

Hybrid PBL – Hub format an innovative design for effective small group learning

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Abstract

Designing effective small group learning can be a challenge for any institution involved in higher education. Problem Based Learning (PBL) has been in existence as an innovative and student centred learning method for the past five decades. From its simple origin at McMaster University, Canada, PBL has spread across the globe and its complexity has also evolved as a learning system. Due to limitations in resources, many Medical and Health Professional schools have incorporated PBL with other didactic teacher centred learning modalities. This is known as the hybrid curricula model. However, the hybrid model sometimes creates unwarranted competition between PBL and other modalities of teaching, leading to ineffective learning and tutor dissatisfaction. Using the hybrid PBL model to contextualize and integrate subject matter learnt through didactic and teacher led teaching learning modalities could circumvent these limitations. This is known as the “Hub format” of the hybrid model. The Hub format while allowing integration of content matter, allows the learner to discover relevant new knowledge for future learning and practice. It also facilitates the teachers to align student assessment to their learning, leading to improved student engagement in PBL and their motivation for learning.

Key Words: Problem Based Learning, student directed learning, learning system design

Introduction

Problem Based Learning (PBL) has been advocated and championed in higher education across the globe for more than four decades, after its simple beginnings at McMaster University, Canada (Finucane *et al.*, 1998; Barrows, 1996; Boud & Feletti, 1997).

PBL method was seen by many teachers, administrators and policy/curriculum planners “...as a radical, innovative, and an alternative pathway to learning in Medical Education thus setting a new educational trend.” (Gwee, 2009). After a slow and cautious beginning, PBL method began to be accepted and adopted by medical and health professional (MHP) schools during mid 70s and early 80s.

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The second wave of PBL swept through MHP schools in the 1990s. This was also facilitated in some countries by authorities responsible for funding or maintaining standards in higher education directing their institutions overtly or otherwise to adopt the PBL method (Lam & Wan, 2006; Carnegie Foundation, 1998; Camp, 1996; General Medical Council, 1993; Albanese & Mitchell, 1993).

Advantages of PBL during student learning have been researched and documented in contemporary literature. After a systematic review of PBL literature, Koh and colleagues (2008) reported the positive effects of PBL on physician competency especially in social and cognitive dimensions. This has been further validated by a study in Germany where the