendations

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Whereas I would recommend BBL for nursing education for, among others, its enhancement of practical innovative multidisciplinary thinking and communication skills, issues of age and level of learners, as well as environmental factors need to be taken into consideration if the concept of "self-directed learning" is to be fully exploited. Perhaps more

thoughtful consideration of the geographical distance of the workplaces and residential areas of members could have improved attendance of team meetings. Some form of rewards for meeting attendance might have motivated group members who can be referred to as “passengers” to attend meetings rather than reap where they had not sown.

References

Dolmans, D. & Gijbels, G. (2013). Research on problem-based learning: Future challenges.

Medical Education, 47(2), 214-218.

Ministry of Health, Botswana (2011). *National Health Policy. Towards a Healthier Botswana*.

www.nationalplanningcycles.org/sites/.../Botswana/nhp_nov_2011_parliament.pdf.
Retrieved 13 October 2017.

Morales-Mann, E. T., & Kaitell, C. A. (2001). Problem-based learning in a Canadian curriculum. *Journal of Advanced Nursing*, 33(1), 13-19.

Raingruber, B. (2010). *Health Education, Health Promotion, and Health: What Do These Definitions Have To Do With Nursing?* Oxford, UK: Jones and Bartlett Learning

Savery, J. R. (2009). Overview of Problem-based Learning: Definitions and Distinctions.

Interdisciplinary Journal of Problem-Based Learning <http://dx.doi.org/10.7771/1541-5015.1002>, 1-20.