

# Medical Education Reforms

Challenges  
and  
Opportunities

There is no such  
thing as curriculum  
development- only  
staff development

Recruit

Retain

Re-energise

Recognise

Reward

The Teaching  
Portfolio

Or

The Teaching Dossier

# The Teacher's

- **Accomplishments**
- **Strengths**
- **Responsibilities**

# Introduction

- Institutional and departmental attitudes, expectations
- One's own attitudes, assumptions concerning teaching responsibilities
- One's main strengths as a teacher

# Description of current teaching practices

- Characteristics of teaching methods
- Use of teaching aids such as non print materials
- Assessment practices
- Feedback provided to students
- Availability to students outside contact hours

# Evidence of student reactions to teaching

- Student evaluation of teaching: copies of questionnaires, instruments used
- Statements, comments, letters of appreciation

# Evidence of reputation as a teacher

- Publications in medical education
- Evaluation by colleagues
- Evidence of help given to colleagues for teaching improvements

# Why compile a Teaching Portfolio?

- Documentation of teaching
- Evidence about teaching
- Systematic and comprehensive
- A standard format

# Why?

- Reflect

- Improve

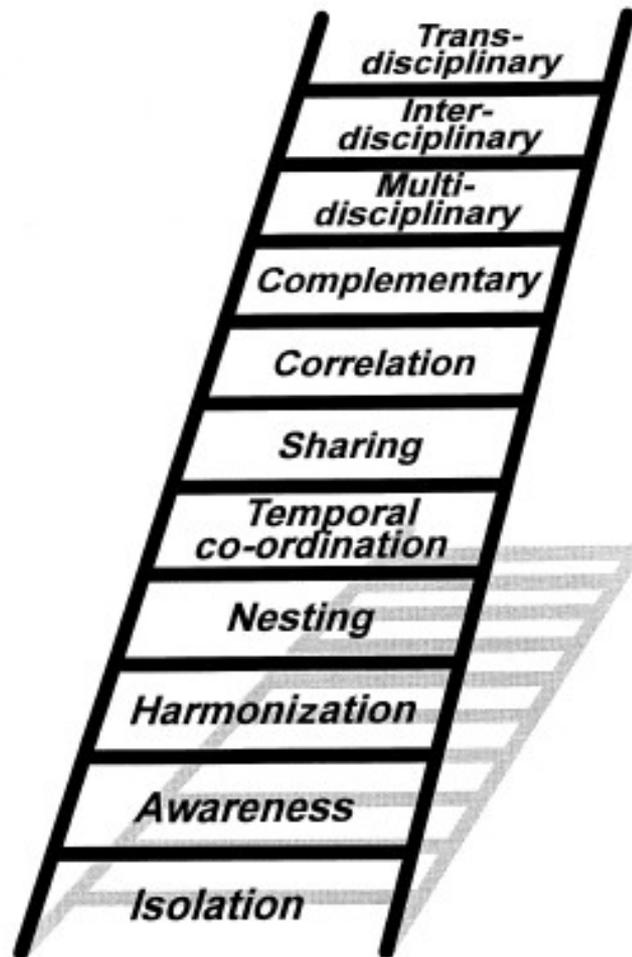
- Project

# Integrated Curriculum

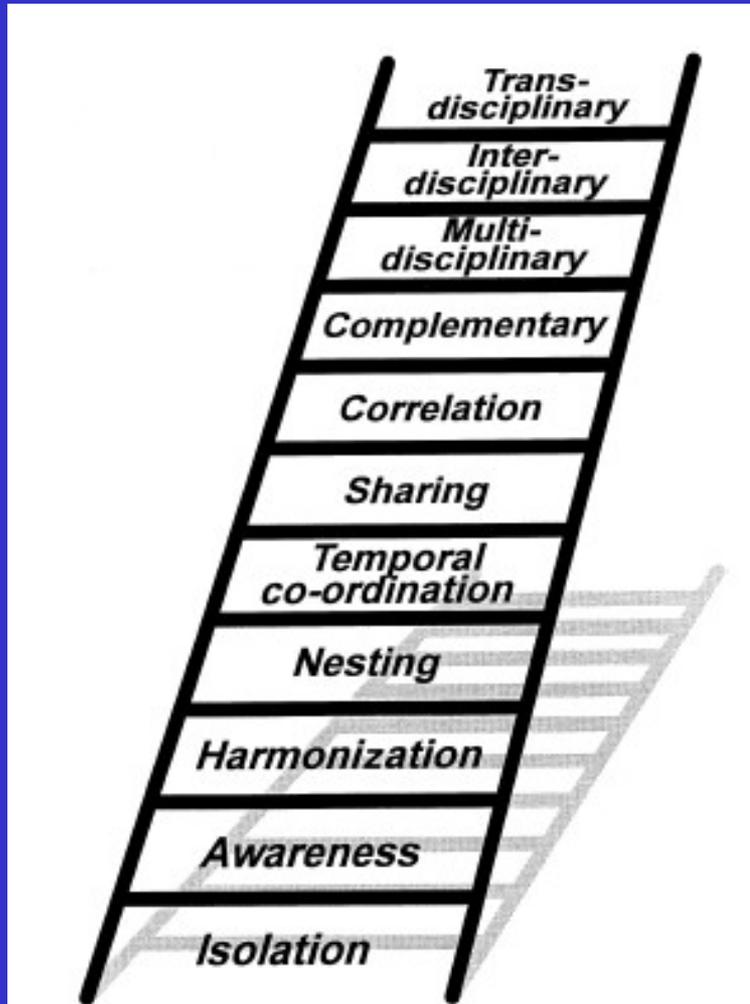
WHAT to integrate?

