Current pitfalls and benefits for Integration in Undergraduate Medical Curriculum

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Contents

• Changing scenario of medical education
• Trends in Medical Educations.
• Educational strategies.
• Integrated curriculum
• Pitfalls in implementations
Purpose of a Medical College

• Medical College produce Medical Doctors.
• Medical Doctors must be responsive to community needs and be able to fulfill them.
• Understanding community needs is fundamental to developing a medical curriculum.
The Social Contract

**THE MEDICAL PROFESSION**

- Medicine’s Institutions
- Individual Physicians

**SOCIETY**

- Patients
- General Public
- Government
- Politicians
- Civil Servants
- Managers

**EXTERNAL INFLUENCES**

- Health Care System
- public/private mix
- Regulatory Framework
- Media
Medical Education is changing...

- Medical knowledge has increased exponentially.
- Information technology has distinct role.
- Pattern of diseases is different.
- Healthcare delivery system has changed.
- Increasing demand for social accountability.
- Patients expectations are different.
- Student body is different than used to be.
Healthcare System is Changing

Changing Medical Education System

Changing role of teachers and learners
is inevitable
• Patient-centered education
Trends in Medical Education

- PMDC requirements
- Academic standards
- Accreditation
- New approaches in assessment, e.g. performance-based, OSCE ...etc.
Trends in Medical Education

- New strategies in curriculum development
- Role modeling of teachers
- Simulation (manikins & role plays)
Trends in Medical Education

- E-learning options
- Networking in medical education at various levels
- Webinars
Trends in Medical Education

• Incorporation of medical professionalism and ethics in medical education
Trends in Medical Education

- Study guides
- Virtual Learning Environment (VLE)
- Distance Learning
Other trends in Medical Education

• Integration (horizontal and vertical)
• Multi-professional education
• Community-based education (CBE)
• Peer-assisted learning (PAL)
• Problem-based learning (PBL)
• Task-based learning (TBL)
• Outcome-based education (OBE)
• Core and electives
Trends in Medical Education

• Outcome based curricula
• Curriculum integration
• Adoption of adult learning principles
  – Self-directed/Problem Based Learning
• Student determination of learning
• Move to community based education
• Professionalism
New curriculum models in medical education

**Defined by organization of content**
- Integrated, organ-based curriculum
- Integrated, clinical presentations/task-based curriculum

**Defined by teaching/learning methods**
- Problem-based curriculum
- Case-based curriculum

**Defined by learning objectives**
- Competency/outcome-based curriculum
New curriculum models in medical education

*Defined by social responsibility*

- Community-oriented curriculum - COME
- SPICES:
  - Student centered
  - Problem solving
  - Integrated
  - Community based
  - Electives
  - Systematic approach in designing and planning

( Harden, Sowden and Dun, 1984)
Trends in Medical Education

- Student-centered education
- Interactive Lectures
- Critical appraisal skills
- Problem-based
- Integrated approach / Inter-professional approach

- Community-based education to address local health needs

Students’ view of medical needs and health care problems in hospital in-patient setting.
• Core curriculum & Electives
Current  Target

Teacher-centered

Information gathering

Discipline-based

Hospital-based

Standard Programs

Apprenticeship

Student-centered

Problem-based

Integrated

Community-based

Electives

Systematic

SPICES Model
Karolinska Institutet, Stockholm

Teacher Centred
Didactic/Information Gathering
Discipline Based
Hospital Based
Structured
Apprenticeship/Oppportunistic

Student Centred
Problem Based
Integrated
Community Based
Electives/Options
Systematic

Present
Future
University of Wollongong, Australia

Past curricula

Future curriculum

(Hospital doctors)

(Community doctors)
National University of Singapore

Teacher Centred

Didactic/ Information Gathering

Discipline Based

Hospital Based

Structured

Apprenticeship/ Opportunistic

Student Centred

Problem Based

Integrated

Community Based

Electives/Options

Systematic
Trans-disciplinary
Inter-disciplinary
Multi-disciplinary
Complementary
Correlation
Sharing
Temporal co-ordination
Nesting
Harmonization
Awareness
Isolation
Pitfalls or limiting factors in implementation

• Temporal

• Time allocation to different subjects.

• Time constraints/time & availability of basic and clinical faculty
Pitfalls or limiting factors in implementation

Physical

• Insufficient number of demonstration rooms
• Outdated/insufficient equipment in skill labs
• Insufficient print/digital resources in library
• Insufficient multimedia resources
• Lack of appropriately staffed and equipped IT department
Pitfalls or limiting factors in implementation

Political-legal

- Political and bureaucratic interference/ influence in:
  - Appointment of staff
  - Student disciplinary matters
  - Selection and Admissions
  - Examinations
  - Political “muscle” of individual departments
- Less autonomy in teaching methods
Pitfalls or limiting factors in implementation

Organizational

- Bureaucratic “red tape”
- Attitudes towards medical education
- Pressure groups within faculty
- Indecisive approach to implementation
Pitfalls or limiting factors in implementation

**Personal**

- *Teachers perspective*
  1- Not sensitized to new trends in education psychology and teaching methodology
  2- Not convinced about integrated curriculum

- *Students perspective:*
  1- Not prepared to assume responsibility for their own teaching
  2- Issues of discipline
Pitfalls or limiting factors in implementation

**Economic**

- Massive cuts by government in budgets – floods, earthquakes
- Increasing operational costs due to:
  1. Over staffing
  2. Rising inflation
  3. Utility expenses (electricity, fuel etc)
Pitfalls or limiting factors in implementation

Cultural

• Teaching/learning to be guided by cultural norms and values. Sensitive topics pertaining to e.g. sex education to be carefully addressed using the help of religious scholars and social workers.
Thank You!