

**CHALLENGES IN IMPLEMENTATION OF PROBLEM-BASED  
LEARNING (PBL) APPROACH IN MOI UNIVERSITY SCHOOL OF  
MEDICINE KENYA: PERSPECTIVES OF FACULTY MEMBERS**

**BY:**

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**A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENT FOR A MASTERS OF SCIENCE DEGREE IN  
MEDICAL EDUCATION, MOI UNIVERSITY SCHOOL OF  
MEDICINE.**

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## Declaration

This thesis is my original work and has not been presented for a degree at any other University. No part of this thesis may be produced without the prior written permission of the author and/or Moi University.

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## **Dedication**

To the school leadership, I believe that this piece of work will inspire more research in Problem-Based Learning (PBL) teaching strategy.

It takes a well-structured PBL strategy to deliver effective teaching and learning to medical students.

I dedicate this work to the tutors utilizing PBL strategy in Moi University School of Medicine (MUSM).

## **Abstract**

**Background:** Evidence from evaluations of Problems Based Learning (PBL) strategy in medical schools in resource-limited settings has shown that its adoption can be affected by resource limitation. Studies across Europe and parts of Africa have described challenges related to PBL curriculum strategy in medical schools but specific literature on faculty perceived PBL challenges is scanty and disproportionately represents institutions in developed countries.

**Objectives:** To assess faculty perceived challenges in the implementation of PBL strategy in Moi University School of Medicine (MUSOM) and examine strategies to overcome the identified challenges.

**Method:** This was a cross-sectional study that targeting 132 teaching staff from 18 departments at MUSOM. The study was conducted between April and June 2016. A self-administered questionnaire comprising a mix of both quantitative and qualitative questions was distributed to the respondents in both online and paper formats. Quantitative data were grouped into themes for analysis. We present proportions for quantitative data and themes that arose from the qualitative data.

**Results:** The identified faculty challenges include; teaching shortage (47%), inadequate tutorial rooms (74%), inadequate internet facility (76%), and lack of well-equipped tutorial rooms (66.7%), inadequate skills and basic science laboratory (66.7%), inadequately equipped computer lab (66.7%). A majority (65.2%) also cited financial challenges to be scarce at the departmental level. Although the majority of respondents perceived PBL to be functional, many cited a lack of PBL guidelines as a bottleneck, especially when orienting young faculty. Other challenges include; limited training opportunities, time-demanding nature of the PBL curriculum. Suggested strategies to overcome the identified challenges included; increase in staffing (87.9%), regular training on PBL implementation (87.9%), increasing financial support to departments to facilitate smooth teaching operations (83.3%) and construction and equipment of tutorial rooms (89.4% and 90.9%).

**Conclusion:** Results show that PBL approach in MUSOM faces a myriad of challenges in relation to; staffing, infrastructural, financial and curriculum in different magnitude

**Recommendation:** To address these challenges the study examined the following solution; human resource, infrastructure, financing the school to support PBL activities and curriculum improvement strategies. Addressing PBL implementation challenges requires planning and stakeholder engagement.

**Table of Contents**

Declaration .....	ii
Dedication .....	iii
Abstract .....	iv
Table of Contents .....	v
List of Figures .....	ix
List of Abbreviations .....	x
Acknowledgment .....	xi
CHAPTER ONE .....	1
1 Introduction.....	1
1.1 Background .....	1
1.2 Problem Statement .....	4
1.3 Study Purpose.....	5
1.4 Study Objectives .....	5
1.5 Research Question.....	5
1.6 Operational Definition of Terms .....	6
CHAPTER TWO .....	8
2 Literature Review.....	8
2.1 Introduction .....	8

	vi
2.2 PBL Implementation challenges and solutions .....	8
CHAPTER THREE .....	15
3 Research Methodology .....	15
3.1 Introduction .....	15
3.2 Study design .....	15
3.3 Study Area.....	15
3.4 Study Population .....	17
3.5 Sampling and sampling procedures.....	18
3.6 Inclusion and Exclusion Criteria .....	18
3.6.1 Inclusion.....	18
3.6.2 Exclusion.....	18
3.7 Data Collection.....	18
3.8 Data Analysis .....	19
3.9 Pilot .....	20
3.10 Ethical Considerations.....	20
CHAPTER FOUR.....	21
4 Results.....	21
4.1. Introduction .....	21
4.2. Demographic Characteristics: .....	21

	vii
4.3. Challenges facing PBL in MUSOM.....	22
4.3.1. Human Resource and Training Challenges .....	22
4.3.2. Infrastructural Challenges.....	24
4.3.3. Financial Challenges.....	26
4.3.4. Curriculum Challenges .....	27
4.4. Suggested Strategies to Overcome PBL Implementation Challenges .....	29
4.4.1. Addressing human resource shortage and provision of training to existing faculty	29
4.4.2. Improvement of school Infrastructure .....	31
4.4.3. Financial Strategies.....	32
4.4.4. Curriculum Improvement Strategies .....	33
CHAPTER FIVE .....	36
5 Discussion.....	36
5.1. Introduction .....	36
5.2. Human Resource Challenges & Strategies.....	36
5.3. Infrastructure Challenges & Strategies .....	37
5.4. Financial Challenges & Strategies .....	38
5.5. Curriculum Challenges and Strategies .....	38
5.6. Study Limitation.....	39
5.7. Conclusion.....	39

	viii
5.1. Recommendation.....	40
REFERENCES .....	42
APPENDIX 1: CONSENT FORM.....	48
APPENDIX 2: STUDY QUESTIONNAIRE – TEACHING STAFF.....	50
APPENDIX 3: IREC APPROVAL .....	5
APPENDIX 4: CERTIFICATE OF CORRECTION .....	6
APPENDIX 5: PLAGIARISM CHECK.....	7
Table 1: Number of teaching staff in MUSOM (2015) .....	17
Table 2: Socio-Demographic Characteristics of Participants .....	21



## List of Figures

Figure 1: Conceptual Framework for PBL Curriculum Implementation Process .....	6
Figure 2: Staffing challenges .....	22
Figure 3: PBL Knowledge challenge .....	23
Figure 4: Physical resource challenges .....	25
Figure 5: Financial challenges .....	26
Figure 6: Curriculum challenges .....	27
Figure 7: Employment and staff training strategies .....	29
Figure 8: Infrastructural strategies .....	31
Figure 9: Financial strategies .....	33
Figure 10: Curriculum strategies .....	34

**List of Abbreviations**

<b>COBES</b>	Community Based Education and Service
<b>CSV</b>	Comma-separated Values
<b>LDL</b>	Lecture-based Learning
<b>MUCHS</b>	Moi University College of Health Sciences
<b>MUSOM</b>	Moi University School of Medicine
<b>PBL</b>	Problem Based Learning
<b>SDL</b>	Self-directed Learning
<b>SPICES</b>	Student-Centered Problem Based Integrated Community Oriented Elective and Systematic
<b>WHO</b>	World Health Organization

## **Acknowledgment**

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## CHAPTER ONE

### 1 Introduction

#### 1.1 Background

Problem-based learning (PBL) is perhaps the most innovative instructional method conceived in the history of education (Amoako-Sakyi & Amonoo-Kuofi, 2015b; Hung et al., 2008).

PBL was originally designed to respond to the criticism that traditional conventional teaching and learning methods fail to prepare novice medical students to solve problems in clinical settings. It appears to be the preferred pedagogical strategy in tertiary institutions worldwide. Many universities around the world have resorted to adopting PBL because of its student-centered approach to learning, multidisciplinary and professional relevance (Hmelo-Silver, 2004; Lim, 2012)

Don Woods from McMaster University defines Problem Based Learning (PBL) as any learning environment in which the problem drives the learning (Wood, 2003). That is before students learn some knowledge they are given a problem. PBL is an approach to learning that focuses on dissection and discussion of problems or cases in small groups usually supervised by one or more expert tutor(s) or instructor(s) (Chang, 2016).

In PBL students are given a case or a problem related to some course topic at the beginning of a tutorial session. The case/problem triggers a discussion about the subject. Based on

this discussion, students brainstorm for a while to make it clear what they already know about the subject and what they still need to learn to better understand the case/problem. The problem is posed so that the students discover that they need to learn some new knowledge before they can solve the problem (Wood, 2003).

After that, the students set learning goals for themselves. These steps are done in an opening session, which is followed by self-directed learning. During the self-directed learning (typically 1–2 weeks) each student studies to meet the agreed learning goals. Thereafter the group meets again for the closing session where the students discuss what they have learned. They try to make a synthesis of all knowledge they have and thus try to better understand the case/problem (Kinnunen et al., 2005).

The problems that students are given are ill-structured and cannot be solved by using just a prescribed formula or one-way conventional teacher-centered approach to teaching. Instead, the students must use investigative thinking, questioning and reasoning. The main emphasis of the innovative teaching method is to place the student at the heart of the teaching/learning process and to place the responsibility for learning on the learner (Lonka, 2013).