WHEN to integrate?

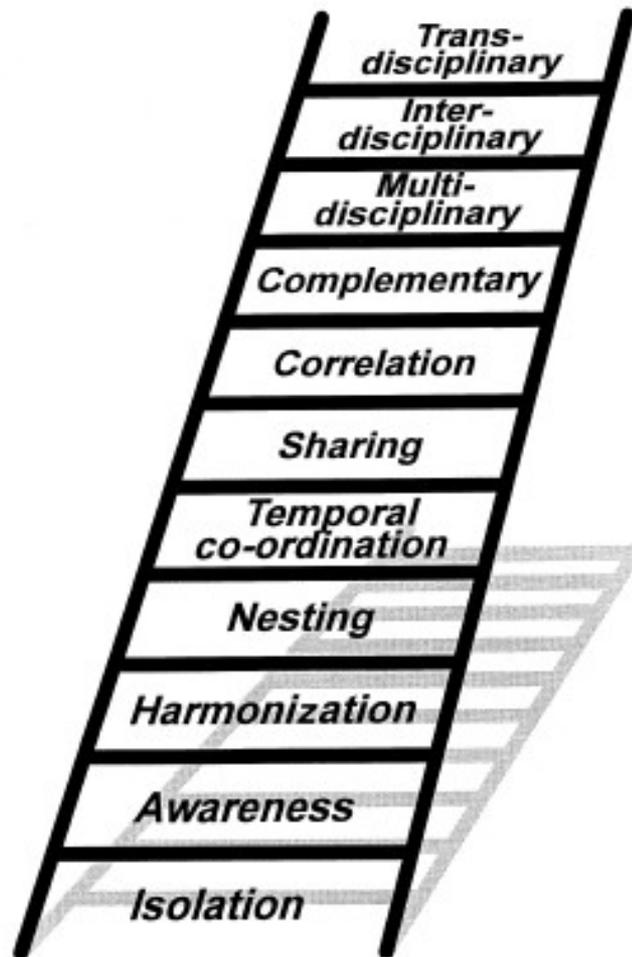
HOW to integrate?



## The integration ladder

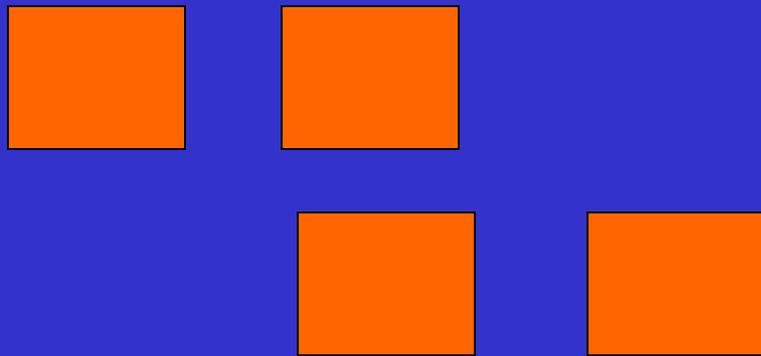


Eleven steps from  
subject based  
to integrated  
teaching-learning



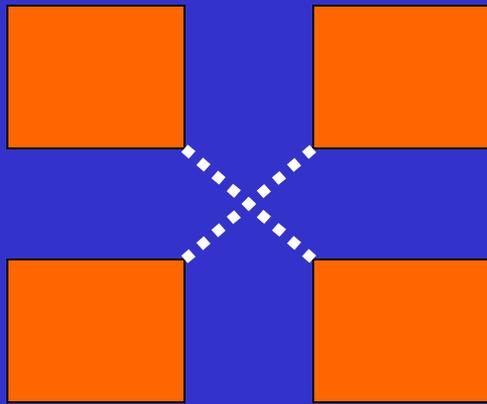
- Integration is a continuum
- Discipline-based to full integration
- Intermediate steps between the extremes

# Step 1 : Isolation (fragmentation, anarchy)



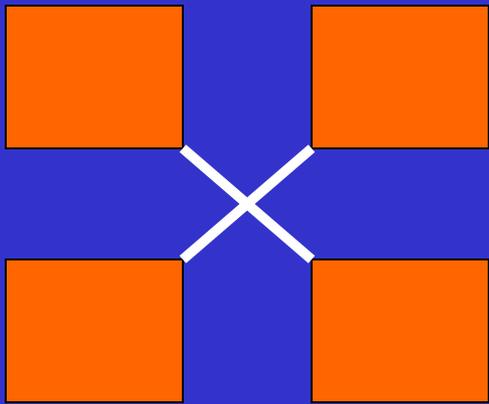
- No attention to other subjects
- Slots in timetable indicate subjects
- Assessment is subject based

## Step 2: Awareness



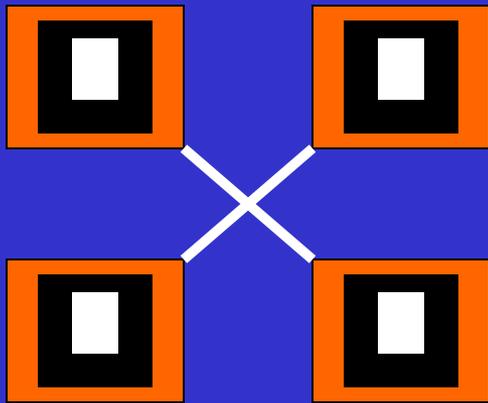
- Teachers are made aware of what is taught in other subjects
- Documentation and communication
- No explicit attempt to give students an integrated view

