HOW TO APPROACH CURRICULUM REVISION?

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ABSTRACT

A well-designed curriculum takes into consideration the new competencies which the modern doctor needs to show in order to handle the new tasks and to meet the demands of current health issues. The faculty members have the responsibility to revise the curricula to inline the theory with practices. However, the responsibility mainly lies on the educational developer to guide the faculty in the right direction. Educational developers may approach the curriculum planning as a product or a process model. The selection of the model is important that will depend on the educational philosophy of the institute and its understanding of what is a curriculum.

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INTRODUCTION

The Health philosophy has undergone many changes since the 2nd half of 20th century. The new perspective of health system is shifting from individual care to the community care, from cure to prevention, from total dependence on hospital care to home care and intermediate care. The new vision for the health professional emphasise the importance of communication skills and health promotion beside the significance of knowledge and skills. All these and many other components of the new paradigm of our understanding to what is health had its influences on the medical curricula. It is through a well-designed curriculum; we can take into consideration the new competencies which the modern doctor needs to show in order to handle the new tasks and to meet the demands of current health issues. It is part of the expected duties of faculty members to get involved in a process of curriculum change and revision. A process which has many common standards across the institutes, yet also it carries many individualised features. We cannot presume that simply copying an example from one medical school can work perfectly similar in another medical school. So what are the core elements of the process of curricular revision and what are the issues that need to be approached differently in different situations?

Situation

Medical schools and postgraduates speciality boards in Iraq are facing the accumulated problems of old non revised out of date curricula. Any member of faculty or postgraduate specialty boards is assumed to have the right to manage a process of revising curriculum. The members of these institutes are successful clinicians with scarce experience in the theory and practice of managing curriculum revision. To leave them doing it without a proper theoretical and practical background is planning to fail. The notion of change is prevailing inside the medical institutes in Iraq especially after 2003 when the contact with the world has been undergone significant improvement. However, a problem is rising inside these medical institutes when it comes to resolve the issue of curriculum revision, where two contrasting directions are facing each other. One direction is calling for revolutionary change and a copy paste curriculum from one of the internationally recognised medical schools; the other direction is resisting any change and still pursuing the old curriculum. Both are lacking the scientific evidence to support their point of view. My duty as a medical educationist is to provide them with the principles of how to approach curricular revision and to draw a road map for this process. To do that, I was in need to find out how this process is approached in the literature, and how the peculiarity of different situations can be taken into consideration during the process of planning a revision of existing curriculum, which is more difficult than designing a new one from scratch. Along with this I need to point out the main thematic changes in the medical curriculum in western medical institutes in order to grasp the core changes of the new curricular paradigm which can

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be used as basic objectives for any curriculum revision.

Theory and Practice

The first problem facing both academic staff and educational developers is the underdeveloped literature in the field of curriculum revision. It is not easy to find newly published references which address the curriculum revision in higher education here in the UK because of their shortage.[1]

Surprisingly this situation is similar in USA where most of the related books in these two countries that are well known of their robust academic work are about the theoretical aspect of curriculum development, while what are required by the faculty staff are more practical oriented references to help them with daily emerging demands of course planning and revision.[2]

Educational developers approach the curriculum planning in mainly two different models:[3]

- Product model
- Process model

It is very important for those who are or will be involved in curriculum revision, to know about these two contrasting models which represent two different paradigms of thinking and understanding of what is curriculum.

Product Model

The emphasis in this model is on the outcome and purposes of the programme. So the process starts by needs assessment and analysis. Proponents of this model claim that if they know what they want at the start then they will be able to shape their tools to get the right product. The teaching/learning methods and assessment instruments follows after the outcomes are set.[4,5] An example of this model is the outcome-based education.

Process Model

In this model the emphasis is on the student activities, teacher activities, and the conditions in which learning takes place. Here the educational developer is giving more flexibility to student learning outcomes in choice of student assessment and learning activities. The claim here is that it is not easy for the complex learning, especially skills, qualities and beliefs, to be captured by learning outcomes. Supporters of this model claim that this model which is focusing on student learning will allow space for creativity and divergence in contrast to the product model which is more technical in nature.[6]

The selection of the model is important that will depend on the educational philosophy of the institute and its understanding of what is curriculum. Selection of the model which will be adopted can reveal itself either at the beginning of the process of initiating the change or it may be decided upon after the initiation. So what are the approaches taken by curriculum developers towards the process of initiating the revision?