PBL curricula generally rely on the premise that students can learn the concepts pertinent to each PBL session independently outside of class time thereby freeing up time for critical analysis and group discussion (Chang, 2016). Previous research indicates that PBL students are more likely to study for meaning and less likely to study for the reproduction of information, which may be one of the reasons why PBL has spread into an increasing

number of medical faculties, including older and more traditional universities (Albanese & Mitchell, 1993).

PBL has been used as an instructional model in the development of the curriculum structure. As such, students are placed in the active role of problem-solver that resemble real-world problems (Savery & Duffy, 1995).

Even though there are differences in how problem-based models are practiced worldwide, they are founded on the same theoretical basis and thus have the same principles of learning. The idea of problem-based learning came to light in the mid-1960s at the McMaster University medical school in University in Rochester (Loyens et al., 2011). Since the 1960s, PBL has spread widely in the U.S.A, Europe, South America and Australia.

In Kenya, MUSOM was the first university to implement a PBL curriculum. Moi University College of Health Sciences (MUCHS) became a World Health Organization (WHO) Problem-Based Learning collaboration center in 1994. WHO contributed generally to the establishment of innovative medical education programs, supporting the establishment of a network of community-oriented educational Institutions for health sciences in 1979 (Gwele, 1997). Since its adoption in Moi, MUSOM has since graduated several batches of medical doctors. Since each university in the country sets its exam, it has been impossible to comparatively measure the level of performance of medical graduates across the country. However, a study by Owino et al. on interns showed that Moi

University graduates felt and are perceived as better prepared for their role as interns (Owino, 2010).

Although there are many advantages of the PBL curriculum, studies had found out that PBL curriculum implementation is resource-intensive and if not addressed can pose a big challenge in PBL implementation and maintenance (Amoako-Sakyi & Amonoo-Kuofi, 2015b; Deo, 2014).

To medical institutions in low and middle-income countries, provision of well-equipped facilities, recruitment of adequately trained teaching staff, periodic faculty development, and a myriad of various requirements put PBL out of reach for institutions in these countries.

## **1.2 Problem Statement**

Although many studies across Europe and parts of Africa have described issues related to problem-based curriculum implementation challenges in medical education specific literature on faculty's PBL curriculum implementation challenges is still scanty and disproportionately represents institutions in middle-income countries.

Despite the successful implementation of PBL in MUSOM, no literature has described PBL implementation challenges from the faculty's point of view. In this research, we identified and described challenges faced in the implementation of PBL as perceived by

teaching staff and further discussed the suggested strategies for overcoming the identified challenges.

### **1.3 Study Purpose**

To appreciate a new curriculum approach, implementers need to be aware of its pros and cons. Findings from this study will be helpful not only to MUSOM and the college of health sciences at large but also to many other medical schools in low and middle-income countries implementing the PBL curriculum.

### **1.4 Study Objectives**

- i. Broad Objective:  
To explore the perspectives of teaching staff in implementing the PBL approach MUSOM.
- ii. Specific Objectives
  - a. To assess the challenges faced in the implementation of PBL strategy in MUSOM
  - b. To examine strategies that can be applied to overcome the identified challenges in the implementation of PBL strategy in MUSOM

### **1.5 Research Question**

1. What are the challenges faced by faculty members in the use of the PBL curriculum approach?
2. What are the solutions to the existing PBL implementation challenges?



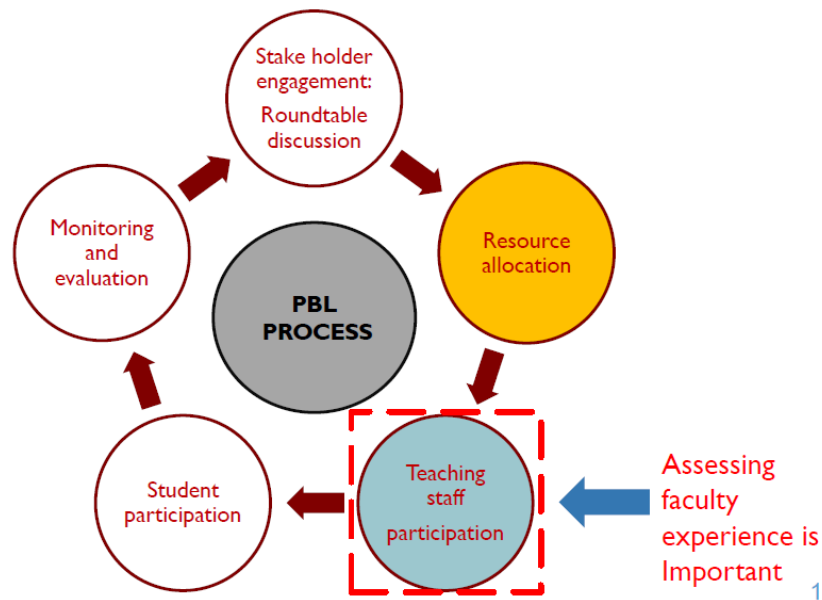


Figure 1: Conceptual Framework for PBL Curriculum Implementation Process

### 1.6 Operational Definition of Terms

**Problem Based Learning (PBL):** It is an innovative instructional learner-centered approach that empowers learners to conduct research, integrate theory and practice, and apply knowledge and skills to develop a viable solution to a defined problem(Savery, 2015). It can also be described as a process whereby a query leads to learning through a distinct series of developmental stages.

**Evaluation:** A wide-ranging term used to explain a systematic approach to the analysis of a given activity

**PBL Challenges:** Factors that inhibit the implementation process of problem-based curriculum

**PBL Strategies:** factors that facilitate the implementation process of problem-based curriculum

**Teaching staff:** Any member of staff engaged in active teaching and learning process.

## CHAPTER TWO

### **2 Literature Review**

#### **2.1 Introduction**

In this chapter, we explore existing literature on challenges and solutions for PBL implementation.

#### **2.2 PBL Implementation challenges and solutions**

Various studies in parts of Europe and the Middle East have underscored the importance of faculty training to deliver the PBL approach holistically. It is important for the implementers to first understand that PBL is a teaching strategy meant to spice up a curriculum. Faculty training on the PBL approach regardless of rank or experience should be done since this helps clarify misconceptions about the curriculum.

From hindsight, the importance of introductory PBL workshops for participants of curriculum design/review workshops become patent. One big challenge as highlighted above is the issues of identity crises as a result of the change from lecturer to a tutor which takes time to adjust to. A regular training workshop should address such a challenge. Having a regular exchange program with universities in developed countries can help mitigate the knowledge and skills gap as the experience of visiting such institutions results in an energized team (Amoako-Sakyi & Amonoo-Kuofi, 2015b).

The training simply imparts the skills that are relevant for a medical teacher in directing the students during the tutorial session (Barrows, 1983; Salam et al., 2009)

In addition to training, the challenge of getting the right tutors with knowledge of the content being discussed in tutorial groups may arise from time to time considering the shortage of tutors. A study done in Calgary Faculty of Medicine in 1991 found that that across 35 simulated-patient case encounters (24 with non-experts and 11 with experts) when the groups had tutors with expertise in the clinical cases studied, the groups generated approximately twice as many learning issues per case, and these issues were approximately three times more congruent with the case objectives. Besides, when the groups had expert tutors they spent approximately twice as much time per case in overcoming identified learning deficiencies. It is therefore important for tutors to have an in-depth understanding of the cases and case objectives as well as be well versed in the PBL tutoring process (Cj et al., 1992).

Davis et al found that students' evaluation and performance were higher in groups led by content experts than in groups led by non-experts. Their findings suggest that students with more directive tutors enjoyed the PBL groups more, rated PBL as an efficient structural method, were more able to identify gaps in their knowledge, and apply relevant information to the problem (DAVIS & HARDEN, 1999).

In the PBL approach, there is an increase in the demand for human resources compared to traditional teaching methods such as lectures; for example, a class of 30 students will need at least three facilitators (lecturers) instead of one. This contributes to the high cost of running PBL compared to a lecture-based method (Wood, 2003)

Time is an important resource that should be utilized effectively considering that students in medical schools are required to read extensively. In the PBL approach, studies show that

tutorials time consuming, meaning that compared to traditional teaching methods it takes more time to accomplish teaching or delivering a session. These can lead to overstretched staffing hence poor productivity. The fact that one will take more time to teach the same amount of content would probably be challenging for those who are contemplating the implementation of PBL in their curriculum (Albanese & Mitchell, 1993; Deo, 2014).

In addition to time-related challenges in delivering tutorial sessions, a three-year longitudinal case study that monitored the development of staff concerns during the implementation of a PBL program in a nursing department in the University of Natal in Durban South Africa found that staff also expressed concerns relating to; (a) inadequacy of staff support, (b) stress related to work overload and (c) lack of time for doing research and publishing (Gwele, 1997)

Institution's infrastructural resources such as the library, well build classrooms and breakout rooms, teaching and basic science laboratory, internet connectivity, social amenities are considered essential in every educational institution. Teaching and learning on campus take place within specific physical settings that are integral to the process of learning. Directly related to tutorial groups is the need for well build tutorial rooms. Poorly constructed tutorial rooms could make both the students and the facilitator uncomfortable and eager to end tutorial sessions before the required time (McLaughlin & Faulkner, 2012).