## Step 3: Harmonization (connection, consultation)



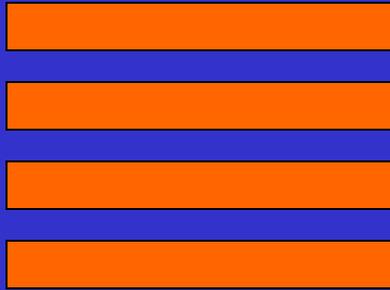
- Teachers consult and communicate **CONSCIOUSLY**
- Deliberately make the relationships obvious to students (not left to chance)

## Step 4: Nesting (infusion)



- Teacher targets content/skills related to other courses to enrich learning
- Communication, problem solving, clinical skills are incorporated

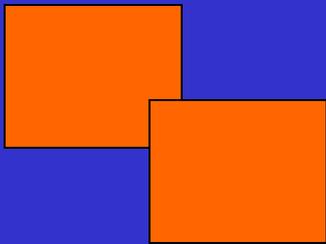
## Step 5: Temporal co-ordination (parallel/concurrent teaching)



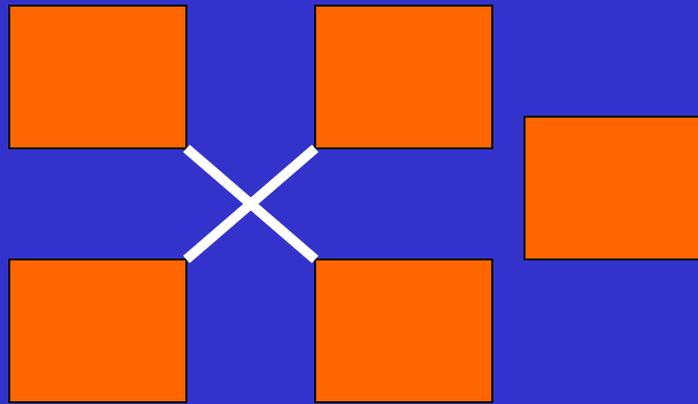
- Timing of teaching of topics is in consultation with other subjects
- Timetable is adjusted accordingly
- Relationships are 'caught' not taught

## Step 6: Sharing (joint teaching)

- Two or more departments appreciate that together they can teach the topic more effectively than alone
- Example: Community child health

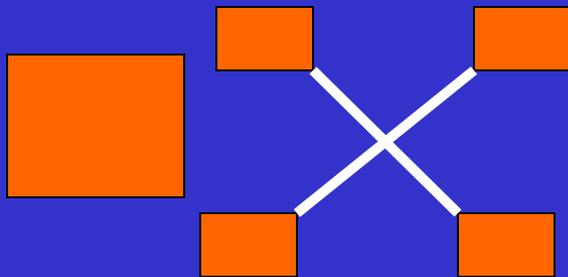


# Step 7: Correlation (concomitant/democratic programme)



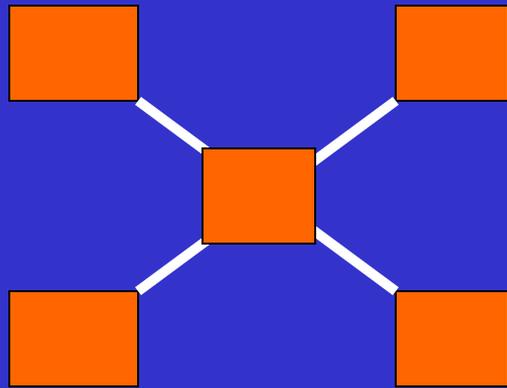
- An integrated session or course is introduced in addition to subject based teaching
- The session brings together areas of interest common to each of the subjects

# Step 8: Complementary programme (mixed programmes)



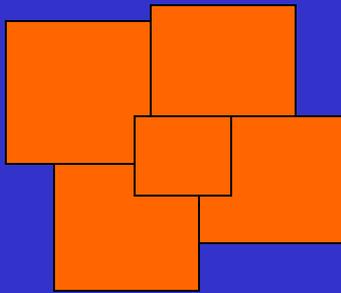
- Integrated course is a major (more important) feature of the curriculum compared to subject based teaching
- More important in terms of time, resources, assessment

# Step 9: Multidisciplinary (webbed, contributory)



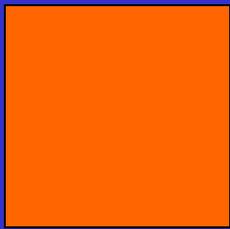
- Themes, problems, topics, issues
- Transcend subject boundaries
- Modules: CVS, CNS, Endocrine, Nutrition
- Subjects give up their autonomy

