

Original Article

Hybridation in medical education: Not only apace and time but also traditional and innovative methods

Lasaad Gharbi¹, Wael Ferjaoui^{1*}, Achref Sarraj¹, Atef Mejri¹, Sana Ben Slama², Dhouha Bacha²

¹Department of General surgery, Mongi Slim University Hospital, Faculty of medicine of Tunis

²Department of Pathology, Mongi Slim University Hospital, Faculty of medicine of Tunis

Corresponding Author: Wael Ferjaoui, Department of General surgery, Mongi Slim University Hospital, Faculty of medicine of Tunis Email: farjaouiwael4@gmail.com

Received: Aug 3, 2023, Accepted: Sep 3, 2023, Published: Oct 5, 2023; (2023, 1(2) CCME-ISSN: 2942-0792

Copyright: © 2023 by the authors. Licensee Vision Publisher. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

Introduction: Semantically hybridization is a mixture of 2 (or more) methods. It is a polysemous word that can lead to confusion. In medical pedagogy, hybridization obeys a preliminary scenario and requires sequencing of 2 (or more) methods of teaching / learning medicine (1) The advantages of this hybridization are multiple: increase the motivation of learners, reduce their stress and improve understanding (1) Published works describe a hybridization in space (face-to-face/remote) and in time (synchronous/asynchronous). A given sequence can be face-to-face (synchronous: reading and/or asynchronous: one minute paper) or remotely (synchronous: zoom and/or asynchronous). This hybridization then responds to different forms of scripting: inverted class, micro flip, and educational

labyrinth. (1) However, the hybridization of traditional and innovative methods (TIM) is rarely reported (1) the purpose of this work is to argue in favor of this last form of TIM hybridization (with certain conditions). What is TIM hybridization? It is a question of hybridizing a method of learning traditional medicine and an innovative method (dating back a few years). The traditional methods are two: reading and bedside teaching. Several changes have been made to switch from passive reading to active reading (1) Just as bedside teaching is still relevant both in its classic and modified form (1) All these modifications are qualitative, whereas we plead in favor of quantitative modifications such as mini methods. Innovative methods are more shadowy: case based learning (in small groups) simulation with or without virtual reality these methods

also exist in mini method format (1) TIM how is it? TIM hybridization must obey prior scripting in order to achieve the prior educational objectives. For educational purposes, we detail scenarios used in practical TIM frameworks (fig 1, fig2) Fig1: Reminder prerequisite: 5 min Mini-reading: 20min Activity link: 5min Self-assessment: 5 mins Fig2: Prerequisite reminder: 5min Mini bed side teaching: 20 min Activity link: 5 mins Simulated scenario case: 20 mins Self-assessment:5minThe TIM must include methods of increasing difficulty and must create action-interaction-retro action. The teacher must be able to change teaching position from a framing position to an accompaniment position (fig1) When is TIM? Reading (and its hybridizations) are appreciated by learners in the first cycle of medical studies (1st and 2nd year) (2) New

methods must be introduced gradually in the 2nd cycle of medical studies in order to promote autonomy. (2)

References:

1. Pitt MB, Orlander JD. Bringing mini-chalk talks to the bedside to enhance clinical teaching. *Med Educ Online*. 2017;22(1):1264120. doi: 10.1080/10872981.2017.1264120. PMID: 28178911; PMC ID: PMC5328338. (study A)
2. Marshall LL, Nykamp DL, Momary KM. Impact of abbreviated lecture with interactive mini-cases vs traditional lecture on student performance in the large classroom. *Am J Pharm Educ*. 2014 Dec 15;78(10):189. doi: 10.5688/ajpe7810189. PMID: 25657376;PMCID: PMC4315211.