

AN OVERVIEW, CONCEPT AND RATIONAL OF CURRICULUM PLANNING AND ITS TYPES.

1. Before we create a curriculum we need to know the goals of education? What type of health care professional we need and what process of education? For example the criteria for "Tomorrow's health professionals" with core values; Caring, compassionate, sympathetic, ethical, competent, leaders and communicator.

2. What is curriculum:

- Word of curriculum origin from Latin word *currere* means 'a race course'. Based on the origin word it is referred to 'a course of study'.
- According to *Taba* (1962), "curriculum is a plan of learning."
- *Saylor et. al* (1981) defined curriculum as "a plan for providing sets of learning opportunities for person to be educated."
- According to *Tanner & Tanner* (1978) curriculum is "the planned and guided learning experiences and intended learning outcomes, formulated through the systematic reconstruction of knowledge and experience.. for the learners' continuous and willful growth in person-social competence."
- *Bushoff et. al* defined curriculum as "a curriculum is an educational plan defining:
 - The aims, goals of an educational actions
 - The ways, means and activities employed to achieve these goals
 - The methods and instruments required to evaluate the success of the action."
- According to *Bowen* curriculum is "a total instructional program composed of syllabus or individual course programs."
- *Good* defined curriculum as "a general over-all plan of the content or specific materials of instruction that the school should offer to the students by way of qualifying him for graduation or certification for entrance into professional or vocational field."
- From class lecture (Dr Hafiza):
 - A structured plan of intended learning outcomes, underpinning knowledge, skills, behaviour and associated experiences (www.tafensw.edu.com.au/students/glossary/welcome.htm).

- An educational plan that spells out which goals and objectives should be achieved, which topic should be covered and which methods are to be used for learning, teaching and evaluation (www.iime.org/glossary.htm).
 - A series of planned instructions that is coordinated and articulated in a manner designed to result in the achievement by students of specific knowledge and skills and the application of this knowledge.
 - Curriculum is everything student is encountered during school hours or while participating in school sponsored events.
 - Everything that happens in relation to the educational programs (Genn, 1995).
 - A planned educational approach to achieving identified professional outcomes.
 - A good curriculum is owned by all stakeholders (person who involved in the curriculum such as student, lecturer, administrator, community and governor).
 - Their objectives is not to please all people all the time but rather how to design a meaningful educational program which increase the competence of individual student, offering them additional fulfillment in their professional roles and enhancing effectiveness of their health care institutes.
- Concerning above definition we can conclude that curriculum is a course of education which is designed to specific group of student for achieving specific knowledge, experiences, skills and attitude to fulfill and enhancing their profession roles.

3. The curriculum process:

- Educational environment (location, context characteristic, facilities and etc) – first step
- Student (selection, characteristic, background and etc) – second step (input)
- What to learn and how to learn (methods and strategies) – third step
- Educational outcomes – final step (output)
- Assessment – involved in every steps above.
- So curriculum process: input → process → output

4. Rationale and purposes of curriculum planning

- To ensure student learn to the best of their ability.
- To clarify the ideas and purposes that should guide the work in delivering the curriculum.
- To set out some reasonable expectation for staff to follow as they exercise their professional responsibility to deliver the objectives and goals of curriculum.

- To establish a baseline work upon which to build new curriculum statement. (curriculum should be reviewed at least once in 5 year duration).

5. Forces that impact on curriculum

- Social forces – change in the characteristics of population mobility, role of media, explosion of internet and all other new things eventually affect education either positive or negative way but none can be ignored.
- Subject knowledge.
- Human knowledge.

6. Changing trends in curriculum – through out the world health education curriculum is undergoing the process of change and innovations. This is necessary because:

- Society is changing.
- Diseases demographic are changing.
- Medical science expands exponentially.
- Concepts of learning are changing.
- Newer teaching technologies are available.
- Example of trends is community oriented curriculum.

7. Factors influencing curriculum planning – a number of factors need to be ensure during the course of curriculum planning

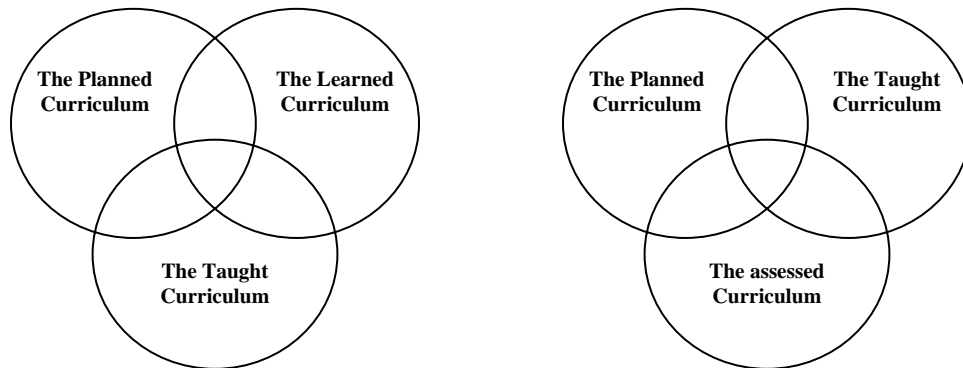
- Staffing.
- Facilities.
- Funding.
- Community participation.
- Students demographic.