Looking at the PBL structure, more rooms are needed for PBL compared to the traditional lecture-based learning method (LBL). Even though the rooms might be many, the students' population may surpass the number of rooms forcing tutorials to be scheduled at different times

to allow multiple tutorial groups to use a single tutorial room. Adequate learning resources including; well-resourced libraries, reliable internet connectivity, functional clinical skills laboratories facilitate the process of SDL in the PBL curriculum. Lack of or limited natures of the infrastructure is likely to threaten and impede the implementation of more student-centered and flexible learning approaches being introduced in higher education worldwide (Amoako-Sakyi & Amonoo-Kuofi, 2015b; Jamieson \*, 2003). Various studies on the use of the library by students in PBL settings show that the PBL method itself directs students to make maximum use of the library's resources more compared to medical institutions using a conventional curriculum. A well-equipped library enables students to access materials that are necessary for Self-Directed Learning (SDL) (Marshall, 1993; Rankin, 1992; Watkins, 1993).

Despite being vital to a PBL curriculum, the provision of appropriate and adequate infrastructural resources to facilitate effective teaching and learning in a PBL setting is an uphill task in medical institutions in low and middle-income countries with a struggling economy. Lack of good infrastructure may force some medical schools with PBL-based curricula to revert to traditional learning methods ((Johnson et al., 1999)

As PBL becomes widely used in many medical schools around the world, some courses remain hard to teaching using the PBL approach and medical institutions are likely to face difficulties in the integration of certain types of courses into a PBL curriculum approach. studies from the University of Maastricht in the Netherlands, which uses a PBL approach, has given rise to concern. In a qualitative study, students reported that they felt deficient in

basic science knowledge, particularly in anatomy, when entering clerkships (Prince et al., 2000).

The integration of courses into the PBL structure is not an easy task and requires the cooperation and collaboration of faculty members, students, and non-academic staff, and the wide university community. To add to cooperation and collaboration is the change of attitude towards PBL by both the students and the faculty. A study at the University of Toronto Faculty of Medicine demonstrated that experience with PBL led to more favorable attitudes among the students and faculty (P et al., 1995).

Separate from the tutor, infrastructural resource, and curriculum integration challenges are the issue of politics within the institutions, cited to impede the implementation of curriculums in institutions. Implementation of educational strategy and the level at which the decision to implement is made depends on the internal and external political context of the educational system, for any innovation to gain the right of passage, it is essential to recognize the greater relevant power (Adams & Chen, 1981). Internally the implementation of a Problem-based curriculum represents a change of mindset. The change from traditional teaching methods is felt to be a difficult task, involving the questioning of long-held beliefs about teaching and learning (Aldred et al., 1998).

Financing tertiary education in low and middle-income countries is a challenge. One of the problems, which is also the cause of a few other resource challenges, relates to finances (Tilak, 2011). According to the World Bank report of 2010, the size of the financing gap suggests that alternative methods of financing and other models of expansion or

organization of the supply of education services should be considered. In many countries, however, there will be little financing leeway. Higher education competes with other education levels for the appropriation of public resources, and even in countries where higher education enjoys a relatively high priority, the needs generated by progress toward universal primary school enrollment are expected to undermine that priority (World Bank, 2010).

Most of the institutions entirely depend on government funding to finance its operations. In Kenya, higher education is characterized by students' preference for public universities due to government financial support associated with such an admission. This demand for university education has significantly increased and continues to swell against a backdrop of decreasing ratio of financial allocation to universities from the Government (Gudo, 2014).

People can see change as additional work and a lack of both students' and tutors' buy-in may impede PBL adoption (Wondie et al., 2020). An adjustment period is required when changing the curriculum, which can sometimes be a genuinely life-changing experience. Knowledge of what to expect and how to adjust may be necessary to allay any fears. The challenges faced in PBL should not be considered as reasons for opposing the PBL curriculum but rather as significant issues that need close attention and further research (Azer, 2001). These challenges should be addressed by institutions attempting to implement Problem-based Learning according to their unique situations.





## CHAPTER THREE

### 3 Research Methodology

#### 3.1 Introduction

This chapter describes the method used in this study to arrive at the results.

#### 3.2 Study design

This was a cross-sectional study that was conducted between May and July 2016.

#### 3.3 Study Area

The study was conducted at the MUSOM located in Eldoret Town and hosted within the College of Health Sciences and Moi Teaching and Referral Hospital complex. It is the 2<sup>nd</sup> medical school to be established in Kenya in 1988 after the Nairobi University School of Medicine. MUSOM admitted the first intake of medical students in 1990 and graduated its first cohort of doctors in 1997. At the time of this study, the school had 18 departments (see Table 1 below) and over 200 teaching and non-teaching staff, directly and indirectly implementing PBL as an innovative method of teaching and learning. PBL was introduced in the institution in 1994.

MUSOM PBL curriculum is hybridized and integrates various teaching and learning methodologies such as; practical sessions including anatomy dissections, laboratory work and simulations; structured clinical skills training; lectures; and community fieldwork (community orientation). The lectures are usually given for a course overview and are usually held in the first few hours of the tutorial day and this constitutes about 10% of the

available teaching time per week. The remaining 90% of available teaching time is used for non-lecture-based teaching and learning activities including student-directed learning (SDL). In MUSOM, the PBL program is organized into a step-based format. Step 1 is regarded as TUTORIAL ONE (1); here, the tutorial group together with the tutor read through the problem, define terms, clarify the concept and analyze problems (if possible at this point) usually on the first day of the week like Monday.

The number of PBL scenarios per module depends on the length of the Module. Step 2 also known as tutorial TWO (2), entails a self-study process commonly referred to as Self Directed learning (SDL), which lasts approximately 3 days for example; Tuesday, Wednesday and Thursday (students look for information on their own), this is usually not a free time but intense information searching, reading, consulting, discussion and notes taking. Step 3 also known as tutorial THREE (3), is devoted to getting feedback on what the students have learned from the research they have undertaken between the meetings, providing solutions to problems, and synthesizing this information in the presence of a tutor.

Community-Based Education and Service (COBES) is another important feature of this curriculum. The objectives of the COBES program are to provide broad-based people-centered education that trains medical students to have a strong community orientation. COBES programme runs from year 1 to year 5.

### 3.4 Study Population

The study population comprised of 132 teaching staff from the 18 departments in the school of medicine. The teaching staff have different category of qualifications in different disciplines of medicine

Table 1: Number of teaching staff in MUSOM (2015)

#	Department	The total population of Teaching Staff N= 132
1.	Behavioral sciences	5
2.	Child Health and Paediatrics	13
3.	Family Medicine	4
4.	Hematology and B/Transfusion	6
5.	Human Anatomy	10
6.	Human pathology	5
7.	Immunology	10
8.	Internal medicine	7
9.	Medical Biochemistry	7
10.	Medical Education	5
11.	Medical Physiology	10
12.	Mental Health	5
13.	Microbiology and Parasitology	9
14.	Orthopedics and rehabilitation	4
15.	Pharmacology and toxicology	7
16.	Radiology and Imaging	6
17.	Reproductive health	7
18.	Surgery and Anesthesiology	12
Totals		132

### **3.5 Sampling and sampling procedures**

This study employed a census method due to the small nature of the population. By so doing, sampling error was eliminated hence providing an opportunity to interview the entire population of teaching staff (Faculty).

### **3.6 Inclusion and Exclusion Criteria**

#### **3.6.1 Inclusion**

To be included as a participant in the study, one had to meet the following inclusion criteria; actively involved in teaching both students in MUSOM and be a full-time employee at the university

#### **3.6.2 Exclusion**

We excluded the following teaching staff in our study; teaching staff who was on sabbatical leave at the time of the study and those staff who had less than 1-year experience in teaching at MUSOM.

### **3.7 Data Collection**

Data was collected using a ten-item self-administered questionnaire comprising of both qualitative and quantitative questions (mixed method) to ensure a counter-balancing strength of the other. The questionnaire was divided into three parts. Part A, Part B, and C.

Part A (demographic section) comprised; background information about the respondents such as; age, gender, years of experience, and department of work. Part B comprised; 5 points Likert scale table with pre-generated statements skewed towards the common challenges experienced in PBL implementation as informed by various literature. In this

section, respondents were to rate on a scale of 1-5, (where 1 = strongly disagree and 5= strongly agree) the challenge related statement they felt was a challenge to the PBL implementation in their department. Part B, comprised; a qualitative section where respondents voluntarily pointed out additional challenges they felt was affecting PBL in their department and the school at large.

