

Hampering behaviors in a pioneer argentinean PBL medical curricular change

Conductas obstaculizadoras en un cambio curricular médico PBL argentino pionero

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ABSTRACT: This communication records a series of obstructive behaviors not specified bibliographically detected in planners and/or executors from 2002 in a pioneering Argentine PBL medical curricular change. The results obtained were extracted mainly from the author's experience during his participation as a teacher in this process and from some related experiences recorded later in other Argentine medical schools that also develop curricular changes. In addition, he points to other design and implementation caveats not considered in a timely manner that negatively influenced that transformation. To date, unfortunately, all of this has contributed to the failure to meet the great expectations placed on it. This report may be useful for planners and implementers who pursue a successful PBL curriculum change by showing that, beyond the best intentions in this regard, particular behaviors, some of them linked to the human condition, can hinder its design and implementation. practice.

KEYWORDS: hampering, behaviors, PBL, curriculum, medicine, Argentina.

INTRODUCTION

Europe still debates the medical degree in the framework of the Bologna Process (Lafuente *et al.*, 2007; Leyte, 2008; Cummings, 2010) Argentina has tried to adjust as far as possible to what happens beyond its borders complying with its Higher Education Law (Ley Superior de Educación N° 24.521, 1995).

This regulation establishes that Medicine is one of the careers corresponding to professions under governmental control since its exercise may compromise the public interest putting at risk not only the health but the safety and property of the inhabitants (Bassan y D'Ottavio, 2010).

Therefore, Argentinean public and private medical schools have shaped the graduate as a highly competent professional to perform as a general practitioner, trained to promote health, prevent illness, and diagnose and treat prevalent pathologies. Complementarily, those institutions have established that all these aims should be supported by a solid scientific background in a humanistic and

ethical context, and continuing education training in line with society's health needs. Achieving this profile conducted most of these schools to reevaluate, modify or replace their curricula, leading to the coexistence of different renewed and innovated curricular formats.

Rosario medical school (Rosario National University) adopted a leading role deciding for a pure Problem Based Learning (PBL) curricular format in 2001.

This model, prior to Bologna Process was put into practice at the Canadian McMaster University Faculty of Health Sciences in the 1960s, had several precursors. Among them, John Dewey's pragmatistic idea that learning was more interesting when the learners were actively involved in their own learning, the Case Study Method supporting that learning would be more effective if the students were faced to a particular problem (i.e. the case) and Jerome Seymour Bruner's constructivistic learning by discovery (Schmidt, 2012). Besides, the model may be methodologically synthesized with the acronym SPICES

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(Student-centered, Problem-based, Integrated and Community-based learning, Electives subjects and Systematic development) (Galli, 2020).

Engaged in a rush to implement it, some obstacles appeared related to the context and certain demands regarding their decision, planning, implementation, and evaluation (D'Ottavio, 2001).

Thus, this paper records a series of not bibliographically specified hampering behaviors linked to these changes in the awareness that may become useful to planners and implementers pursuing a successful curricular change, particularly a PBL one.

MATERIAL AND METHOD

The hampering behaviors listed below were detected in planners and/or implementers from 2002 onwards.

In this regard, the obtained results were mainly drawn from the author's experience during his prolonged participation as Professor in the abovementioned pioneer Argentinean PBL medical curricular change.

Some related experiences registered later in other Argentinean medical schools developing curricular changes were also added (Galli, 2020).

RESULTS

These results were recorded to be considered and avoided during the design and/or the implementation of a curricular change:

- Breaching its philosophy and methodology.
- Breaking its basic requirements.
- Clinging to dogmatisms in learning theories.
- Confronting exclusively the traditional curriculum with an innovated one in a Binary and Manichaeic way, discarding the hybrid models at the same time.
- Imposing the new format without prior institutional consensus.
- Establishing unfeasible PBL models due to uncritical and mechanical extrapolation of successful formats in other scenarios.