# Step 10: Inter-disciplinary (monolithic)

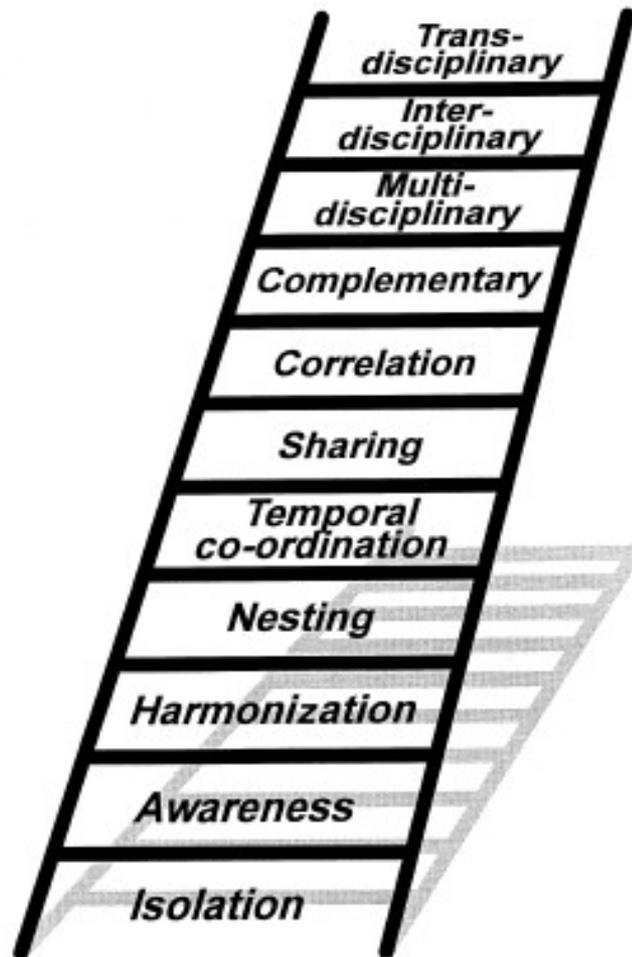


- Higher level of integration
- Content of subjects combined into a new course with new menu
- No reference at all to individual subjects or disciplines

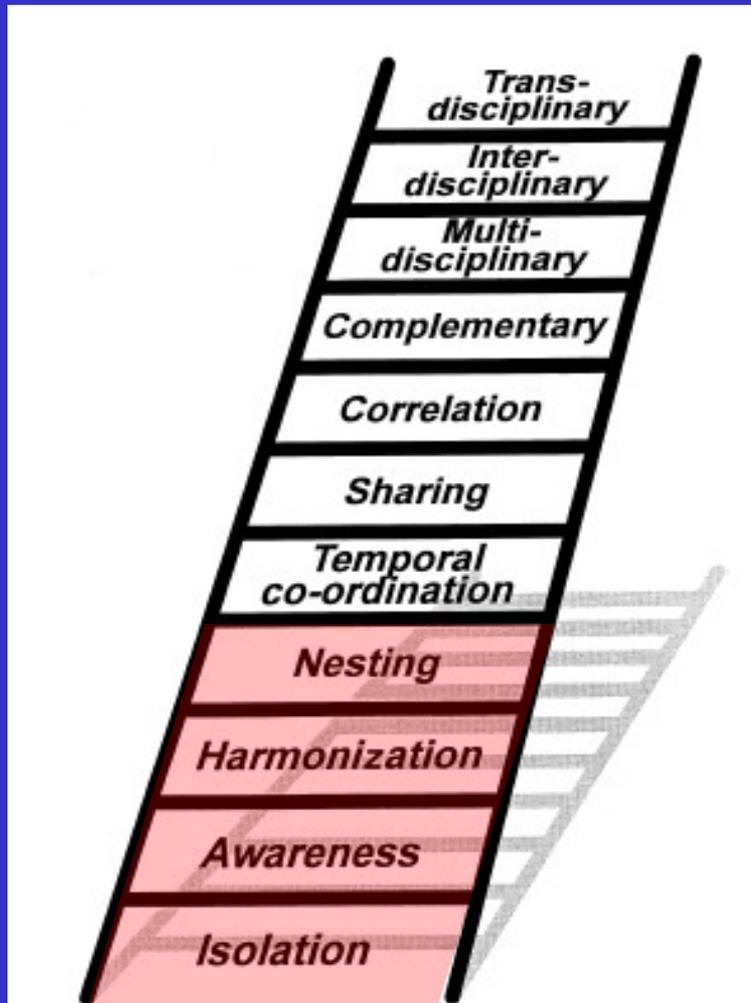
# Step 11: Trans-disciplinary (fusion, immersion, authentic)



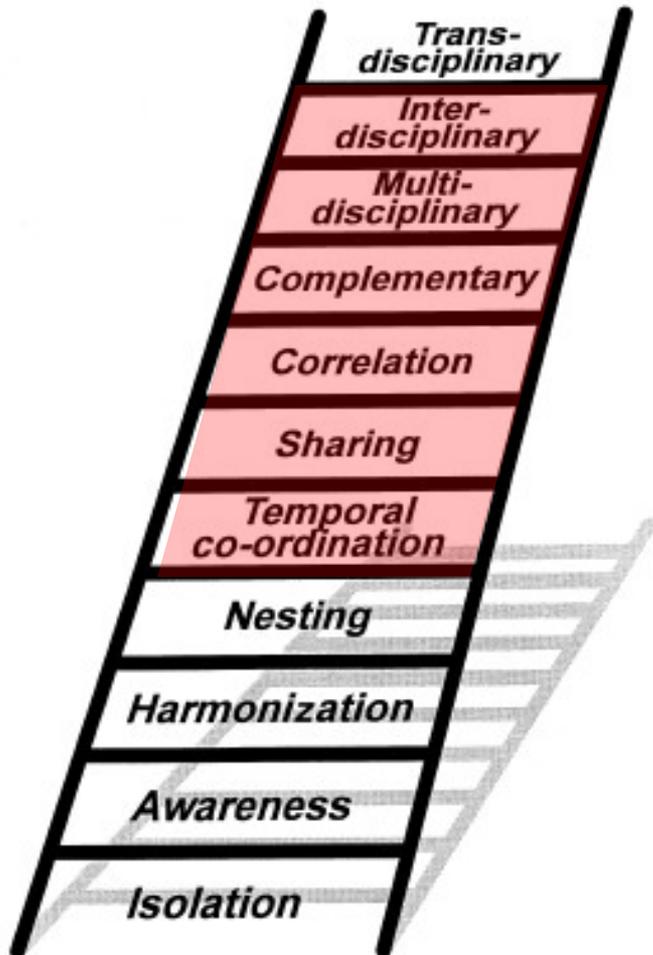
- Learning occurs in the 'real world'
- The learner is driven to find out as dictated by his exposure
- Student completes the mastery of competencies required



