The efficacy of self-directed learning versus problem-based learning for teaching and learning ophthalmology: a comparative study

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Introduction: Self-directed learning (SDL) and problem-based learning (PBL) are fundamental tools to achieve lifelong learning in an integrated medical curriculum. However, the efficacy of SDL in some clinical courses is debated.

Aim: The aim of the study was to measure the effectiveness of SDL for an ophthalmology course in comparison with PBL.

Methods: A cross-sectional study was conducted with fifth-year medical students enrolled in an ophthalmology course. SDL comprised four case-based scenarios guided by several questions. PBL comprised three sessions. An ear, nose, and throat (ENT) course was selected for comparison as a control. At the end of the course, 30 multiple-choice questions (MCQs) for both SDL and PBL were assessed and analyzed against their counterparts in the ENT course by an independent t-test.

Results: For the SDL component of the ophthalmology course, the number and percentages of students attaining high (n = 6/60, 10%) and moderate (n = 15/60, 28.3%) scores on an MCQs written exam were evaluated. For the PBL component, high scores were seen for 23.3% (n = 14/60), and moderate scores for 33.3% (n = 20/60) of the participants. For the SDL component of the ENT course, the number and percentages of students attaining high (n = 14/60, 23.3%) and moderate (n = 17/60, 28.3%) scores were recorded. For the PBL component, high (16/60, 26.6%) and moderate (17/60, 28%) scores were recorded. Significant p-values were obtained between the results for SDL and PBL in the ophthalmology course (p = 0.009), as well as between SDL results for both courses (p = 0.001). Moreover, differences between the SDL results of ophthalmology and the PBL results of ENT (p = 0.0372) were significant.

Conclusion: SDL appears to be less valuable for promotion of self-readiness. Periodic discussions in small groups or by panel discussion are strongly recommended for students to enhance readiness with SDL.

Keywords: SDL, PBL, ophthalmology, ENT, lifelong learning, teaching tools
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For personal use only.
Semester of the fifth academic year, in Phase III, Level 9. In the preparatory phase, students study chemistry, biophysics, introductory courses for the basic sciences including pathology, innovation in medicine, and professionalism. In the basic phase, the students study a human body module, principle of disease, and systems-based basic modules or courses such as cardiovascular and respiratory. In the clinical phase, these courses are addressed and studied from a clinical perspective in addition to basic imaging, ophthalmology, ENT, and others. Each course is allocated credit hours and teaching strategy/tools. Ophthalmology and ENT are allocated two credit hours each and the courses are implemented in a 2-week period. The ophthalmology and ENT courses are in the second semester of the fifth academic year, in Phase III, Level 9 (Table 1).

This study was conducted with 60 male students enrolled in the ophthalmology course and representing the whole class of the fifth year, Phase III, and Level 9. At the time of the study, the students had completed the first five integrated modules adopted for that level, including the ENT course. All student grades for the ENT course were compared with the ophthalmology course for this study. The ENT course was selected as a control for the ophthalmology course in that the number of SDL and PBL is similar. Both courses are two credit units and of two weeks in duration, and are offered during the same year, level, and phase with the same number of questions posed for SDL/PBL.

The subjects for the study were selected and learning objectives designated for the ophthalmology course with four case-based scenarios adapted for both SDL and PBL. At the end of the SDL case scenario, guiding objectives were used to enable student identification of the differential diagnosis.

**Methods**

**Preparation of SDL and PBL material**

The content and learning objectives of the ophthalmology course were designed according to Bloom’s taxonomy. The teaching strategy and tools were selected for each objective. Some content and objectives were selected for PBLs and others for SDL. In PBL, the selection criteria were dependent on the presence of more than one factor with regard to pathogenesis, risk factors, differential diagnoses, laboratory investigations, radiological investigations, and treatments. In