Similar to Part B, Part C was also comprised; 5 points Likert Scale with pre-generated statements where respondents were to rate on a scale of 1-5 the strategy related factors they felt were key in countering or addressing PBL implementation challenges in their department (s).

The questionnaires were distributed to the 18 departments in the school to be completed by consenting respondents and the departmental secretaries were instrumental in collecting them back for the research assistants. The questionnaire and consent form was also programmed into Google doc forms and an online link sent to participants who were not in school at the time of the survey.

### **3.8 Data Analysis**

**Quantitative data analysis:** Data on the questionnaires were reviewed for completeness by the research assistants and were entered into the Microsoft Access database. After the data entry, data cleaning was performed to eliminate any case of repeated and incomplete data set in readiness for analysis. After cleaning, data was then extracted from the database as a CSV file for analysis using Microsoft Excel. In the analysis process, both demographic and Likert scale data was plotted into frequency distribution tables using the “IF function”

and tabulated into frequency distribution to determine the patterns of analysis and display the proportion of respondent's responses to various categories of question.

**Qualitative data analysis:** Qualitative response on respective questions were typed out in the access database. We pulled out the free text and exported it to word document before importing it to into NVivo for analysis. The analytical codebook was developed to draw out and justify emerging themes. This method borrows from the iterative approach of grounded theory(Auerbach & Silverstein, 2003). Verification of response was done by frequently going back to the original transcripts to ensure the text was coded within context.

### **3.9 Pilot**

To test the reliability and validity of the questionnaire, we conducted a pilot test at Moi University, School of tourism. The rationale for selecting the pilot site included; use of the PBL approach/strategy in the delivery of teaching and learning, a student population, a tutor population with PBL experience, and within a reachable geographical distance. Permission to carry out the pilot was approved by the Dean School of Tourism.

### **3.10 Ethical Considerations**

IREC approval was sought before the study commenced and written consent was also obtained from participants who participated in the study.

## CHAPTER FOUR

### 4 Results

#### 4.1. Introduction

In this chapter, we describe the study findings as guided by study objectives

#### 4.2. Demographic Characteristics:

Of 132 respondents, 66 (50%) agreed and consented to participate in the survey. Most of the respondents 47(71.2%) were males with almost half, 29 (43.9%) aged 50 years and above. Half 33(50%) had attained a master's degree as their highest level of education with 25 (37.9%) holding a doctoral degree and the remaining having a bachelor's degree. The majority (49, 74.2%) had over 5 years of teaching experience at the school of medicine.

Table 2: Socio-Demographic Characteristics of Participants

	<b>n</b>	<b>(n/132*100)</b>
<b>Respondets (Faculty)</b>	66	50
<b>Age</b>		
30-34	6	9.1
35-39	8	12.1
40-44	16	24.2
45-49	7	10.6
50 and above	29	43.9
<b>Gender</b>		
Male	47	71.2
Female	19	28.8
<b>Educational Level</b>		
Certificate	1	0.7
Diploma	1	0.7
Degree	6	3.0
Masters	33	50.0
Doctorate	25	37.9
<b>Work Experience</b>		
1-2 years	9	13.6
3-4 years	8	12.1
≥5 years	49	74.2

Table 3: Category of Teaching Staff Respondents



Title	n	%
Lab Technician	6	9.1
Tutorial Fellow	2	3
Assistant Lecturer	2	3
Lecturer	25	37.9
Senior Lecturer	20	30.3
Associate Professor	9	13.6
Professor	2	3
Total	66	99.9

### 4.3. Challenges facing PBL in MUSOM

#### 4.3.1. Human Resource and Training Challenges

As shown in figure 2 below, almost half of the respondents 31(47%), agreed that there are very few staff to facilitate effective teaching and learning in the PBL approach. As shown in figure 3 below, most of the respondents 20 (30%) do not perceive a lack of knowledge on PBL as a challenge.

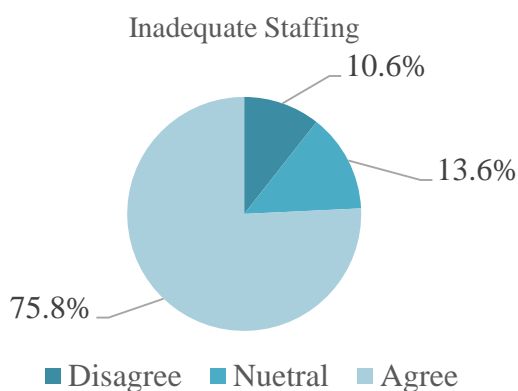


Figure 2: Staffing challenges

The qualitative result supports the above results on the staff shortage and it is exemplified by the following statement;

*“The inadequate number of faculty members in some departments is straining and therefore stressful for the few faculty”.*

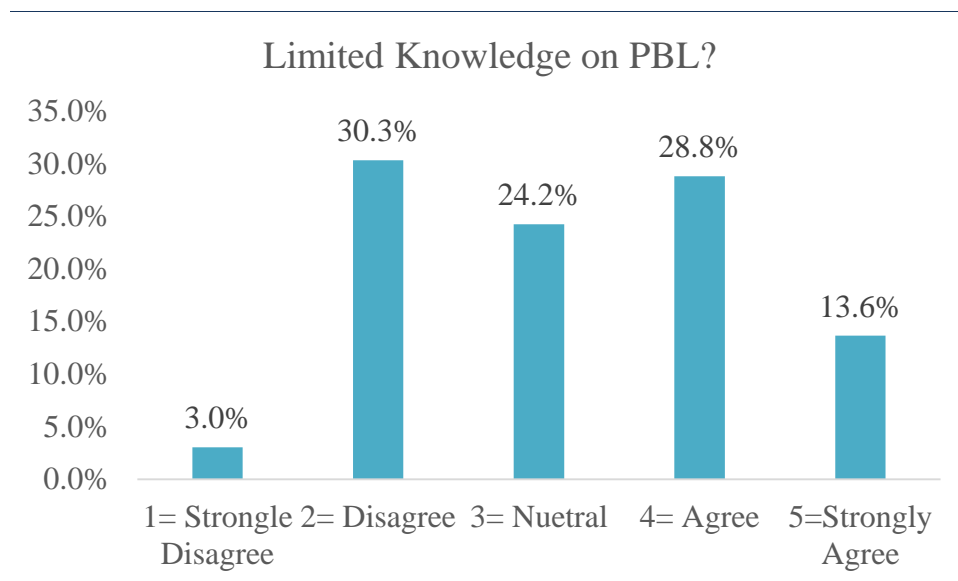


Figure 3: PBL Knowledge challenge

The qualitative results pointed out a couple of training gaps. These are exemplified in the following statements;

*“PBL training opportunities are available but limited and therefore does not meet the learning needs for faculty”.*

*“Lack of PBL mentorship structure for junior faculty by senior faculties. In addition to limited training opportunities and lack of mentorship for new and junior staff, the few available training opportunities are not widely advertised hence not all departments were aware of such opportunities”.*

*“Some teaching staff are not even aware of any induction opportunity and if there is, some department are highly favored depending on the top leadership”*

#### **4.3.2. Infrastructural Challenges**

As shown in figure 4 below, inadequate tutorial rooms and limited internet access were the most commonly cited challenges affecting PBL implementation. More than three quarters, 50 (75.8%) of the respondents also agreed that there is limited internet access within the school, hence challenging for faculty who need to access the internet for teaching & learning materials. Almost three quarters, 49 (74.2%) of the respondents agreed to the statement that tutorial rooms are inadequate to cater for the school-wide tutorial activities. Although the tutorial rooms are inadequate, slightly more than half, 36 (45.5%) of the respondents agreed with the statement that the few available tutorial rooms are well lit and ventilated making them appropriate for teaching activities.

More than half, 44 (66.7%) of the respondents agreed with the statement; “few available tutorial rooms are not well equipped”. More than half, 37 (56.1%) of the respondents agreed with the statement that tutorial rooms were inadequately equipped with audiovisual equipment for teaching. A large proportion, 40 (60.6%) of respondents agreed to the statement that both skills and basic science laboratories are inadequate to support PBL teaching. More than half, 37 (56.1%) of the respondents agree that the library available in the college is not sufficient and not equipped with reading resources for effective teaching. Access to reading materials such as Journals and books by both faculty and students is a key element of teaching and learning and in PBL, a review of journals, for example, would

aid a deep understanding of topics being discussed. Most, 44 (66.7%) respondents agreed that the computer laboratories are not equipped to facilitate teaching.

