



columns

MOLLON, P. (1996) *Multiple Selves, Multiple Voices: Working with Trauma, Violation, and Dissociation*. John Wiley.

OGDEN, P., MINTON, K. & PAIN, C. (2006) *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*. Norton.

REYNOLDS, S. M. & BERRIDGE, K. C. (2008) Emotional environments retune the valence of appetitive versus fearful functions in nucleus accumbens. *Nature Neuroscience*, **11**, 423–425.

SUKIKARA, M. H., MOTA-ORTIZ, S. R., BALDO, M. V., et al (2006) A role for the periaqueductal gray in switching adaptive behavioural responses. *Journal of Neuroscience*, **26**, 2583–2589.

**Frank Corrigan** Consultant Psychiatrist, Argyll and Bute Hospital, Lochgilphead, Argyll PA31 8LD, email: frank.corrigan@nhs.net

doi: 10.1192/pb.33.3.116

## Problems with problem-based learning in psychiatry

Problem-based learning was incorporated into many medical schools across Europe motivated by the belief that it would improve medical students'

problem-solving skills (Norman & Schmidt, 2000). Knowledge in psychiatry changes rapidly and by the time the students graduate, many are already behind in the latest developments. Thus the primary goal of problem-based learning is to prepare students to be lifelong learners and practical problem-solvers.

In problem-based learning, learning takes place in the context of cases. But whose gaze has divined these problems and produced the cases? We create problems based on our own experiences, usually shaped by traditional learning (lack of prepared materials is another problem). So then how do pre-shaped psychiatric problems help medical students learn to frame experience for themselves?

Another potential problem with problem-based learning is its relative inefficiency; some research suggests that problem-based learning curricula cover about 80% of what might be accomplished in a traditional curriculum in the same period (Albanese & Mitchell, 1993).

Problem-based learning assumes that students already are good problem-solvers, whereas it may be a skill they need to develop or improve. Simply asking

students to work in groups does not necessarily develop good group-working skills. Further, some students are less capable (or less keen) to be actively involved in the learning activities, which affects the whole collaborative effort. And finally, in problem-based learning students may be deprived access to a particularly inspirational or charismatic professor who could attract young people to psychiatry and who in a traditional curriculum would deliver lectures to a large group.

ALBANESE, M. A. & MITCHELL, S. (1993) Problem-based learning: a review of literature on its outcomes and implementation issues. *Academic Medicine*, **68**, 52–81.

NORMAN, G. R. & SCHMIDT, H. G. (2000) Effectiveness of problem-based learning curricula: theory, practice and paper darts. *Medical Education*, **34**, 721–728.

**Norbert Skokauskas** Specialist Registrar in Child and Adolescent Psychiatry, Blanchardstown Child Guidance Clinic, Linn Dara CAMHS, Blanchardstown Road North, Dublin 15, Ireland, and a Honorary Lecturer at Trinity College Dublin, Ireland, email: N.Skokauskas@yahoo.com

doi: 10.1192/pb.33.3.117