| Table 1 Mapping of the ophthalmology and ENT courses within the curriculum |
|---|---|---|---|---|---|---|
| **Phase I** | **Phase II** | **Phase III** | **Phase IV** | **Phase V** | **Phase VI** |
| **First year** | **Second year** | **Third year** | **Fourth year** | **Fifth year** | **Sixth year** |
| Levels 1 and 2 | Levels 3 and 4 | Levels 5 and 6 | Levels 7 and 8 | Levels 9 and 10 | Levels 11 and 12 |
| English | Orientation to | MSK system | History taking, | Rheumatology and | Critical care |
| IT skills | integration | Nutrition and growth | communication skills | orthopedic | |
| Scientific thinking | Human body | Physical examination | Physical examination | Neurology and | Neurosurgery |
| skills | | | | neurosurgery | |
| Learning and study | Principle of disease | GIT | Medical reasoning | Hematology and | Hematology and oncology |
| skills | Blood system | Urinary system | Laboratory medicine | oncology | |
| Introductory course | Immune system | Primary health-care | Basic imaging | Dermatology and plastic surgery | Health care management |
| Communication skills | CVS | Research methodology | Gastroenterology and GIT | ENT; two credit units | Forensic medicine |
| Physical education | Respiratory system | Volunteer services | surgery | | |
| Natural prem | Principle of research | Nervous system and special sense | Endocrine system | Women health | |
| sciences | | | | Child health | |
| Health education | | | | Elective III | |
| Easy and research writing | Reproductive system | Behavioral sciences | Nephrology and urology | Mental health | |
| | | Integumentary system | | | |
| | | Basic emergency | | | |
| | | Biostatistics and bioinformatics | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 27 credit units | 35 | 39 | 36 | 37 | 36 |
| Total credit units of whole program | 210 | 210 | 210 | 210 | 210 |

**Abbreviations:** CVS, cardiovascular system; ENT, ear, nose and throat; GIT, gastrointestinal; IT, information technology; MSK, musculoskeletal system; Premed, premedical.
SDL, the criteria for selection were dependent upon genetic hypotheses and the rarity of the condition. These topics were not fully addressed by other teaching tools.

For SDL
The material for SDL was prepared by constructing two short case histories that covered the topic of ocular tumors. Each case was followed by learning objectives with the required references provided, which were derived from standard textbooks suggested at the beginning of the course. All 60 students completed SDL activities as a mandatory requirement for the course. The students read the scenario and discussed the learning objectives with the tutor and identified resources. Each group of ten students had a tutor who was a medical staff expert. The students investigated the case, undertook research, reported their findings, and discussed the case with their tutor, who provided continual guidance. At the conclusion of the course, a committee composed of staff experts discussed the case with each student separately, providing evaluation and feedback. A total of 15 questions related to the SDL activity were included in the final examination.

For PBL
The students were separated into five groups of 12 students each, with each group guided by a tutor. Two case-based scenarios were adopted. In the first session, the students discussed the case and addressed the learning objectives under the supervision of a tutor. In the second session, the students discussed their findings on case management and differential diagnosis. In the third session, all student groups were brought together as a single class. The tutors for all groups formed a committee that selected students (at least one student from each group) to deliver findings for each objective. This last session ensured that all learning objectives were delivered to all students in an equivalent manner by the end of the course. A total of 15 questions representing the PBL activity were included in the final examination.

The tutors selected for both SDL and PBL were staff medical experts from different departments. The tutors were trained by the medical education department through several workshops that specified the conduct of successful SDL and PBL as well as a description of the role of the tutor.

An example of PBL and learning objectives for the ophthalmology course are presented in Box 1.

### Box 1 Example of PBL and learning objectives for the ophthalmology course

A 35-year-old convenience store manager with a history of non-insulin-dependent DM for 5 years presents to the Eye Clinic for his annual visit. He admits to a progressive blurring of vision since his last visit a 1 year ago. Reading street signs while driving seems more difficult. He is unsure of which eye seems worse. He does not wear contacts and uses over-the-counter reading glasses. He denies any flashes or floaters, diplopia, eye discomfort, or pain. The patient reports that he has been going through some tough times recently, with a difficult divorce approximately 6 months earlier.

