

Editorial 2

Keyword based learning in medical education

The medical education strategies are rapidly developing. The advanced information and multimedia technology are constantly encouraging to form newer ways of teaching learning activities and strategies in medical education. The problem based learning (PBL), case based learning (CBL), task based learning (TBL), reflection/debriefing are some of the well proven effective teaching and learning tools in medical education.^{1,2} The PBL is intended to enable students to work in groups to learn a topic in the context of real issues.² Reflection or debriefing in the form of writing, picture, and creative development have been described in the literature that can help students to consolidate and assess their learning experience. Debriefing is identified as an important dimension of education in the health professions that allow clinicians to reflect on their experience in an attempt to analyze, and synthesize what they thought and felt during the practice. The success of debriefing rely on clear structure along with skilled facilitation to ensure multiple layers of learning.³ Debriefings can lead to higher levels of retention when students are actively engaged and encouraged to analyze and discuss their clinical experiences. Yet, there are known limitations of such techniques, including students becoming overly self-critical and the infinite regression of reflection on action.



A new active teaching learning strategy called 'keyword based learning' (KBL) was explained by Satheesha and Soumya.⁴ The strategy is characterized by giving a series of 'keywords' to students and asking them to learn the related topic and arrive at the learning objectives related to the keywords given. They performed a teaching learning activity on first year medical students and their feedback were collected. Total 80% of the students were positive about this strategy. Keywords can be identified in the reflection of debriefing sessions during or after the theory or clinical session and are recorded pertaining to the specific teaching learning activity. The 'keywords' are integral parts of scientific manuscripts and the utility of such keywords needs to be explored to facilitate teaching/learning experience in medical education. Once the specific keywords are identified, they can be recorded accessed and learned anytime in future with the help of various e-learning tools. The e-learning tools as computer or mobile based applications are easily available within student's reach. A self-directed learning may be facilitated through students' own experiences and same can be retained in simple keywords in both didactical and clinical activities. Thus the assignment burden on the students can be minimized with the help of KBL and it may help students retaining the learning sessions effectively.

Even though several medical schools around the world have undertaken the curriculum transplant using PBL, CBL, and TBL and so on, I feel the KBL also should be explored more in depth in regards to the mode of delivery, effectiveness of learning, knowledge retention, and student/faculty feedback and so on. This strategy can also be explored in dental education. There is a vast scope in trying out the different KBL to facilitate more effective and inspirational learning experience to the students and a teaching experience to the faculty.

References

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International Journal of Prosthodontics and Restorative Dentistry
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