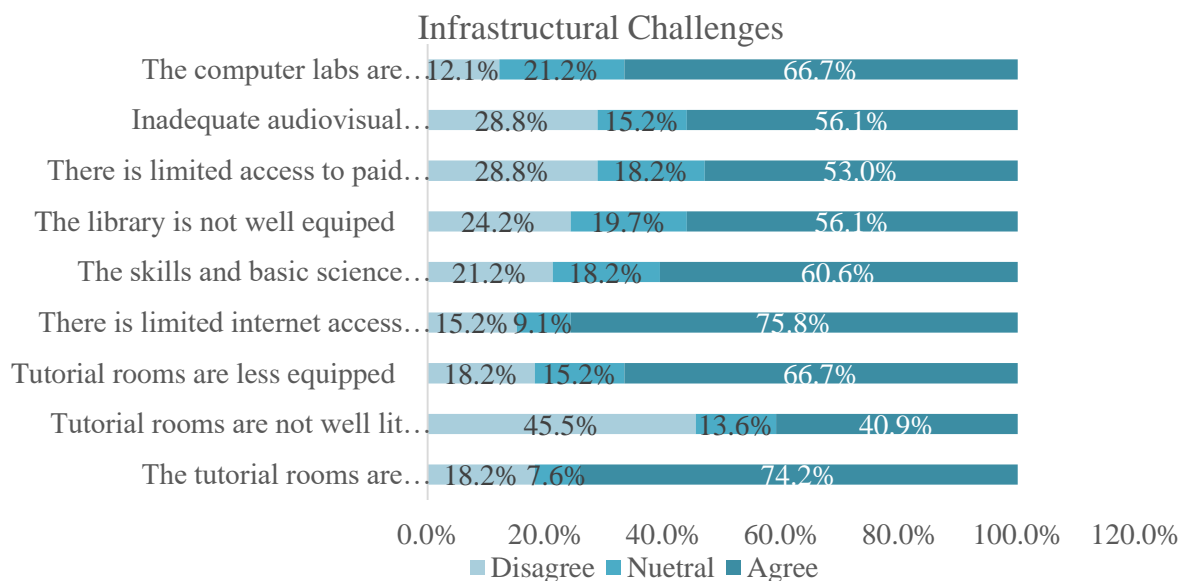


Figure 4: Physical resource challenges

From the qualitative response, physical resource challenges were also cited. Some of the respondents cited; lack of maintenance of tutorial rooms. These are exemplified in the following statements;

*“It is sometimes hard to find clean furniture, doors that lock and power sockets in a good working condition making it challenging for tutorial classes”.*

*“Tutorial rooms lack basic teaching materials such as whiteboards, marker pens, and flipcharts”.*

*“Lack of reliable internet connectivity, makes it challenging to both faculty and students to access current reading material”.*

*“There is a lack of good internet connectivity to facilitate the acquisition of teaching and learning materials”.*

*“The school does not have reliable internet for both the tutors and the students to access journals”.*

*“The students have to access the internet in the corridor during Self Directed Learning (SDL) sessions”*

*“The teaching laboratories are inadequate and the existing ones are not responsive to the current teaching and learning needs. The laboratories lack key equipment that is essential for teaching”*

*“The printing services within the schools charge money which departments don’t have hence they are forced to utilize very old handouts to deliver teaching”.*

### **4.3.3. Financial Challenges**

More than half, 43 (65.2%) of the respondents, agreed to the statement that the finances are limited. From the qualitative response, one respondent mentioned that it is hard to access funds from the university to aid in the purchasing of materials and equipment. *“We don’t see the university investing in teaching equipment”*

There is Inadequate funding to support PBL

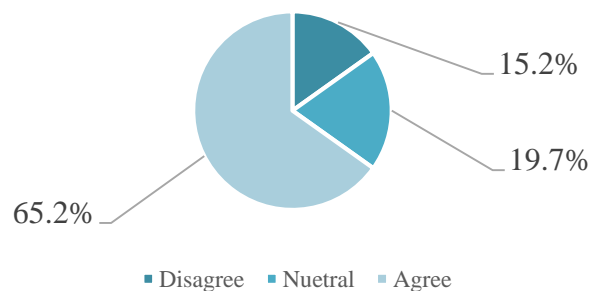


Figure 5: Financial challenges

#### 4.3.4. Curriculum Challenges

The study looked at four areas of curriculum challenges that are likely to affect PBL implementation. These include; time-demanding nature of the PBL curriculum, dysfunctional curriculum (curriculum that deviates from ideal e.g. using lectures in place of tutorials), and the nature of the course not flexible for PBL and lack of guidelines to facilitate PBL. As shown in figure 4 below, less than half, 26 (39.4%) of the respondents agreed with the statement that the PBL curriculum in MUSOM is time demanding. More than half, 36 (54.5%) disagreed with the statement that the PBL curriculum in the school is dysfunctional. More than half, 38 (57.6%) of the respondents also disagreed with the statement that the nature of the courses being taught in their respective departments not flexible for the PBL curriculum. Most, 29 (43.9%) respondents agreed with the statement; “there is a lack of PBL guideline to facilitate PBL curriculum”.

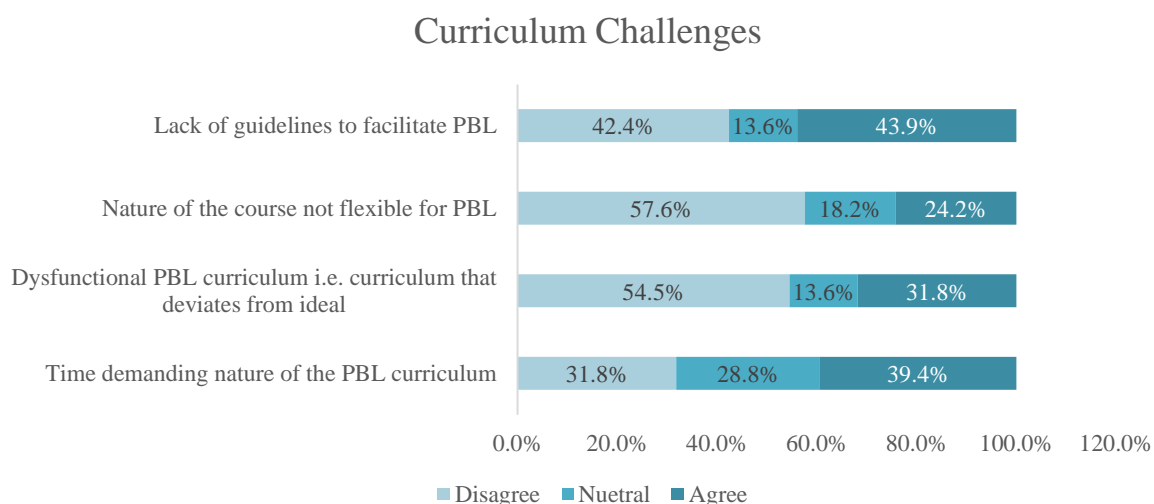


Figure 6: Curriculum challenges

From the qualitative response, a couple of statements exemplified the curriculum challenges;

*“Recycling of the same tutorial problems every year is boring and not motivating for tutors”.*

*“Lack of assessment system in place to enable the school to know the overall impact of PBL and whether it is implanted in the right way”.*

*“We cannot tell whether the PBL is working better since there is no system to assess its overall impact”.*

Although the majority, 35.9 (54.5%) of the respondents disagreed with the statement that the curriculum is dysfunctional (deviates from ideal), one participant mentioned that the PBL approach is exhausting to tutor the students on large modules and most tutors would prefer taking students through lectures. This is exemplified by the statement below;

*“Some modules for specific courses are too overcrowded requiring more time to complete, hence forcing tutors to deviate to lecture method since it is easy to cover more”.*

Some respondents also mentioned that there is inadequate time and opportunity for student orientation on the PBL strategy, hence there is minimal understanding of the PBL concept and practice by the students. This is a challenge because the students do not understand the concept of PBL in their early graduate years.

*“Students are not prepared well and they do not know their role in small group teaching in their junior year. There is limited time for inducing the students on the requirements for PBL. Many of them do not understand PBL processes and as a result, do not put enough efforts as required by the PBL curriculum approach”*

#### **4.4. Suggested Strategies to Overcome PBL Implementation Challenges**

##### **4.4.1. Addressing human resource shortage and provision of training to existing faculty**

As shown in figure 7 below, the majority of the respondents 58 (87.9%) agreed that there is a need for the school to provide training to teaching staff on PBL and the need for more teaching staff to be employed to fill the staffing gap as well as address tutor shortage.