As a result of all the stress, his blood sugars have not been under good control and he feels he has been making this worse by eating a lot of junk food and not always taking his diabetic medications. His blood sugar has been as high as 400 and he was admitted to the hospital 3 months back for diabetic ketoacidosis. Past ophthalmic history: No prior eye surgeries, no history of eye trauma, amblyopia, or strabismus. No prior diabetes findings in the eye. Ocular medications: None. Medical history: Hypercholesterolemia, obesity, DM Type 2, and hypertension. Surgical history: None. Family ocular history: Negative for macular degeneration, glaucoma, diabetic retinopathy, or blindness. Social history: 30-pack-year smoking history and drinks alcohol socially. Medications: Lisinopril, hydrochlorothiazide, metformin, and simvastatin. Allergies: None. Other systems: Normal.


External: Normal, both sides. Slit lamp examination: Normal. Dilated fundus examination: OD: Clear view, CDR 0.35; neovascularization of the disc involving ~50% of the disc; flat macula with multiple microaneurysms and hard exudates >500 microns away from the fovea, no clinically significant macular edema; multiple dot-blot hemorrhages in the retinal periphery in all four quadrants without retinal detachment. OS: Clear view, CDR 0.40 with sharp optic disc margins; flat macula with multiple microaneurysms and hard exudates >500 microns away from the fovea; no clinically significant macular edema; peripheral retina with multiple dot-blot hemorrhages in the periphery in all four quadrants.

**Objectives:** at the end of PBL sessions, all students will be able to:
1. Define diabetic retinopathy (DR)
2. Identify the pathogenesis, CP, classification, risk factors, and management of DR
3. Perform visual rehabilitation of patients with advanced DR.

**Abbreviations:** APD, afferent pupillary defect; CDR, cup disc ratio; CP, clinical picture; DM, diabetes mellitus; OD, right eye; OS, left eye; OU, both eyes; PBL, problem-based learning; Premed, premedical.

An example of SDL and learning objectives for the ophthalmology course are presented in Box 2.

An example of PBL and learning objectives for the ENT course are presented in Box 3.

An example of SDL and learning objectives for the ENT course are presented in Box 4.
**Box 2** Example of SDL and learning objectives for the ophthalmology course

**SDL: Ocular tumors**
Short-case scenario: A 45-year-old male patient presented with leukocoria plus DV and unilateral eye protrusion in his left eye. OCT revealed an ocular mass. How to manage this case?

**At the end of this SDL, the students will be able to:**
1. Identify eye tumors such as retinoblastoma, malignant melanoma, optic nerve glioma, and optic nerve sheath meningioma
2. Outline the management of a case with ocular tumor.

**The most common ocular tumor presenting early with leukocoria is:**
- a) Retinoblastoma
- b) Malignant melanoma
- c) Optic nerve glioma
- d) Optic nerve sheath meningioma.

**Abbreviations:** DV, defective vision; OCT, ocular computerized tomography; SDL, self-directed learning.

**Box 3** Example of PBL and learning objectives for the ENT course

Mohamed is a 30-year-old male from Al-Aqiq. Two years ago, he presented to Al-Aqiq Hospital suffering from nasal itching, sneezing, and mild fever. Dr Nowaf examined him and found that his nose appeared pale, the nasal mucosa was congested, and inferior turbinates were enlarged. Otoscopic examination revealed red, bulging tympanic membrane in the left ear. Based on these findings, Dr Nowaf prescribed an oral antibiotic, antipyretic, and nasal decongestant. One month following his first visit, Mohamed returned with scanty, offensive, mucopurulent discharge of the left ear. The discharge was associated with severe ear pain, hearing loss, tinnitus, and vertigo. On examination, there was a visible large polyp protruding through the perforation. The doctor conducted good aural toilet and requested a computed tomography (CT) scan of the left mastoid bone. The CT showed a cavity within the mastoid. Two weeks later, Mohamed underwent surgery of his left ear and mastoid bone where some tissues were removed and another tissue was added. Mohammed felt good, and his hearing was restored.

**At the end of the PBL session, the students will be able to:**
1. Revise the anatomy and histology of the middle ear
2. Identify the etiology, clinical picture, and investigations required
4. Design the management plan for chronic and acute otitis media
5. Be aware of the risk factors, epidemiology, prevention, and control of acute and chronic otitis media.