The experts in the field may choose different options, such as a Dialogic approach that explores the situation in depth with the faculty members and live the situation before going to the next step.[7] Flexibility is the key issue in approaching the initiation process.

What are the main changes in the medical curricula?

Many changes happened to new curriculum, but the main areas that have undergone facelift and consequently influenced the rest of the educational process are the changes in design, content and delivery.[8] The design changes mainly include integration where clinical contact takes place in the early years and basic science teaching extends beyond the traditional first 2 years. The changes in content mainly include a move from dependence on inpatient settings to a mix of these with community-based placements. The changes in delivery include active learning, based on curiosity and problem solving. The number of lectures has fallen substantially and the use of small groups, problem-solving workshops, and self-directed learning has increased correspondingly, sometimes with major implications for teaching resources and manpower.

Reflection

It became much clearer to me that to be involved in a process of initiating a change in curriculum is beside a task which requires experience in the field of curriculum design and theories; it is even more an art of how to manage people with different views and expectations. All the skills of change management need to be available to the curriculum developer before presuming it is going to be an easy picnic. Taking all the stakeholders aboard from the start by adopting the dialogic approach will pave many routs to the main task. It is obvious that the early steps which were taken by many experts had nothing to do with discussing the content of the curriculum; rather it was about approaching people and reaching common grounds. Besides being a step to initiate the process, it carries an excellent opportunity to understand the situation and the drives of the intended revision. By preliminary exploration of what is in the minds of the faculty members many future hurdles can be avoided. It will be worthless to start by imposing theoretical models on people before knowing what is in their minds and how much they know about their current situation and the justifications for change. The initiation process needs to be flexible and mixing more than one approach may be required bringing the curricular committee to terms before going to the next step.

Curriculum revision in the medical institutes I belong to is in desperate need for revision not because change is the virus of today, but because of objective needs and obvious retardation in the quality of the graduates compared to years ago. It would have been another failure if one would go and just impose the

new models in these institutes with a process of initiating the stir by using the democratic managerial approach to discuss the subject in details and to assure many of the stakeholders that the change is not a threat. I think what need to be added to this dialogic approach is to show what has been achieved in other institutes and how they managed the transition to new curricula. This will also include taking into consideration the sociocultural differences and the available resources in our institutes before planning. It will be futile to suggest a PBL curriculum in a school with no resources to provide the entire infrastructure required to start it. When e–learning facilities are not available and all what is in the library is just old textbooks, it will be unrealistic to promote for it. The change needs to follow the evidence based medicine model, when the decision is the product of a mix between the most updated knowledge of the curriculum developer along with what the faculty members need. There is no 'one size fits all' and will be based on available resources.

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CONFLICT OF INTEREST

Author declares no conflict of interest.

REFERENCES

1. Barnett R, Coates K. Engaging the curriculum in higher education. Berkshire, UK: SRHE & Open University Press;2005
2. Ornstein AC, Hunkins FP. Curriculum foundations, principles and issues (5th ed.). Boston, MA: Allyn and Bacon Press;2009
3. Diamond RM. Designing and assessing courses and curricula: A practical guide. San Francisco, CA: Jossey-Bass;1998
4. Tyler RW.Basic principles of curriculum and instruction. Chicago, IL: University of Chicago Press;1949
5. Ross A. Process-driven curricula. In: Curriculum construction and critique. London: Falmer Press;2009
6. Knight PT. Complexity and curriculum: A process approach to curriculum-making. Teach Higher Educ.2001; 6(3):369–81.
7. O'Neill G. Initiating curriculum revision: exploring the practices of educational developers. Int J Acad Develop. 2010; 15 (1): 61–71.
8. Jones R, Higgs R, De Angelis C, Prideaux D. Changing face of medical curricula. Lancet. 2001; 357: 699-703.