Which medical students like problem-based learning?

**Keywords:** Problem-based learning; personality; learning style

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Summary: Problem-based learning (PBL) has become increasingly popular in medical schools, including in the United Kingdom, where it has been included in some of the new accelerated graduate-entry courses. Although the theory and practice of PBL have been much discussed, and meta-analysis shows it to be as effective as traditional curricula, we could find no studies asking what characterises students who do or do not like the method. Here we describe the relationship between personality, learning styles, and satisfaction with PBL in 99 students at a London medical school. Satisfaction with PBL was assessed with a 26-item questionnaire that asked about the utility and enjoyment of the components of PBL. Factor analysis identified two clearly distinguishable factors labelled Personal Learning, which assessed whether students felt PBL helped them personally in clarifying and remembering new information, and Contribution to Case Discussion, which assessed whether students found the PBL process enjoyable and useful, and found it helpful to make suggestions about the case. Personality was assessed using a 15-item questionnaire assessing the 'Big Five' personality factors (extraversion, neuroticism, openness, agreeableness and conscientiousness), and Learning Styles (Surface, Deep and Strategic) were assessed with an 18-item version of Biggs' Study Process Questionnaire. Students who learned well in PBL had a deeper learning style, whereas students who liked contributing to the group process were less neurotic, more agreeable, and had a deeper learning style and a less strategic learning style. We believe these results have implications for schools using PBL.

Have tutors and residents got similar communication skills?

**Keywords:** communication skills; residents; tutors; patient centered care

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Summary: Introduction: Improving doctor’s communication skills is a matter of priority for its influence on the quality of health care. Role modelling and the informal curriculum are known to influence the training period.

Objective: To detect communication skill differences between tutors and residents at our hospital.

Material and Methods: Location: Sabadell (Spain) Hospital reference for 380,000 inhabitants, situated 30 Km from Barcelona. Personnel: medical post grade programme for 18 specialities with 32 tutors, 34 R1 and 32 R2

Material: 1) questionnaire relating to identification, specialty, years of experience and demographic data. 2) A validated videotape with poor model communication skills in a simulated encounter between a doctor in the emergency service, dealing with a complaint from a patient’s relative. As far as communication skills are concerned, there are many arguments on the video which can be improved. Procedure: Viewers, who saw the video, scoring the doctor’s communication skills on a scale from 0 – 10. Statistical analysis: SPSS, Mann Whitney, Spearman.

Results Attendance: R1 28 (82,4%); R2 29 (90,6%); Tutors 24 (77,4%). By speciality: core specialities (CS) 23, medical (MS) 24; surgical (SS)19; central services (CeS) 15 Sex: female 49 (20 R1, 21 R2, 8 T) Score (SD) of the "poor" video by residents and by