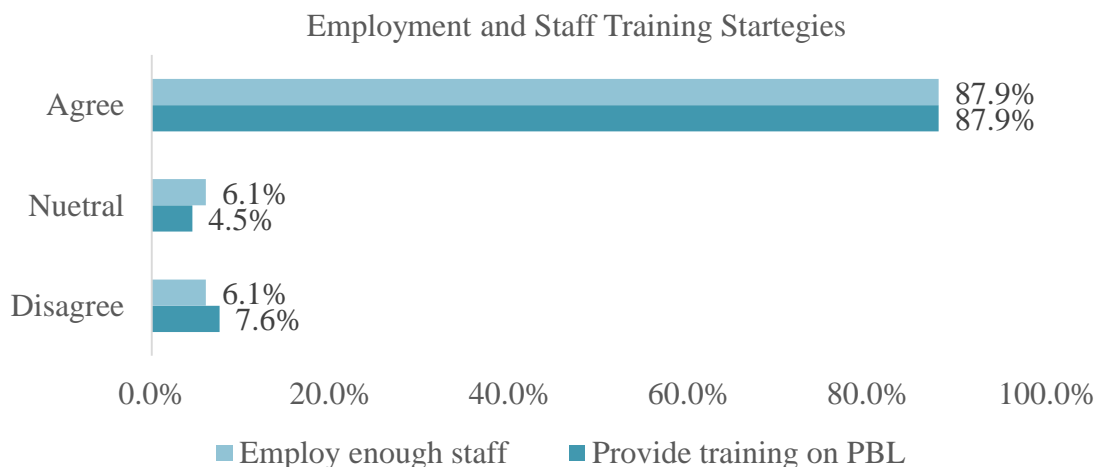


Figure 7: Employment and staff training strategies



From the qualitative response, some respondents strongly suggested that there is a need to have regular training opportunities for all faculty staff to fill the knowledge gap that exists in PBL implementation as well as the need to employ more teaching staff. These are exemplified in the below-cited quotes;

*“Regularize and making re-orientation (staff) mandatory”.*

*“There is a need to orient all staff who join the university on PBL program (enhance staff induction program for new staff)”.*

*“Increase the time/period for inducting the students on the requirements for PBL. Many of them do not understand PBL processes and as a result, do not put enough effort as required by the PBL curriculum”.*

*“The school should lobby for more teaching staff to be employed and support staff to be deployed to departments with shortage”.*

*“There is a need for benchmarking opportunities with consortium universities that utilize the PBL curriculum, training opportunities to be advertised widely for departments to be aware of them, put in place a structure mentorship system for junior faculty to ensure PBL is fully adhered to”.*

One respondent mentioned that there is a need to increase the remuneration of the faculty members to motivate staff in the delivery of teaching instead of having some go for other money-making opportunities such as seeing patients during university's time. This is exemplified in the quote below;

*“Pay staff well to motivate them. Poor pay equals less effort”.*

#### 4.4.2. Improvement of school Infrastructure

As shown in Figure 8 below, the majority of the respondents agreed that there is a need to improve the school infrastructure. The majority, 59 (90.9%) highly scored the need for equipping the library, followed by equipping tutorial rooms 59.9 (90.9%) and construction of more teaching rooms 59 (89.4%).

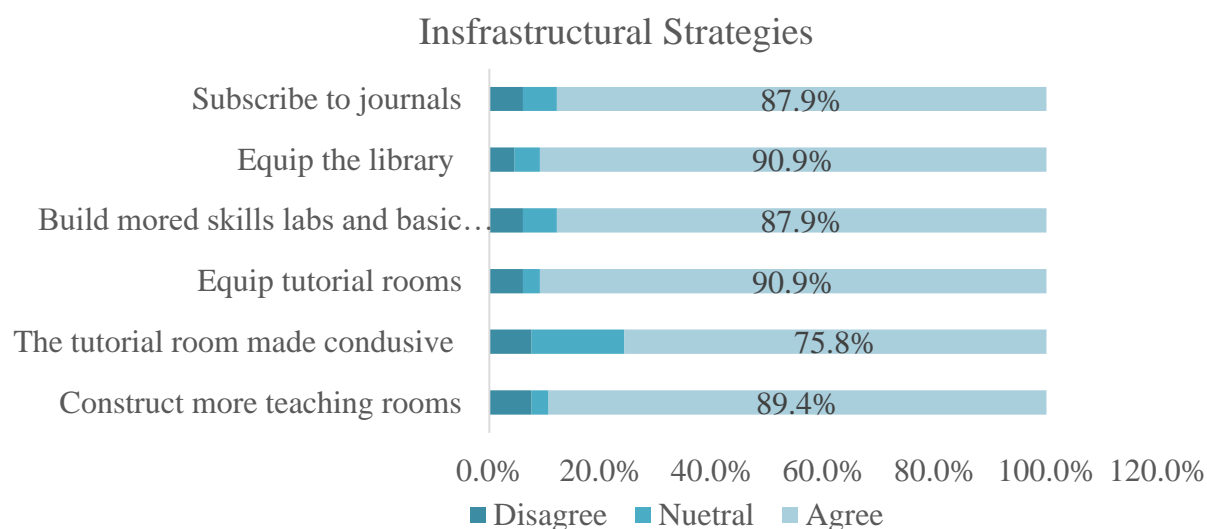


Figure 8: Infrastructural strategies

Similar to quantitative, the qualitative responses were in line with the above results. The respondents cited the need for an equipped library and more tutorial rooms. The views are exemplified in these quotes;

*“The library facilities should be expanded to serve student’s SDL needs and ensure the provision of wireless internet”.*

*“The university should consider constructing more tutorial rooms that are well lit, ventilated, with blinders that protect excess light and fully equipped with teaching resources to create a conducive environment for both learners and tutors in PBL”.*

*“ The university to create satellite teaching centers to ease congestion of students within the school. Apart from the library, there should be rooms open to students for private quiet study and also others for discussions- outside class hours or over weekends”*

*“Encourage the utilization of modern e-teaching platform to mitigate resource challenges”.*

*“Construct more skills and basic science laboratories to meet the demands of tutors and learners”*

#### **4.4.3. Financial Strategies**

As shown in figure 9 below, the majority, 55 (83.3%) of the respondents agreed that there is the need for departments to be allocated funds to support PBL activities for example; procurement of teaching resources like flip charts, marker pens, projectors and to cater for an in-house workshop on curriculum review meetings. A majority, 47 (71.2%) also agreed to statement that the school should try to mobilize additional funds to fill the financial gap

affecting the smooth flow of the PBL curriculum. Although a larger proportion of the respondents agreed that financial challenges exist and that there is a need for additional funding to support PBL implementation, more than half 40 (60.6%) of the respondents disagreed with the statement that fees should be increased to respond to the financial gap.

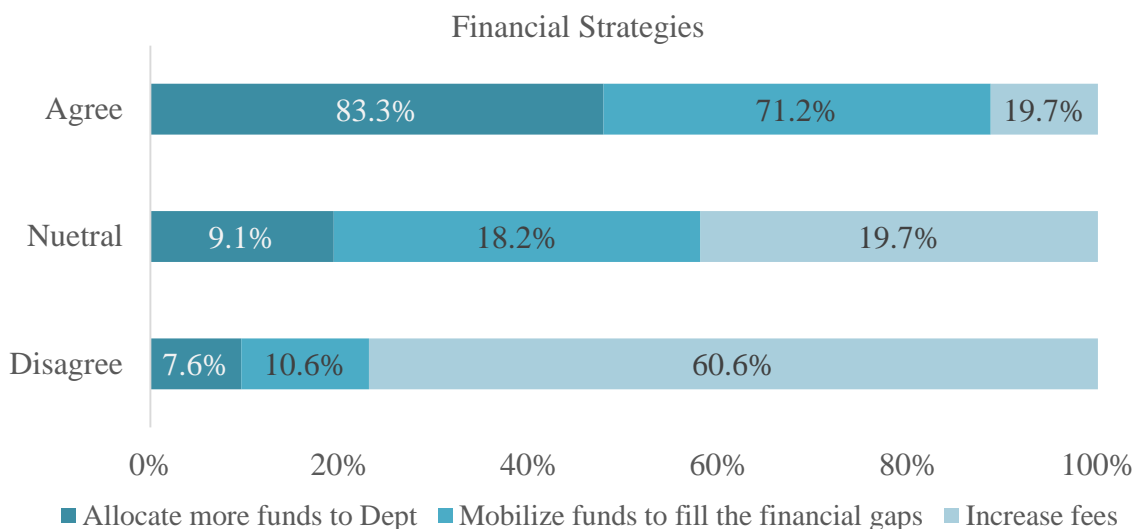
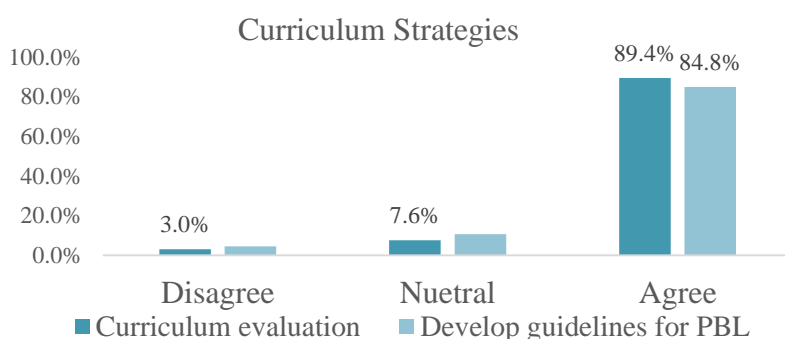


Figure 9: Financial strategies

#### 4.4.4. Curriculum Improvement Strategies

As shown in figure 10 below, the majority of respondents 59 (89.4%) agreed that there is a need for regular PBL curriculum evaluation to measure whether every step of the processes is being adhered to as well as gauge its impact on medical graduates. The



majority of the respondents 55.9 (84.8%) also agreed that there is a need to get PBL guidelines to

be developed and available in all departments for the teaching staff to refer to as a PBL implementation guide.