- Carrying out unethical learning experiments with students.
- Recurring to easy or arbitrary postures regarding learning and evaluations (Educative populism).
- Putting leisure before personal efforts during learning.
- Neglecting the human being as an integral individual in favor of a molecular reductionism.
- Prefixing business or trade approaches to academic ones.
- Prioritizing group or personal conveniences (academic, economic, and/or political) over institutional principles and benefits.
- Disqualifying viable hybrid proposals with trivial arguments, and blaming their supporters as *change-resistant, obstructionists, doomsayers, or, still worse: flexnerian, behaviorist, and neo positivists.*

DISCUSSION

As said, a pioneer Argentinean medical curricular change from a traditional to a PBL curriculum was planned and implemented in the early 2000s in Rosario Medical School (Rosario National University).

While its assumptions seemed explicit from the start and held by potential implementers of the curriculum to be tested later against the justification for change, several of the abovementioned hampering behaviors were put into evidence.

Thus, when some professors warned about the impossibility of complying with the philosophy and methodology and the basic requirements for a pure PBL curriculum (Carrera *et al.*, 2003) proposing simultaneously a hybrid alternative, implemented later in Argentina and other countries until recently (Bestetti *et al.*, 2020), the school board discarded their proposal rating those teachers as change-resistant, obstructionists, flexnerian, behaviorists and neo-positivists.

In this context, the innovated curriculum was launched in 2001 without prior full institutional consensus, with a hinderer dogmatism regarding its learning theory and as an uncritical and mechanical extrapolation of a successful PBL format occurring in Canadian and Brazilian medical schools.

Furthermore, given the sudden change from a traditional format to one that had not been

fully implemented in Argentina yet, there is reason to believe that an unethical learning experience with students could have been carried out, as well.

Finally, during its implementation the developing innovated curriculum (presented as the summary of the new and successful approaches) was frequently and exclusively confronted with the traditional one (presented as the summary of the old and wrong approaches) in a binary and Manichaeic way, avoiding any reference to hybrid models.

Unfortunately, this series of hampering behaviors, in addition to the referred warnings not being considered promptly, negatively influenced the curricular change which, beyond certain adaptive amendments later made, could not meet the great expectations placed on it (D'Ottavio, 2009; D'Ottavio y Bassan, 2014). The problem currently remains.

Therefore, this experience may become useful to those planners and implementers pursuing a successful PBL curricular change through evidencing that, beyond the best of intentions in this regard, particular behaviors, some of them linked to the human condition, may hinder its design, and put into practice.

Concluding, any curricular change, particularly a PBL one, is not improvised labor. It demands an arduous and progressive task with ups and downs.

In this regard, three advisable conducts may be suggested: (a) appealing to old and simple questions for its planning and implementation (the five W - what, when, where, why, and who - along with the one H - how - referred in Aristotle's *Nicomachean Ethics* (Warne, 2007) and quoted again in Rudyard Kipling's *The elephant's child* (Kipling, 1902), (b) mixing in its final structure the best of well-proved past curricula with the most promising, valid and reliable present proposals, and (c) persevering in eradicating the abovementioned hampering behaviors (and perhaps others not registered here) for not distorting or hindering the benefits of a true curricular change to the students, who are determining factors for teachers and institutions. Otherwise, they and the patients, recipients of their efforts, will be victims of such nonsense.

To sum up, these reflections and the described PBL experience speak about the seriousness

required by a consistent curricular change so as not to fall off in an adventure, framed in authoritarianism and wrongly presented often as a revolutionary enterprise.

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RESUMEN: Esta comunicación registra una serie de conductas obstaculizadoras no especificadas bibliográficamente detectadas en planificadores y/o ejecutores a partir de 2002 en un cambio curricular médico PBL argentino pionero. Los resultados obtenidos se extrajeron principalmente de la experiencia del autor durante su participación como docente en este proceso y de algunas experiencias relacionadas registradas posteriormente en otras facultades de medicina argentinas que también desarrollan cambios curriculares. Además, señala otras advertencias de diseño e implementación no consideradas de manera oportuna que influyeron negativamente en esa transformación. Hasta la fecha, lamentablemente todo ello ha contribuido a que no se alcancen las grandes expectativas puestas en él. Este informe puede resultar útil para los planificadores e implementadores que persiguen un cambio curricular exitoso del ABP al evidenciar que, más allá de las mejores intenciones al respecto, comportamientos particulares, algunos de ellos vinculados a la condición humana, pueden dificultar su diseño y puesta en práctica.

PALABRAS CLAVE: obstaculización, conductas, ABP, currículo, medicina, Argentina.

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