**An example of question applied**
Which of the following diagnostic techniques is the most essential for otitis media?
- a) Pneumatic otoscopy
- b) Tympanometry
- c) Tympanocentesis
- d) Acoustic reflectometry.

**Abbreviations:** ENT, ear, nose and throat; PBL, problem-based learning.

**Box 4** An example of self directed learning (SDL) with question applied for ENT course

**SDL: Neck mass**
Case scenario: A 36-year-old female patient presented with a neck mass. The patient had a history of neck swelling since birth that remained dormant up to the previous 2 months during which the patient noticed the swelling was increasing.

**At the end of SDL, the students will be able to:**
1. Describe the approach to a neck mass
2. List different types of congenital neck masses
3. Describe the management of congenital neck masses
4. Categorize the types of premalignant lesions and their treatment
5. List different types of head and neck malignancies and their management
6. Identify the different types of thyroid carcinoma and their management.

**Which one of the following thyroid tumors is considered a part of MEN syndrome?**
- a) Papillary
- b) Follicular
- c) Medullary
- d) Anaplastic

**Abbreviations:** MEN, multiple endocrinal neoplasia; SDL, self-directed learning.

**Assessment and statistical analysis**
Thirty questions representing SDLs and PBLs were included in the final examination with 15 questions for each. The students answered these questions, and results were recorded with no negative marks applied. Comparisons were done by an independent sample t-test. For each tool, the student scores (maximum of 15) were categorized into high (score ≥13), moderate (score 11–12), low (score = 9, 10), and very low (score <9). A p-value of <0.05 was considered significant.

SPSS for Windows version 17.0 (SPSS Inc., Chicago, IL, USA) was utilized for data analysis.

**Results**
The answers for the 30 questions, 15 each for SDL and PBL, for the 60 students were as follows: With regard to the SDL component of the ophthalmology course, the number of students and the percentages were as follows: high scores in 10% (n = 6/60), moderate in 28.3% (n = 15/60), low in 38.3% (23/60), and very low in 26.6% (n = 16/60). For PBL, we observed high scores in 23.3% (n = 14/60), moderate in 33.3% (n = 20/60), low in 25% (15/60), and very low in 18.3% (n = 11/60) (Table 2). For the SDL component of the ENT course, the number and percentages were: high scores in 23.3% (n = 14/60), moderate in 28.3% (n = 17/60), low in 26.6% (n = 16/60), and very low in 21.6% (n = 13/60). For
PBL, we observed high scores in 26.6% (n = 16/60), moderate in 28.3% (n = 17/60), low in 16.6% (10/60), and very low in 28.3% (n = 17/60) (Table 2 and Figure 1). A significant difference between SDL and PBL for the ophthalmology course was observed (p = 0.0094). Significant differences were observed between the two SDLs (p = 0.0308) and between the SDL of ophthalmology and the PBL of ENT (p = 0.03724) (Table 2). Further analysis of SDL and PBL against the total scores of students in the ophthalmology course demonstrated significant differences between students attaining 80–89% in SDL and PBL, between 70–79% for both SDL and PBL with p value =0.0196, and 0.01189, respectively (Table 3).

### Discussion

SDL has become a fundamental instructional modality for adult learning. In the health profession, SDL skills are linked to lifelong learning,26 with such learning central to understanding advances in medical knowledge and improved innovations in patient care.26

Based on data in Table 2, students enrolled in the SDL component of the ophthalmology course were deficient relative to those enrolled in PBL in the same course as well as its counterpart in the ENT course. A possible explanation is that students may consider the small number of SDL examination questions and the short duration of the course insufficient for adequate consideration and reading. These results are similar to those reported from a study by Murphy et al27 who found that SDL is not an appropriate learning method for anatomy. Those authors found that student’s recall knowledge was derived from didactic lectures and not from reading about the subject.

Similar to the results herein, Pai et al28 evaluated the effectiveness of SDL for first-year medical students divided into two groups – one that received lecture plus SDL on the same topic and another group that received lecture only. Ten multiple-choice questions evaluated whether there was a difference between the two groups for physiology learning, and no difference was found.