#### Figure 10: Curriculum strategies

The qualitative responses were in line with the results above. These are exemplified in the following sentiments;

“There is a need to share result from curriculum evaluation to inform the state of the PBL curriculum system and improve on the standard of teaching”

*“Use of data collected from surveys (courses & PBL evaluations etc.) to improve standards.*

One respondent also suggested the need to have regular curriculum review exercise, preferably after every two years to improve the quality of teaching.

*“Regular curriculum review will enable the department to amend key areas of the curriculum that need improvement”*

Other suggested curriculum improvement strategies included;

*“Tutors to ensure overview session precedes over tutorials to avoid a situation where students engage in the tutorial without some foundation knowledge on the topic”.*

*“Tutorial timetables should be distributed in advance, not at the beginning of the course”.*

*“The curriculum document should incorporate the roles both the learners and the tutors to avoid wrong expectation”*

*“Tutors should be assigned topics based on their expertise rather than depending on process expertise”.*

*“Teaching should be structured in a manner that gives room for enough breaks and holidays for staff and students in order to avoid burnout”.*

*“The timetable circulated on time to avoid last-minute processes”.*

*“There is a need for tutors to adhere to timetable allocated time to avoid confusion in the teaching process”.*

## CHAPTER FIVE

### 5 Discussion

#### 5.1.Introduction

In this chapter, we discuss the relevance of the study findings by comparing it to other r similar findings studies.

#### 5.2.Human Resource Challenges & Strategies

From the results, the majority of the participants agreed with the statement that there is limited staff in the department to facilitate teaching and learning. Similar to Mullan et al, most institutions in sub-Saharan African face ubiquitous faculty shortages in basic and clinical sciences. (Mullan et al., 2011).

In a PBL curriculum, students study in small groups of about 6 – 10 members and each of these groups is assigned a faculty member (facilitator) whose role is to facilitate the learning process at the tutorial group meetings. The human resource implication of this setting is massive and calls for adequate staffing to ensure all PBL processes are covered (Amoako-Sakyi & Amonoo-Kuofi, 2015a).

In addition to the human resource challenges, there is a challenge of finding a medical teachers “tutor” with the expertise to deliver learning in PBL format. The availability of well-trained medical teachers who understand the entire process of PBL and those who have acquired skills in facilitation and management of group dynamics is scarce in a

resource-limited setting. For tutorial groups to function correctly, the facilitator (tutor) must be familiar with teaching techniques of facilitating small groups (Barrows, 1983).

Results from this study show that MUSMM faculty perceive themselves to be knowledgeable about PBL. However, from the qualitative survey some participants mentioned that although they know PBL, continuing professional development opportunities is necessary. Similar to these study findings, various studies have shown that training faculty is important in PBL implementation (Baral et al., 2010; Hitchcock & Mylona, 2000). These studies suggest that PBL implementation is reliant on both availabilities of faculty that are well acquainted with PBL knowledge and skills. It is therefore crucial for an institution utilizing the PBL approach or wishing to adopt the PBL approach to consider setting aside adequate staffing and training budget.

### **5.3. Infrastructure Challenges & Strategies**

The overall result from this study found out that MUSOM faces a myriad of challenges in terms of infrastructure establishment that is likely to be interfering with the smooth implementation of PBL. The availability of physical resources is a key element in PBL implementation. Other studies have also demonstrated that both faculty and students in medical schools utilizing the PBL approach would prefer a well-established infrastructure such as; well-equipped library, adequate, well-built, and equipped tutorial rooms, and reliable internet connection within the campus. Such an environment is flexible learning spaces that can adapt to both individual and collaborative work with a strong emphasis on social learning (Amoako-Sakyi & Amonoo-Kuofi, 2015a; Walker & Leary, 2009).



#### **5.4. Financial Challenges & Strategies**

Like any other program, PBL demands are cost-intensive and therefore the institution is likely to suffer a big challenge if financial aspects are ignored. In this study, financial challenges were perceived as a major hindrance to the successful implementation of the PBL curriculum by a large proportion of faculty. The cost of a PBL approach and traditional teaching based on lectures and labs tends to show that PBL is twice as costly as the traditional approach (Ribaud & Saliou, 2013)

Previous studies also suggest that cost determinants on PBL curriculum implementation and maintenance need to be considered and balanced against affordability; greater expenditure cannot be assumed to translate into better outcomes (Walsh, 2010). In a study done in China by Fan et al., show that many schools are interested in increasing the number of curricular hours devoted to PBL but are constrained by resources (Fan et al., 2014). This suggests that to implement PBL the institution should be financially ready.

#### **5.5. Curriculum Challenges and Strategies**

The current expansion in medical education renders the evaluation of the effectiveness of our innovations together with the established modes of curriculum delivery very important. In this study, several curriculum-related challenges were raised, with key among them being; irregular review of curriculum, lack of PBL guideline, lack of assessment system of PBL to measure its impact, overcrowded modules, curriculum deviation, and shortage of tutorial cases/problems. Other similar findings have been demonstrated by other studies

that have looked at PBL curriculum challenges (Abdelkarim et al., 2018; Azer, 2001; Lonka, 2013; Salam et al., 2009; Yeo & Chang, 2017).

### **5.6. Study Limitation**

This study utilized a survey method that was limiting in nature compared to the use of the in-depth interview. However, the result of this study still highlights the challenges that affect the PBL approach.

### **5.7. Conclusion**

The findings from this study suggest that the PBL approach in MUSOM faces a myriad of challenges with regards to; human resources and training, infrastructure, finance and curriculum.

In regards to human resources and training, there is shortage of teaching staff and limited training opportunities on PBL for the few existing staff.

In regards to infrastructural challenges, there is limited internet connection, inadequate tutorial rooms to cater for PBL tutorial activities, less equipped and poorly maintained tutorial rooms, inadequate basic sciences and skill laboratories, less equipped library, less equipped computer laboratories.

In regards to curriculum challenges, there is lack PBL guidelines to guide the PBL implementation. The tutors feel that the available PBL tutorial problems have been recycled for too long making it less interesting to tutors. The PBL curriculum lacks an assessment system to measure the expected outcome of the PBL strategy. Some tutors

deviate to lecture methods since some modules have an overload of content and the time available is not enough to cover everything. Student orientation on the curriculum is not adequate leading to limited understanding of PBL approach by the students.

### **5.1.Recommendation**

To address human resource and training challenges, the study recommends that the school should hire more teaching staff to meet the demand for PBL. Extend training opportunities on PBL to the existing staff as well as the newly hired staff with limited experience and skills on PBL

To address infrastructural challenges, the study recommends that school should build additional tutorial rooms to meet the demand of PBL, invest on reliable and adequate internet connectivity, equip tutorial rooms with audio-visual equipment and other teaching resources, construct more skills and basic science laboratories to meet the demand for teaching and learning, equip the library with more reading resources, establish private reading and discussions rooms, and equip computer laboratories with modern computers.

To address financial challenges, the study recommends that the school should allocate more funds to the department to facilitate the procurement of teaching resources and mobilize finances to cushion the expenditure on the acquisition of teaching resources.

To address curriculum challenges, the study recommends that school should develop PBL guidelines for reference at the departmental level and make them available to every teaching, develop more tutorial problems to avoid recycling the existing problems,

establish a PBL assessment system to gauge whether the PBL strategy is making the desired impact and carry out regularly orientation students on the PBL strategy.

Given the above recommendation, the process of adoption requires planning, departmental support, and stakeholder engagement.

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## **APPENDIX 1: CONSENT FORM**

**Study Title:** Challenges and Barriers in Implementation of Problem-based Learning (PBL) in Moi University School of Medicine (MUSOM)

**Investigator**

Joseph Kipkoech Kirui

MUSOM, Department of Medical Education

[Tel:0720393547](tel:0720393547)

**Purpose and background:** The purpose of this study is to identify and describe the challenges and barriers to the implementation of Problem Based Learning as a continuum of innovative teaching and learning method as perceived by the faculty in MUSOM. I estimate that this interview will last about 15 -20 minutes to complete this questionnaire. It will involve questions that highlight the key domains in the implementation of PBL.

**Procedure:** The study targets teaching and non-teaching staff in the school of medicine as implementers of PBL. Being a census study, all participants that meet the inclusion criteria are expected to participate in this study by consent.

**Benefits and Risks:** There will be no direct benefits for those participating in the study. However, your participation will contribute to knowledge, which will contribute to improved standards of PBL as an innovative teaching and learning method

**Confidentiality:** All information will be used only for the purpose of the study. The study finding will be kept under lock and key and shall only be available for those who are directly involved in the research.