The integration ladder: a tool for curriculum planning and evaluation



Emphasis is  
on the  
subjects or  
disciplines



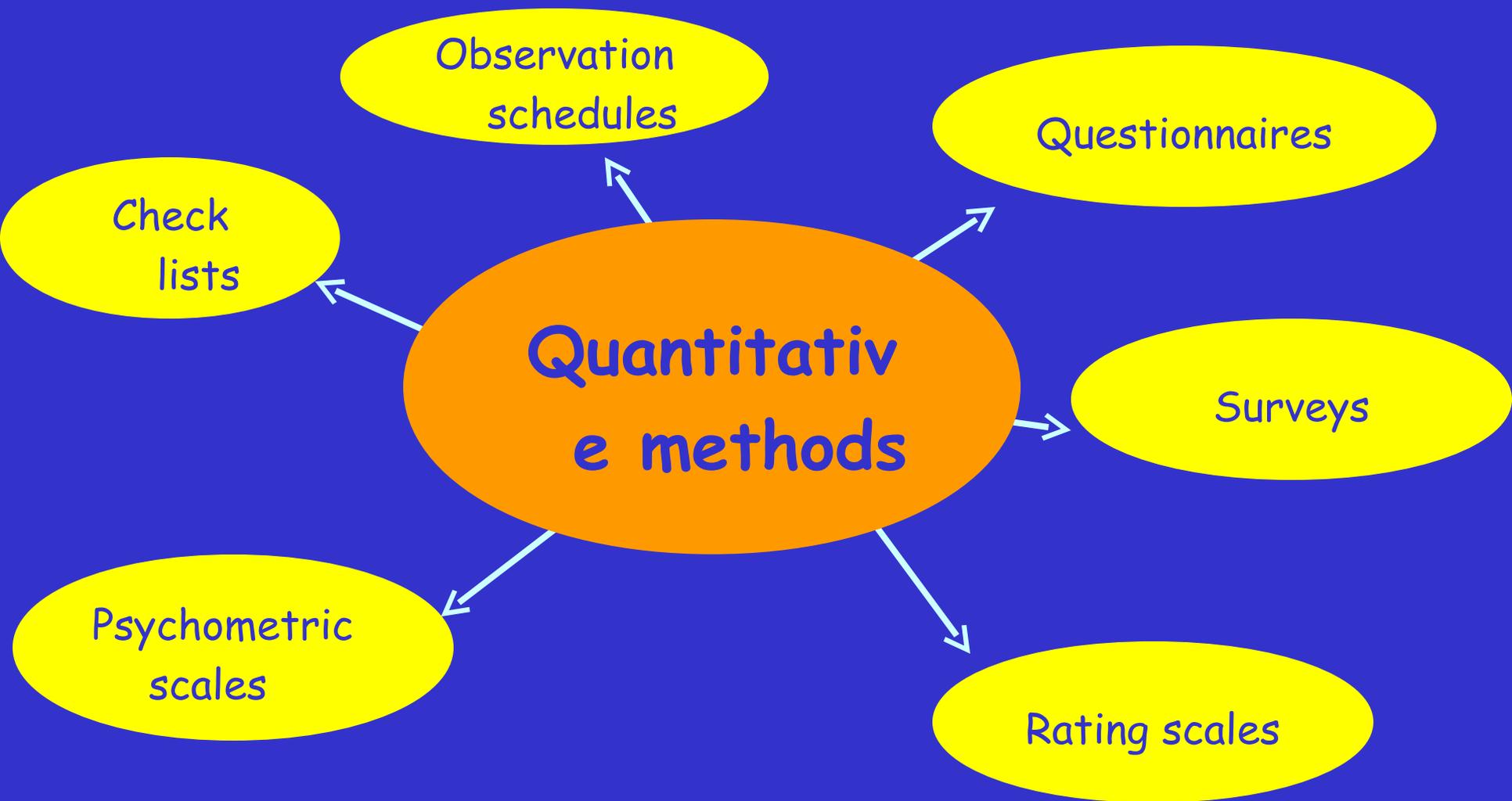
Emphasis  
on integration across  
several disciplines

