



Teaching methods for teaching Infectious Diseases

Teaching Method

Case Based Clinical Reasoning (CBCR)

CBCR is designed for pre-clinical students in medicine as a longitudinal course with one session covering one case every 3-4 weeks for a whole year. By turn 2 students of the group assume a 'peer teacher' role for each session. One (clinician) teacher is present in a 'consultant role', monitors the process and interferes only when needed. An elaborate case description takes the group stepwise through the clinical reasoning of the case, with a version for all students, one for the peer teachers of this time with handouts about new patient data when needed and with many hints, and one for the consultant, with all best answers. CBCR is focused on active and interactive learning and support the building illness scripts.

Learning objectives

What type of learning objectives can be met with this teaching method?

The learning objectives are (a) de initial creation of a mental illness script, based on the case (b) supporting the habit of weighting of possible diagnoses against signs and symptoms from history and physical examination (c) application of previously acquired knowledge

Pros and cons

What are the advantages and disadvantages of this teaching method?

Advantages

- Students are forced to think and reason from a clinician's perspective (i.e. a problem based and not system-based approach)
- Everybody will, in turn, be a peer teacher for the group. Teaching is an excellent 'tool' to learn and all benefit
- Peer teaching in this form does not affect student learning negatively (students tutored by near-peers do not learn less well)

Disadvantages

- Carefully designing cases takes a lot of time, but a well-designed case may serve for many years
- As in all small group teaching, students arriving unprepared may affect the group atmosphere and its learning effect negatively