**Voluntary participation:** The participation in the study is voluntary and participants are free to accept or not accept to take part in the study and to withdraw at any time

**Consent:** I have read the above information/ I have been explained to in details about the study. I have asked questions and received answers and I agree to participate in the study.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX 2: STUDY QUESTIONNAIRE – TEACHING STAFF

This questionnaire is designed to solicit information from the teaching staff at Moi University School of Medicine (MUSOM) regarding the perceived challenges and barriers in the implementation of PBL.

Form Number \_\_\_\_\_ Date \_\_\_\_\_

Hello, my name is Joseph Kipkoech a student from MUSOM, Department of Medical Education. I am conducting a study to assess the challenges in the implementation of Problem-based Learning as perceived by faculty as implementers of PBL in MUSOM.

The answers you will give us in this session will enable the school to improve the PBL approach as well as contribute to a large pool of knowledge in Medical education that will be beneficial to curriculum and instructional design.

p

Thank you for agreeing to participate in this study.

### Part A: Demographic Information (Tick Where Appropriate)

1. Which age bracket do you belong to?
  1. Extrac
  2. 25-29
  3. 30-34
  4. 35-39
  5. 40-44
  6. 45-49
  7. 50 and above: \_\_\_\_\_
2. What is your gender:
  1. Male
  2. Female
3. The highest level of education:
  1. Degree
  2. Masters
  3. PhD
4. What is your position at the university:
  1. Tutorial Fellow
  2. Assistant Lecturer
  3. Lecturer
  4. Senior Lecturer
  5. Associate Professor
  6. Professor
5. For how long have you been teaching at MUSoM:

1. 1-2 years
  2. 3-4 years
  3.  $\geq 5$  years
6. Which department in the school do you belong to? (*Circle where appropriate*)
- |                                 |                                 |
|---------------------------------|---------------------------------|
| 1. Human Anatomy                | 11. Microbiology and            |
| 2. Surgery and Anesthesiology   | Parasitology                    |
| 3. Internal Medicine            | 12. Pharmacology and toxicology |
| 4. Behavioral Sciences          | 13. Orthopaedics and            |
| 5. Child Health and Paediatrics | Rehabilitation                  |
| 6. Haematology and              | 14. Medical Biochemistry        |
| B/Transfusion                   |                                 |
| 7. Immunology                   | 15. Human Pathology             |
| 8. Radiology and Imaging        | 16. Medical Physiology          |
| 9. Reproductive Health          | 17. Medical Education           |
|                                 | 18. Family Medicine             |
| 10. Mental Health               |                                 |

### Part B: PBL Challenges and Barriers

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7. Using a five-point scale, please indicate the closest response to the factors you personally feel are a challenge to PBL implementation in your department:  
1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree

Factors	1	2	3	4	5
<b>Human resources</b>					
Inadequate staffing in the department					
Limited knowledge and skills on PBL by the teaching staff					
<b>Infrastructural resources</b>					
Inadequate meeting rooms for tutorial sessions					
Poorly constructed rooms with less ventilation and lighting					

Poorly equipped rooms to support PBL					
Inadequate ICT infrastructure to support self-directed learning					
Inadequate skills and basic science labs					
Lack of capacity for the learning resources e.g. Library to meet student needs					
Lack of access to journals to support Self Directed Learning					
Inadequate audiovisual equipment e.g Projector					
Inadequately equipped computer Labs					
<b>Financial Resource</b>					
Limited funding to facilitate implementation of PBL					
Inability to mobilize resources to facilitate implementation of PBL					
Lack of commitment by the university administration to allocate funds to the department for PBL implementation					
<b>Other Factors</b>					
Time demanding nature of the PBL curriculum					
Dysfunctional PBL curriculum i.e curriculum that deviates from ideal					
Nature of the course not flexible for PBL					
Unavailability of guidelines to facilitate PBL					

8. Would you kindly list other challenges to PBL implementation?

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### C: Perceived Strategies to Overcome Challenges

9. What strategies do you think can be employed in overcoming the above challenges?

Using a five-point scale, please indicate your closest response to the strategy you personally feel can be employed in overcoming the challenges above.

1= strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree

<b>Strategies to Overcome the challenges</b>	1	2	3	4	5
<b>Human resources</b>					
Provide training on PBL to staff in the department					
Employ enough staff to meet the shortage and teaching demands					
<b>Infrastructural resources</b>					
Construct more facilities (e.g. tutorial rooms, learning resource Centre) to facilitate PBL					
The tutorial room should be well lit and ventilated					
Tutorial rooms should be well equipped with teaching aid, equipment and supplies					
Build and establish more skills lab and basic science lab					
Equip the library with the latest learning resources for effective SDL					
Increase subscription to journals to support SDL					
<b>Financial Resource</b>					
The department/ school should lobby for funding at a departmental level from the university's finance and administration to meet the demand of PBL					
The department/school should mobilize more resource to fill the financial gaps					
Increase fees to meet the demand for money					
<b>Other Factors</b>					
Ensure all staff participate in evaluating the curriculum to identify bottlenecks for PBL implementation					
Provide guidelines to facilitate PBL curriculum					



10. What other strategies would you recommend for effective implementation of PBL?

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## APPENDIX 3: IREC APPROVAL



### INSTITUTIONAL RESEARCH AND ETHICS COMMITTEE (IREC)

MOI TEACHING AND REFERRAL HOSPITAL  
P.O. BOX 3  
ELDORET  
Tel: 334711/2/3

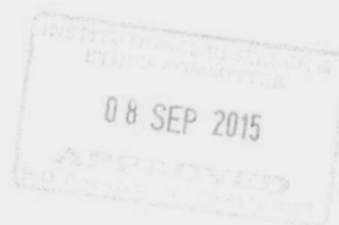
MOI UNIVERSITY  
SCHOOL OF MEDICINE  
P.O. BOX 4606  
ELDORET

Reference: IREC/2015/57

8<sup>th</sup> September, 2015

**Approval Number: 0001490**

Mr. Joseph Kipkoech Kirui,  
Moi University,  
School of Medicine,  
P.O. Box 4606-30100,  
**ELDORET-KENYA.**



Dear Mr. Kirui,

#### **RE: FORMAL APPROVAL**

The Institutional Research and Ethics Committee has reviewed your research proposal titled:-

***"Challenges and Barriers in Implementation of Problem Based Learning (PBL) in Moi University School of Medicine."***

Your proposal has been granted a Formal Approval Number: **FAN: IREC 1490** on 8<sup>th</sup> September, 2015. You are therefore permitted to begin your investigations.

Note that this approval is for 1 year; it will thus expire on 7<sup>th</sup> September, 2016. If it is necessary to continue with this research beyond the expiry date, a request for continuation should be made in writing to IREC Secretariat two months prior to the expiry date.

You are required to submit progress report(s) regularly as dictated by your proposal. Furthermore, you must notify the Committee of any proposal change (s) or amendment (s), serious or unexpected outcomes related to the conduct of the study, or study termination for any reason. The Committee expects to receive a final report at the end of the study.

Sincerely,

**PROF. E. WERE**  
**CHAIRMAN**  
**INSTITUTIONAL RESEARCH AND ETHICS COMMITTEE**

cc	Director	-	MTRH	Dean	-	SOP	Dean	-	SOM
	Principal	-	CHS	Dean	-	SON	Dean	-	SOD

### APPENDIX 4: CERTIFICATE OF CORRECTION

Tel: 254-053-61562  
Fax: 254-053-33041  
Telex: 35047 MOIVARSITY  
E-mail: muths@net2000ke.com



School of Medicine  
Moi Teaching & Referral  
Building  
Nandi Road  
P.O Box 4606  
ELDORET, Kenya

**MOI UNIVERSITY**  
**College of Health Sciences**  
**School of Medicine**

DATE: 9/11/2020

CERTIFICATE OF CORRECTIONS

This is to certify that all corrections proposed at the Board of Examiners meeting held on 26th August, 2020 in respect of MPhil (MSc) / MMed / DPhil thesis of Mr. Joseph Kipkech Kirui Reg. No. SH/PHM/02/14  
Entitled Challenges in Implementation of Problem-based Learning (PBL) Approach in Moi University School of Medicine - Kenya. Perspectives of faculty Members.

have been effected to my / our satisfaction and the thesis can now be prepared for binding.

DR. BOIBANDA FRANKLIN OSSI

NAME

[Signature]

SIGNATURE

SUPERVISOR

TITLES / STAMP

9/11/2020

DATE

DR. Anne Njoro

NAME

[Signature]

SIGNATURE

Dr. (Supervisor)

TITLES / STAMP

9/11/2020

DATE

APPROVED BY THE DEAN, SCHOOL OF MEDICINE

[Signature]  
SIGNATURE

12/11/2020  
DATE

## APPENDIX 5: PLAGIARISM CHECK