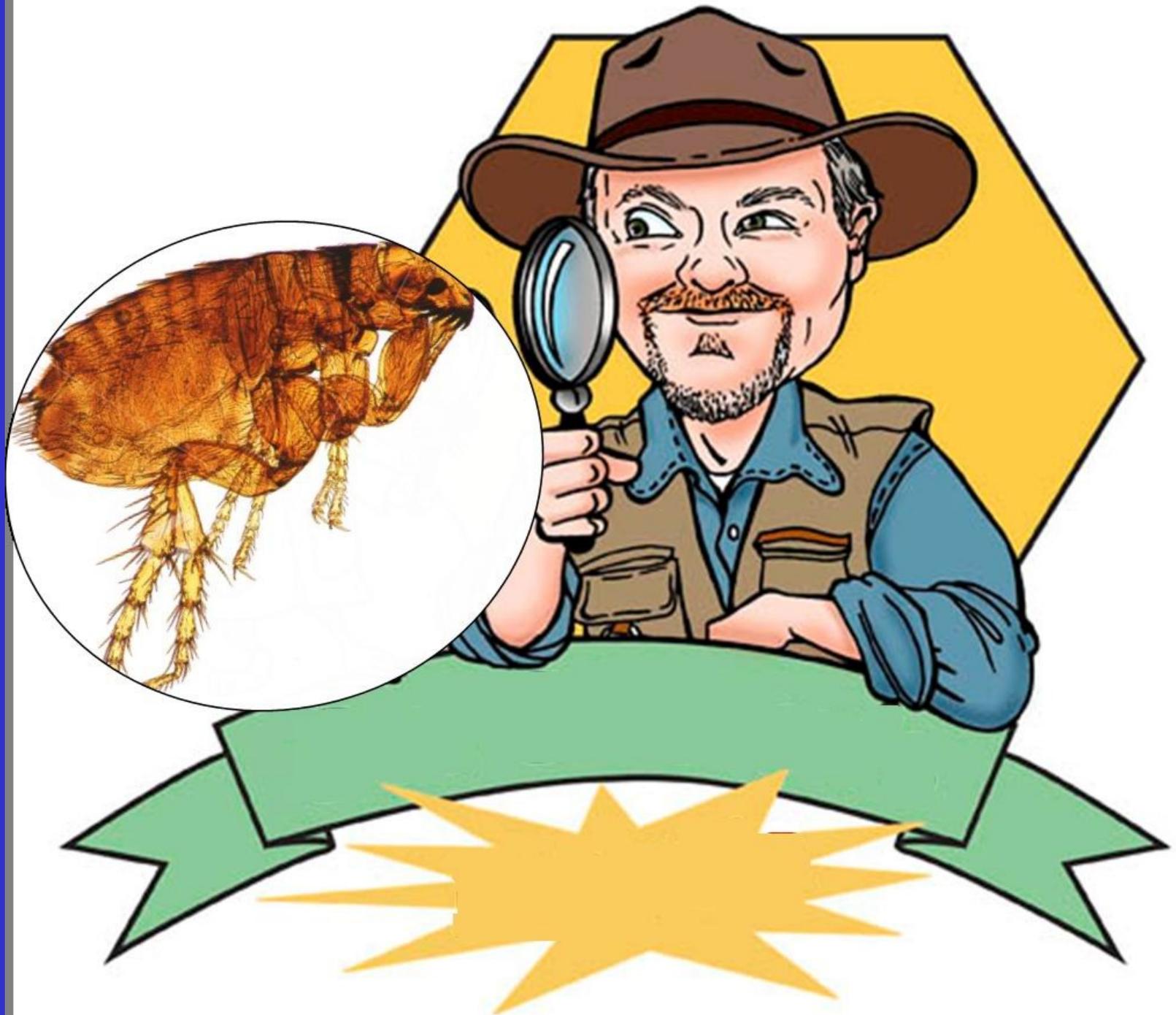
# Integration

- Less emphasis on the role of disciplines
- Emotional integration

Research  
In  
Medical Education  
(RIME)







When the legs  
of the flea were  
removed, the  
flea could no  
longer hear

- Hawthorne effect
- John Henry effect
- Pygmalion effect

# Hawthorne effect

- Students respond positively to a new approach
- Novelty
- Attention they receive

# John Henry effect

- Competitive spirit of the students in the control group

# Pygmalion effect

- Positive attitude of teachers encourages the students to perform better  
(Self fulfilling prophecy)

# Problem Based Learning



# Problem Based Learning

- Basic sciences presented in the context of clinical scenario to encourage integration
- Students take greater responsibility

In Problem Based Learning

The JOURNEY is  
more important  
than the  
destination

# Generic skills and attitudes

- Teamwork
- Chairing a group
- Listening
- Recording
- Cooperation
- Respect for colleagues' views

# Generic skills and attitudes

- Critical evaluation of literature
- Self-directed learning and use of resources
- Presentation skills

# Impediments to change

1. Lack of conviction among faculty that change is indicated
2. Additional work change involves (Introduction and maintenance)