8. Types of curriculum:

- Formal curriculum
 - It is the part that the curriculum developers are intended to include in the curriculum. Formal is the accepted, committee passed, written documents that are supposed to guide practice.
- Informal curriculum
 - Informal curriculum is those activities that happen that are not designed, planned, or formally accepted by the school. Students learn much things from the

extracurricular activities as well as from interactions with other students or from non-teaching interaction is the formal curriculum.

- Hidden curriculum
 - It is the aspects that the students learn during the formal or planned curriculum. It is 'caught' rather 'taught'. The hidden curriculum includes the norms and values of the surrounding society.
- The planned, taught and assessed curriculum



The closer the match between the planned, taught and assessed curriculum the better is the curriculum

- Null curriculum
 - The institute definitely not interested to teach the contents of the null curriculum
 - The contents are the outdated facts and information that are not important for present salutation.
 - Its results due to lack of regular review of the curriculum

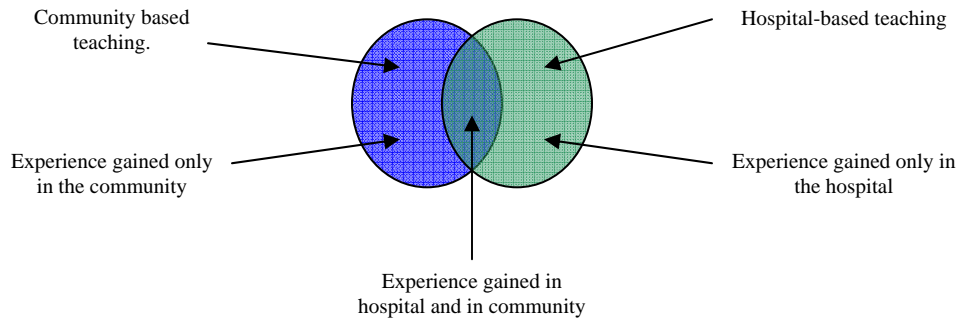
9. Recent trends in health professional education:

- Education for capability
 - The core and choices (special study modules, electives)
 - Practical training and generic competency.
 - The components of education for capability include the introduction of core curriculum with additional areas of individual choice.
 - Principle features of core curriculum:
 - Common to all students
 - Cover essential competencies

- Includes knowledge, skills and attitude
- Requires high standards of mastery from the students. Mastery in the core ensures the maintenance of standards and basic competencies of the education.
- Option is according to choices
 - It allows in depth work and the achievement of high level competencies such as critical thinking.
- Professionalism
 - Professionalism can be defined as the capability and level of competency of someone to do certain responsibility or specific task/work/job which is guided by appropriate knowledge, trained skills, attitude and expertise.
 - Clear trend in the 1990's toward professionalism in the design, in management and in teaching curricula.
 - It is now recognized that those who teach needs to be trained to do so.
- Continuing Medical Education
 - Another trend is the commitment to life-long learning. Within the year of graduating the professionals find that there is an initial training and their practical life.
 - This leads to the concept of education – from basic through post graduate education and into continuing education.
- Student-centred
 - Student-centred education focuses on the capabilities and motivation of the learner.
 - Students take responsibility for their own education as undergraduates and throughout their professional career.
 - Teaching guides self-directed learning, small group tutorials, problem based learning avoids formal teaching session.
 - Student-centred approach is like eating in a restaurant with table and no fixed menu and can eat by own choice. Here the restaurant can provide and facilitate to get the desired menu.
 - As Teacher-centred approach is like eating in a restaurant with table with fixed menu where someone has to eat what the restaurant chooses.

- Focus on problems or tasks (Problem-Based Learning)
 - Problem-based learning (PBL) is the learning that results from the process of working towards understanding or resolving a problem.
 - The key features of a problem-based curriculum are to:
 - Analyze health care problems as the main method of acquiring and applying knowledge.
 - Develop independent lifelong learning skills by the students and the use of small tutorial groups, as the central educational event.
- Integration of subjects and sometimes profession (multi-professional education)
 - Integration of the curriculum: multi-professional and multi-disciplinary education.
 - Multi-professional education: students of different profession (medicine, dentistry and nursing) are taught together.
 - Multi-disciplinary integration:
 - Horizontal integration: topics traditionally taught separately are taught together.
 - Vertical integration: topic taught by 2 or more department.
 - Early introduction of clinical subjects throughout the curriculum.
- Evidence based medical education
 - It is the process of developing medical education using study, research finding as the basis.
 - Four step of EBME
 - Setting the question
 - Creating the evidence
 - Appraising the evidence
 - Acting on the basis of evidence

- Unity between education and practice
 - Campus and community partnership



Medicine in both the community and hospital context.

10. Constraints and obstacles

- The obstacles to change in the health profession curriculum are
 - Jealously regarding departmental power bases.
 - The status quo against newer, alien ideas.
 - Little incentive to change
 - Difficult to motivate the senior members of the faculty to the new idea and innovation.

11. Required strategies to overcome the constraints

- Building a broad base of ownership
- Clear statement of overall goal of the innovation that is compatible with the ultimate goals of the institute.
- Adequate dissemination of information
- Organizational structure which is compatible with the innovation
- Educational resource and financial support
- Faculty development and rewards

“Changing curriculum in the medical school is like rearranging the lifeboats on the titanic”

(Abrahamson, 1977)