A Guide to Important Variables in PBL

Dear Dr. Alvares:

My colleagues and I wish to bring to the attention of your readers “A Whole System Approach to Problem-Based Learning in Dental, Medical, and Veterinary Sciences: A Guide to Important Variables,” available at www.manchester.ac.uk/ceebl/resources/resourcepacks/pblsystemapproach_v1.pdf. Its aim is to illustrate variables that affect the acceptability, effectiveness, or efficiency of a curriculum based on problem-based learning (PBL) principles.

The term “problem-based learning” is sometimes used to claim educational excellence for quite different approaches to higher professional education. These approaches may not be applied primarily or consistently throughout an educational program. Also, most of the claims in the literature for or against PBL tend to concentrate on the acquisition of factual knowledge alone. Where the expectations focus on add-on generic or transferable abilities or skills, few if any details are offered to illustrate how students were assisted in the development of these competencies. Similarly, such reports tend not to describe other variables, as those relate to students’ and teachers’ familiarity with the implementation of PBL or the design of the curriculum, including the validity and reliability of how students are assessed.

The guide offers thirteen variables in a coherent educational system, based on PBL principles. These extend from variables concerned with the expected educational outcomes of such a curriculum to what students can expect to be able to experience and practice; selection, induction, support of students, and academics; implementation and assessment; and monitoring and evaluation, as well as variables involved in the initial development and subsequent maintenance of an innovative curriculum for cumulative, integrated, contextual, collaborative, reflective, active learning.

We hope that the guide may be of assistance to educators developing a new curriculum, revising an existing program, or researching the construct and implementation of a PBL-based educational system. We encourage suggestions for amendments in dental education; please send them to Professor David Powis at David.Powis@Newcastle.edu.au.

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From the Editor’s Desk

With regard to the November 2007 Journal of Dental Education article on allied dental workforce models, Dr. Robert M. Brandjord, chair of the ADA’s Workforce Models National Coordinating and Development Committee (NCDC), has made available the following additional information about the ADA’s proposed Community Dental Health Coordinator (CDHC):

“The CDHC is a Community Health Worker (CHW) with dental skills. CHWs are trained to promote health in their communities. They provide leadership, peer education, and resources to support community empowerment. CHWs integrate information about health and the health care system into the community’s culture, language, and value system, thus reducing many of the barriers to health services.

“The CDHC training in health promotion and behavioral change sets them apart from other dental auxiliaries. The CDHC will work under the remote supervision of a dentist who will review the findings and x-rays before making patient treatment recommendations. The CDHC will perform risk assessment, triage (including radiographs), oral hygiene services (gross debridement and coronal polishing), application of fluorides, placement of sealants, and placement of temporary restorations (a modification of ART).

“As navigators for the dentally underserved, CDHCs will coordinate dental care, register community members in Medicaid or other appropriate dental care programs, arrange transportation if necessary, increase oral health literacy, and provide other necessary support of community members’ dental access issues.”