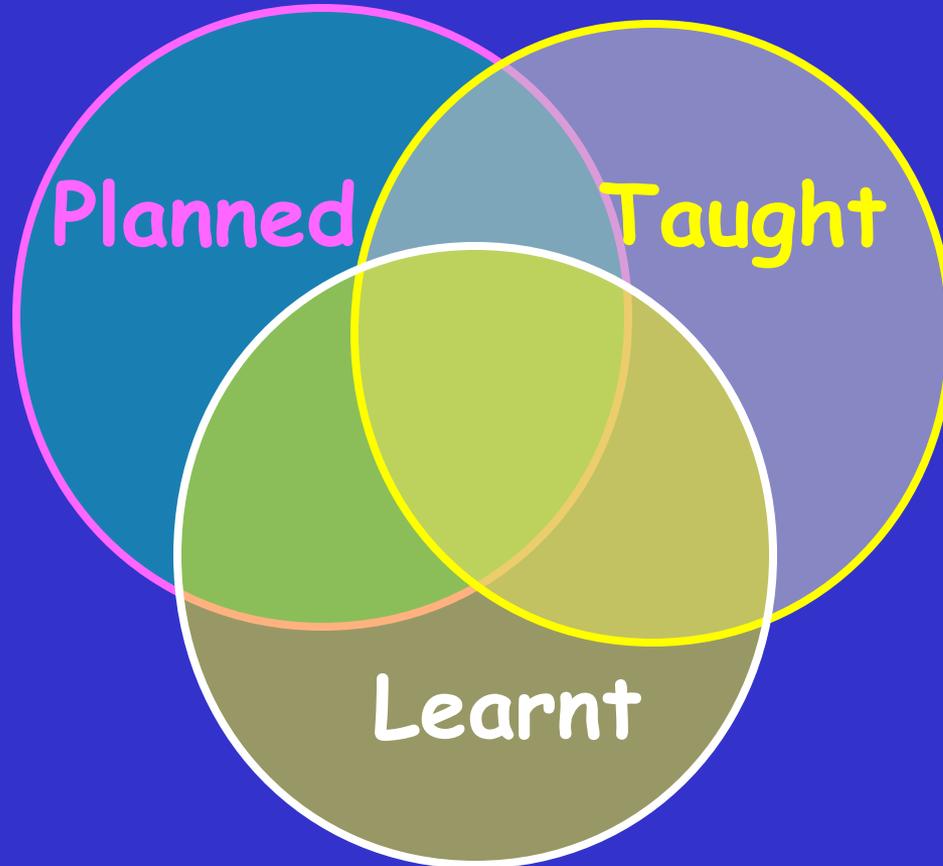
# Impediments to change...

1. Examination system  
discourages innovation and  
encourages tradition
2. Lack of understanding of  
the concept of PBL

# Impediments to change...

1. No prestige or recognition
2. Willing faculty may not have the skill and support
3. Traditional departmental structure impedes integration

# The Curriculum



Assessment

DRIVES

Learning

**Formative  
Assessment**

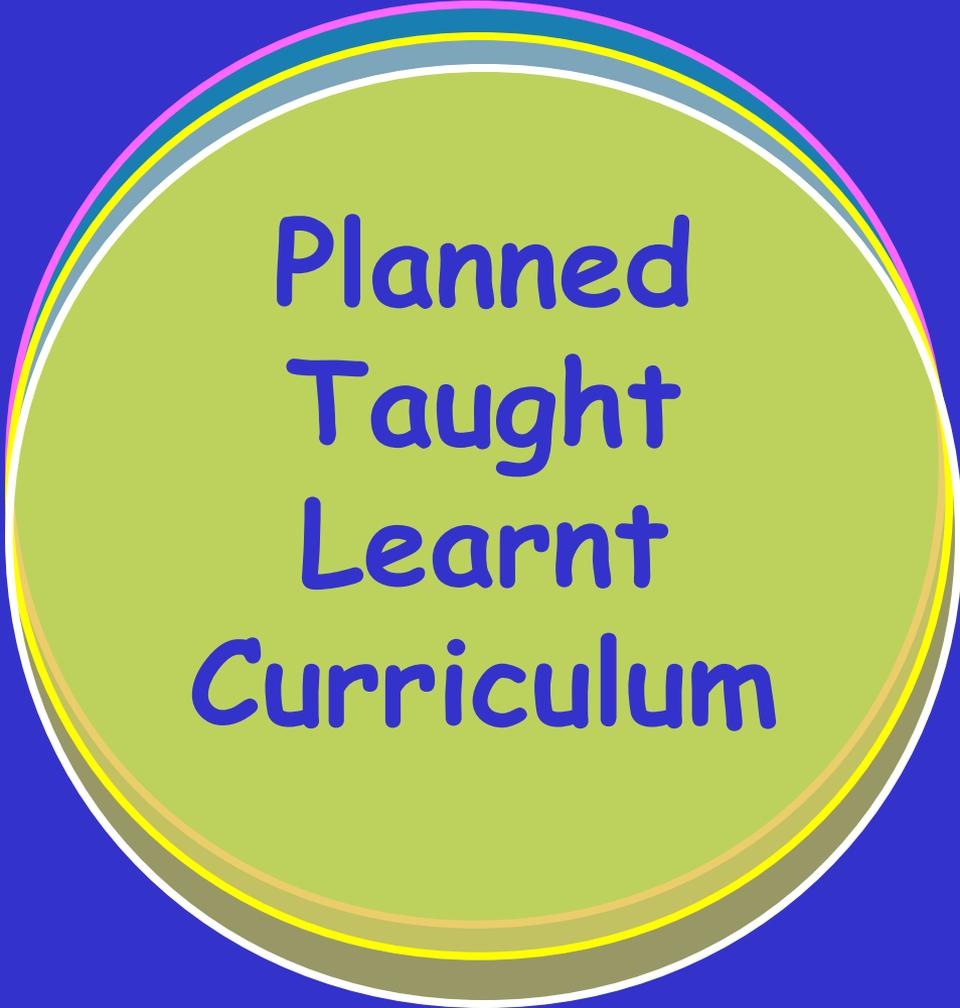
**VS**

**Summative  
Assessment**

Assessment for learning

Assessment of learning

# The Curriculum



Planned  
Taught  
Learnt  
Curriculum

We have made the  
measurable important  
rather than making the  
important measurable

# Diseases of the curriculum

# Curriculosclerosis

Hardening of  
categories

Departmentalisation

# Curriculoarthritis

Affects  
articulations  
between  
segments of the  
curriculum

Curriculum

Hypertrophy

(curriculumomegaly)

