# Teaching styles at medical school

<table>
<thead>
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<th>Teaching and learning style</th>
<th>Features</th>
<th>Pros</th>
<th>Cons</th>
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| **Problem-based learning (PBL)** | Student-centred approach  
Learn in context of realistic problems  
Work in teams to examine different clinical case scenarios. Students undertake private study and then discuss in seminars | Encourages self-directed study  
Develops skills in problem-solving and teamwork  
Gives early clinical exposure (via cases)  
Less contact time, so students can pursue other interests | There’s no standardised approach  
Success depends on quality of facilitator  
Requires lots of self-motivation  
Could lead to gaps in scientific understanding |
| **Traditional/conventional teaching** | Lectures and tutorials in scientific theories (including lab work) during first two or three years  
After this, teaching takes place mainly in clinical settings | Develops strong underpinning scientific knowledge  
The basic science is learned before clinical exposure  
Regular small-group tutorials can aid learning | Before the clinical years you could be out of touch with the reality of medicine  
Danger that you’ll forgot the scientific theory after the exams  
Not suitable if don’t enjoy writing essays |
| **Integrated** | Lectures take place alongside clinical attachments from the start of the course | The scientific knowledge is delivered at appropriate stages  
Early clinical exposure  
Offers variety | You may be faced with patients before you feel you know enough  
You’ll still be going to lectures in the last year or so of the course |