

# ***Towards More Objective Teaching Curriculum Design and Development***

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## **Abstract**

There have been notable developments in the field of medical education in the country and in the region. The most significant of which is a general awareness that has been created about the need for and relevance of changes. There is however a basic question that poses itself and becomes clearly relevant

in the context of effort .Today, to recognize health care services in the developing countries in the light of realigned priorities This ensure to bring about learning outcomes as a tocurriculum changes to meet this demand.

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***Al - Kindy Col Med J 2010; Vol .6. No. (1) P : 1-3***

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## **What is a Curriculum:-**

Curriculum means what actually happens during any course, lecture, clinical seminar and so on.

Medical faculty sometimes concern themselves mainly with what is taught and little with how it is taught and what is done with the knowledge acquired. The chief aim of education for health workers has been to install as much information as possible into students, largely by means of lectures, and scant attention has been paid to relative importance of one or another aspect of the subject matter with the context of changing health problems, social needs and economic issues. Curriculum is more than just a syllabus or statement of content. A curriculum is about what should happen in a teaching program. There must be a match between what is expected and the young doctor and competencies gained from the training program.

All aspect of curriculum should be delt with including:-

- 1- Communication skills.
- 2- Health promotion and disease prevention.
- 3- Clinical procedures such as cardiopulmonary resuscitation.
- 4- Development of attitudes and an understanding of ethical principles.
- 5- One of the big ideas in medical education today is the move to the use of learning outcomes as a tool in curriculum planning.

6-The content of curriculum is found in the syllabus, in the handout relating to the topics covered in lectures and in students study guides. In the past emphasis was given to knowledge, now more emphasis are given to skill and attitudes.

The content of the curriculum can be analyzed from a number of perspectives:

- Disciplines.
- Body system.
- The life cycle e.g. childhood, adulthood.
- Problems or tasks (in problem-based curriculum).
- Learning outcomes (in an outcome-based curriculum).

There are two aspects of curriculum:-

The taught curriculum is what happened in practice.

A. The learned curriculum is what is learned by the students.

- In traditional Medical Curriculum is that students should first master the basic sciences of anatomy, physiology. The applied sciences of pathology, microbiology, once they have achieved this they move on to a study of clinical medicine.

- a common criticism of this approach is that student may not see the relevance and what is taught to their future career as a doctor.

Some advocate that curriculum should be turned on its head, with student starting to think like a doctor from the day they enter medical school.

In a vertically integrated curriculum, students are introduced to clinical medicine alongside the basic science in the early years and the program where there are interacting of topics through out the

Or

- course and some topics are revisited at many level of difficulty and the students competency increases with each visit to a topic.
- In problem-based learning:-

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B. Curriculum: the learning is focused is on attractive combination of pragmatism and idealism.

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This type of learning is focused round a series and tasks which the doctor may be expected to do.

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Integration and inter professional teaching integrated teaching is a feature of many curricula.

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The students are the direct consumers and training programmes and pay the price in long years of study, the idea of involving them in the process of defining goals is often challenged by faculties on the ground that those who are untrained can neither know nor understood what knowledge and skills are required to provide health care.

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How to decide the teaching methods:-

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Is unique and will require some variation, a good teacher is one who make good use of range and methods.

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Appling each method for the use to which it is more appropriate and a successful teacher, like the skillfull practioner knows that each students.

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- ✓ The lecture and whole class teacher remain powerful tools in our country if used properly.

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- ✓ Small group work facilities, interaction between student make possible cooperative learning.

- ✓ Independent learning can make on important contribution.

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- ✓ To establish an educational diagnoses and setting goals.

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An educational diagnosis must rest on a comparism of the student performance with some standard.

(The standard of professional competence).

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Programes goal are more often dictated by faculty interest and this have had limited success in producing physician prepared to serve the broad health need: For these reasons

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- ☒ Students.

- ☒ Practitioner or (doctor).

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- ☒ Public.

Must all have some part in the establishment of objectives for educational programer.

Outcome-based education:-

This has developed from a fundamental rethinking of structured and function of education.

There are four main characteristics of outcome-based education:-

1. Outcomes are clearly identified.

2. A achievement :determines progress.

3. Multiple instructional strategies and allthentz assessment tools are used.

4. Students are given time and assistance to reach there potential.

Assessment:-

Assessment is a key component of the curriculum, the issues of assessment should be addressed includes:-

i. What should be assessed?

ii. How should be assessed?

iii. Which method should be used?

iv. How can one determine whether student have achieved the appropriate level and competence.

- **What are the aims of the assessment process?**

- ✓ To pass or fail the student.

- ✓ To grade the student.

- ✓ Provide the student and teacher with feedback or to motivate the students.

- **When should student be assessed?**

- At the beginning of the course.

- At the end of the course.

- **Who should asses the student?**

The teacher, often teacher in the same institution, teachers from other institution, a national board , the students themselves.

Communication between teacher and student

It is a common problem in medical education Teachers, have the responsibilities to ensure that students have a clear understanding of:-

1) What they should be learning-the learning outcome?

2) The range of learning experience and opportunities available.

3) How and when they can access these efficiently and effectively?

4) How they can match the available learning experiences to their own need.

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Problem and managing the curriculum  
This issue should be addressed taking in consideration:-

- a) Complexity of the curriculum.
- b) Integrating and interdisciplinary teaching

c) Increasing pressures on staff with regard to their clinical duties.

- d) Strategy resources to support teaching
- e) Increasing demands for accountability.

## Summary

To implement curriculum properly:-

- a) Staff development program will be instituted.
- b) An independent group will have responsibility for academic standard external peer reviewer.(accreditation council). Staff will be appointed with particular expertise in curriculum

planning, teaching methods and assessment to support work on the curriculum.

- Responsibilities and resources for teaching will be at faculty rather than departmental level.

## Conclusion

The curriculum goal may be complex but must seek to:

- 1. Produce future doctors.
- 2. Utilize modern educational methods.

3. Comply with governing body regulations accreditation council.

- 4. Ensure that a member of student pass the course.
- 5. Meets consumers expectations.

**References:-** Belasco JA 1996 In Simon J, Parker, RA dictionary of business quotations, Hutchinson. London.

*Al - Kindy Col Med J 2010 ; Vol .6 . No. (1) p: 3*

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