The PBL results of the ophthalmology course demonstrate the importance of PBL within the integrated curriculum – in particular, the ophthalmology course. These results are similar to many studies indicating the important role of PBL in adult learning and enhanced student performance.9,29

The results for SDL and other elements indicate that the delivery of SDL is problematic and needs reform. With regard to PBL, no significant difference between the ophthalmology and ENT courses was observed, with good student achievement in both courses. This identifies a gap between the SDL components of the two courses.

In the present study, analysis of ophthalmology scores for SDL and PBL revealed a significant p-value between the 80%–90% group (p = 0.0196) and the 70%–79% group (p = 0.01189) (Table 3). These results suggest that the weakest SDL achievement was observed in the majority of students. Further, in the high-scoring group, two students showed low and very low scores for SDL. This may be due to inappropriate SDL management in which student needs were not identified, learning objectives were not understood, or motivation was lacking for those students. Overall, these data demonstrate the need for SDL reform by the committee.
Blumberg³⁰ studied the effect of PBL on SDL and found that student involvement in PBL improved utilization of SDL skills. Some medical schools have identified particular courses within their curricula that are based on SDL activities in order to cultivate lifelong learning. Another study recommended that a primary goal for faculty is to encourage SDL among students in order to promote students’ lifelong learning and to enhance their skills.”³¹

Shokar et al³² assessed the degree of readiness for SDL in third-year medical students who participated in a PBL curriculum during the first 2 years of medical school. Students in this integrated medical curriculum were found to have good reading achievement through SDL that correlated with clinical performance. Those authors concluded that higher student achievement and readiness were achieved with SDL, which was associated with clinical clerkship scores and improved clinical skills. Others recommended that SDL be imbedded into the medical curriculum by formulating well-structured and staged courses.³³

Grow³³ advocated that SDL skills be purposefully integrated into the curriculum through a staged planning model.¹⁶ Although SDL is strongly recommended for integration-based systems, Candy advised implementation in a systems-based approach.²⁶ It is worth noting that learners who have a deficiency in SDL experience are unable to master SDL skills or provide that experience for their stakeholders.³⁴

Concerning SDL, many suggestions have been made to improve the efficacy and effectiveness of teaching strategies such as SDL. These suggestions include clarification of learning objectives, periodic tutor driven discussions with students, the formation of small groups, panel discussions with the students about SDL themes, and identification of student learning styles.³⁵–³⁷ These suggestions have been implemented in courses with good results.

### Conclusion

SDL is important for lifelong learning, especially in an integration-based curriculum. However, for this ophthalmology module, SDL did not promote self-readiness. Recommendations for improvement include instruction of more periodic small groups and panel discussions with the students.

### Disclosure

The authors report no conflicts of interest in this work.

### References


### Table 3 Distribution of students according to their grades in SDL and PBL based on their total score in the ophthalmology course

<table>
<thead>
<tr>
<th>Score</th>
<th>Tool</th>
<th>High</th>
<th>Moderate</th>
<th>Low</th>
<th>Very low</th>
<th>p-value using independent t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥90</td>
<td>SDL</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0.4071</td>
</tr>
<tr>
<td></td>
<td>PBL</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>80–89</td>
<td>SDL</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>0.196⁶</td>
</tr>
<tr>
<td></td>
<td>PBL</td>
<td>7</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>70–79</td>
<td>SDL</td>
<td>1</td>
<td>4</td>
<td>11</td>
<td>6</td>
<td>0.0118⁹</td>
</tr>
<tr>
<td></td>
<td>PBL</td>
<td>2</td>
<td>12</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>60–69</td>
<td>SDL</td>
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<td>2</td>
<td>3</td>
<td>2</td>
<td>0.3209</td>
</tr>
<tr>
<td></td>
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<td>1</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>&lt;60</td>
<td>SDL</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0.4026</td>
</tr>
<tr>
<td></td>
<td>PBL</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** There are significant differences in the student group attaining score of 80–89% for SDL and PBL, and also in-between the student group attaining 70–79% for SDL and PBL with p=0.019 and 0.011, respectively.

**Abbreviations:** PBL, problem-based learning; SDL, self-directed learning.