

EDUCATIONAL STRATEGIES IN CURRICULAR DEVELOPMENT AND IMPLEMENTATION

1. STRATEGY

- It is a plan, policy, way or approach
- What is curriculum strategy?
 - The activities that are adopted to provide the best possible way to achieve the goal of an educational institute
- What educational strategy should be adopted?
 - In education the choice is complex and six major issues identified by Harden et. al, 1984
 - Choice of activity is depend on the circumstances prevailing, aims and objectives, available resources and constrains of the institute
 - No single activity is ideal

2. Curriculum Strategy:

- Innovative approach: SPICES
 - S – Student centred
 - P – Problem based
 - I – Integrated
 - C – Community based
 - E – Electives
 - S – Systematic/spiral
- Conventional approach: TIDHSA
 - T – Teacher centred
 - I – Informations orientation/gathering
 - D – Discipline based
 - H – Hospital based

- S – Standard/uniform program
- A – Apprenticeship based or opportunistic

3. Recent strategies in health profession education

- Education for capability
 - The core and choices (special study modules, electives)
 - Practical training and generic competency
- Community based medical education
- Problem based learning
- Student centred education
- Integration and early clinical contact
- Evidence based medical education
- Unity between education and practice

4. Education for capability

- It is a balance between general education and vocational education
- The component of education for capability includes
 - The introduction of core curriculum with additional areas of individual choice
 - Greater emphasis on practical training
 - Community orientation in medical education
 - Increase emphasis on generic competencies or transferable personal skills
- Principles features of core curriculum
 - Common to all students
 - Covers essential competencies
 - Includes knowledge, attitude and skills
 - Requires high standards of mastery from the students
 - Added to and build on, in subsequent stages of the curriculum or phases of education
 - Mastery in the core ensures the maintenance of standards and basic competencies of the education

- Options are according to the choices
 - It allows in depth work and the achievement of high level competencies such as critical thinking
- Practical training and generic competencies
 - Along the practical training in university of Sheffield (Levy, 1992) identified four generic competencies
 - Management and organization
 - Team work
 - Communication skills
 - Problem solving

5. Students Centred

- Student centred education focuses on the capabilities and motivation of the learners
- Student have to take more responsibility for their own learning
- Student can choose their own study time, their pace of study, method of study, and also their learning needs and can also assess their learning
- Make them to acquire independent life long learning skills
- Teacher only facilitate them, help them and guide them in right way

6. Problem Based Learning (PBL)

- PBL is the learning that “result from the process of working towards understanding or resolving the problem”
- The key features of problem based curriculum are to
 - Analyze health care problems as the main methods of acquiring and applying knowledge
 - Develop independent lifelong learning skills by the students
 - The use of small tutorial groups, as the central educational event

7. Integration and early clinical contact

- Integration refer to the bringing together of different parts in to meaningful whole
- The word meaningful is the utmost importance in context of curriculum
- In integrated teaching emphasis is on bringing different subject together
- In curriculum the integration occurs in two ways
 - Multi-professional
 - Multi-disciplinary

8. Unity between education and practice

- How can we achieve the unity?
 - Community oriented curriculum
 - Medical education that focuses on both population groups and individual persons while taking into account the health needs of the community (network of Community oriented education, 1979). Here community needs and expectation get priority and community often use as a learning resource
 - Community based education
 - It is the system of education using community as learning environment with active involvement of students, teachers, members of the community and also representatives from other sectors
- Community and Campus partnership

9. Evidence Based Medical Education (EBME)

- EBME is the comprehensive, explicit and judicious use of current best evidence in developing curriculum and in making decision about the care of individual patient
- It is the process of developing medical education using study/research findings as the basis

- Four steps of EBME
 - Setting the question
 - The question must be searchable, relevant and explicit
 - Searching the best evidence
 - Clinical evidence, descriptive studies or reports of expert committees
 - Appraising the evidence
 - Validity of the evidence
 - At least from one properly conducted large RCT – evidence from well designed non experimental studies from more than one centre or research group
 - Acting on the basis of evidence
 - After getting the appropriate evidence it is necessary to decide how to integrate this evidence in the institutional or clinical practice or practice guidelines
- Grading of evidence: a multidimensional approach having six dimensions known as QUESTS is in use for scoring of evidence
 - Quality
 - How good is the evidence?
 - Utility
 - To what extent can the method be transferred and adopted without modification?
 - Extent
 - What is the extent of the evidence?
 - Strength
 - How strong is the evidence?
 - Target
 - What is the target?
 - What is being measured?
 - How valid is the evidence?

- Setting
 - How close does the context or setting approximate?
 - How relevant is the evidence?

10. Barriers to implement the change

- “Changing curriculum in the medical school is like rearranging the lifeboats on the titanic” (Abrahamson, 1977)
- The Association of American Medical Colleges (1992) identified five barriers to implement the change
 - Faculty members’ inertia
 - Lack of leadership
 - Lack of oversight for the educational program
 - Limited resources and no defined budget
 - Perception of, there is no evidence that implementing the changes will make necessary improvement
- Menin and Kaufman (1989) identify the institutional barriers to implement the change in medical school all over the world
 - Fear of loss of control by traditional educators
 - Failure to innovators to alien their proposals with the values and goals of the institute
 - Predominance of the status duo
 - Departmental allegiances
 - Unrealistic expectations
 - Faculty promotion based on research and services
 - Innovators not being influential leaders of opinion

11. Required strategies for change

- The logical approach to change are
 - Device an overall strategy
 - Turn the strategy into a plan
 - Seek sanction from those in authority
 - Implement the plan

- Lewin identified three strategies in the change and implementation process
 - Unfreezing
 - Change is initiated when a stable situation is unfrozen so as to make it ready to move
 - Moving
 - Change is produced as forces re-align themselves around a new centre of equilibrium
 - Refreezing
 - Change is made permanent and becomes the new orthodoxy until it is challenged
- Chin and Benne (1976) identified strategies
 - Empirical/rational
 - Persuades through reasoned argument and reference to fact and research finding
 - Normative/re-educative
 - Achieves change through education both formal and non formal
 - Power/coercive
 - Use of political and economic sanctions and rewards

12. Strategies for change

- Conduct an organizational analysis
 - Current situation, problems and forces that are the cause of problems
- Conducting an analysis factors relevant to produce the needed change both positive and negative
- Selecting the change strategy, based on the previous analysis
- Monitoring the implementation process to identify the unexpected situation

13. Strategies for planned curriculum change

- Create a climate, even a demand for change
- Diminish the threat associated with innovation and hard-line approach
- Appreciate timing
- Gear the innovation to the organization
- Engage in information dissemination and evaluation
- Get organizational leader behind the innovation
- Build an active base of support
- Establish rewards
- Plan for the post adoption period
- Other (have an implementation plan)