- Knowledge explosion

# Carcinoma of the curriculum

Uncontrollable  
growth of one  
segment of the  
curriculum

# Iatrogenic Curriculitis

- Too much tampering

# Curriculum Ossification

"We have  
always done it  
this way"

# Diseases of the Curriculum

Curriculosclerosis

Curriculoarthritis

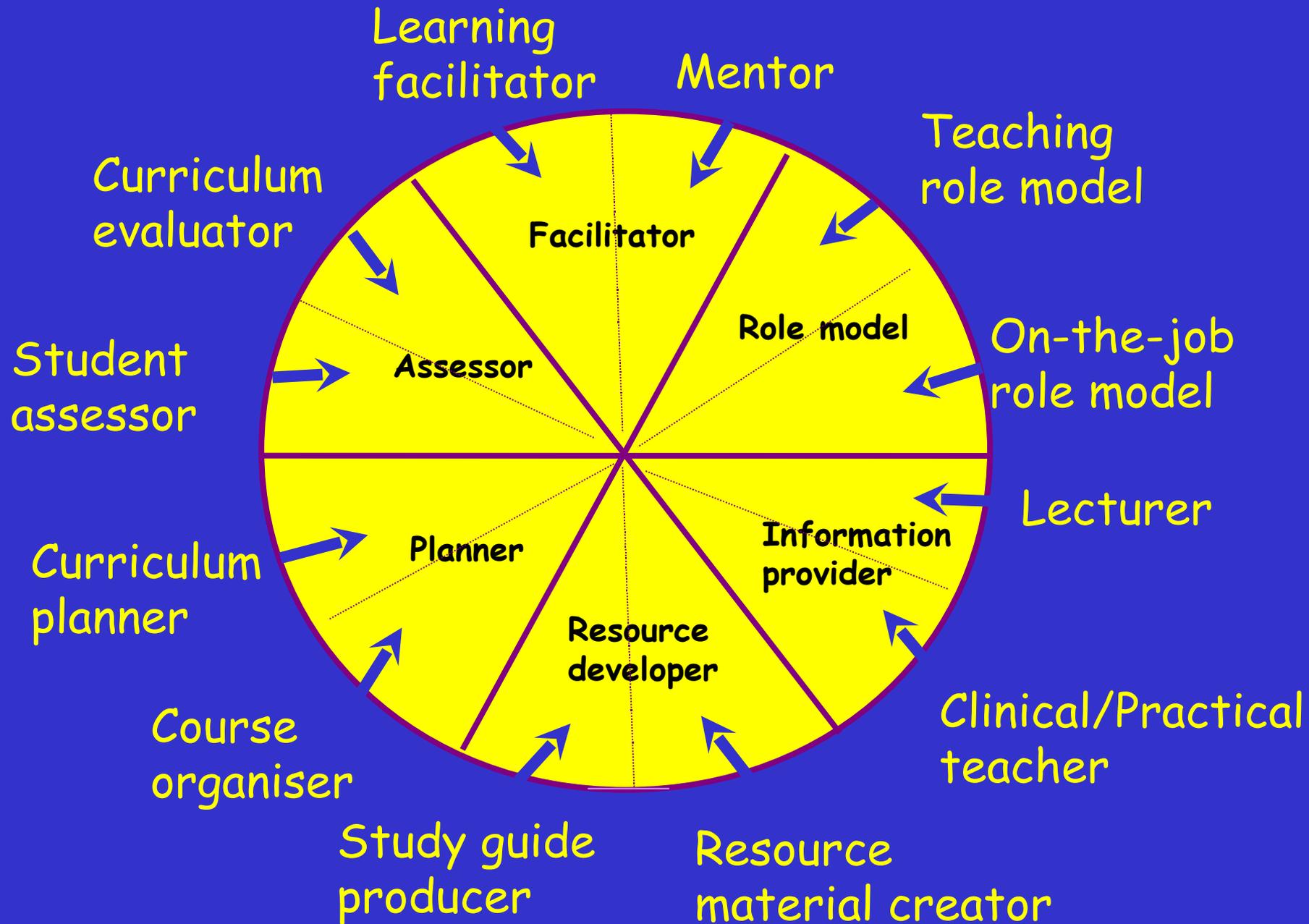
Curriculum Hypertrophy

Carcinoma of the Curriculum

Iatrogenic Curriculitis

Curriculum Ossification

# ROLES OF A MEDICAL TEACHER



The power of  
example is more  
powerful than the  
example of power

Students do not care  
how much we know,  
so long as they know  
how much we care

# THE BUILDER

A builder built a temple

He wrought it with grace and skill

Pillars and grains and arches

All fashioned to work his will

Men said, as they saw its beauty

"It shall never know decay

Great is thy skill O builder

Thy fame shall endure for age"

## THE BUILDER .....

A teacher built a temple

With loving and infinite care

Planning each arch with patience

Laying each stone with prayer

None saw his unceasing effort

None knew of his wondrous plan

For the temple the teacher built

Was unseen by the eyes of man

## THE BUILDER .....

Gone is the builder's temple

Crumpled into the dust

Low lies each stately pillar

Food for consuming rust

But the temple the teacher built

Will last while the ages roll

For that beautiful unseen temple

Was a child's immortal soul

# THE ROAD NOT TAKEN

*Two roads diverged in a wood  
And sorry I could not travel both  
And be one traveller, long I stood  
And looked down as far as I could*

*Two roads diverged in a wood  
I took the one less travelled by  
And that has made all the difference*

*Robert Frost*