

Contextual Curriculum Planning: Tailoring your curriculum to the local context – An Overview

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Introduction

There is increasing realization and demand for health professional education to link curriculum to healthcare needs. Health professional educators have now professional and ethical obligation to meet the above demands and they need to be accountable. Accreditation bodies attach importance and weightage to curricula, that state the process of curriculum development also the educational and evaluation strategies [1]. These bodies look for **outcome measurements** in the curricula [2].

Understanding the general principle of curriculum planning would help the health professional educators, teachers and the Universities to design and develop curricula suitable to specific courses.

Understanding and interpretation of “Curriculum” is different. To the ‘teachers’ it means a sequence of “package of knowledge” to be ‘taught’ or ‘syllabus’ or “portion / subjects to be covered”. For students it may be a set of subjects to be “cleared” in an examination. To the administrators it may be a way of organizing the course.

A **Curriculum** is a plan of educational experience and activities provided to a learner by an institution. The plan is a deliberate, systematic attempt to bring improvement in knowledge, acquisition of skills, attitudes and communication abilities [3].

Though all teachers are not curriculum planners, but should be aware of components of the curriculum.

Curriculum includes:

1. Statement of goals and specifications of objectives.
2. Selection of course contents (syllabus)
3. Recommended teaching learning methods
4. Organization and scheduling of course
5. Scheme of assessment of learning outcomes
6. Recommended books and other learning resource materials

Competence – Based Curriculum:

Competence based training emphasizes on how student learns best from watching someone perform (model) a skiller activities. Also how a student performs (i.e. knowledge, attitudes and skills), rather than just knowing. The role of teacher here is not a mere instructor but that of facilitator or coach.

Methods for testing includes observation of skills performed (psychomotor domain) or observable behavior (eg. Counselling) using checklists, guides. Minimum level of performance is essential – criterion reference for evaluation. Nine core abilities are expectations from future physicians, which include clinical skills [4-5] as described (smith & dollase, 1999).

The Medical Council of India, regulators of Graduate Medical Education (2019) has identified competencies required for an Indian Medical Graduate [6-7]. Every student must attain the **Intermediate Level of Proficiency** in all abilities before graduation (Table-1).

Sl. No	Ability	Beginner level	Intermediate level	Advanced level
1	Effective communication			
2	Basic clinical skill			
3	Using basic science in the practice of medicine			
4	Diagnosis, management and prevention			
5	Lifelong learning			
6	Self-awareness, self-care and personal growth			
7	The social and community contexts of health care			
8	Moral reasoning and ethical judgment			
9	Problem solving			

Curriculum planning steps:

Preparation of a curriculum is a complex process. The curriculum planning group includes multidisciplinary groups consisting of subject specialists from concerned disciplines and include educationists specialized in curriculum planning and evaluation.

Six steps in preparing curriculum:

1. **Situation Analysis and Curriculum Determinants:** An analysis of existing situation as Goals given in National Health Policy. Professional requirements and standards laid down by professional bodies like Medical Council or Dental Council or Nursing Council, Health needs and demands of the people etc, help in identifying curriculum determinants. These determinants function as guidelines in designing the curriculum.
2. **Task Analysis:** The next step involves identifying the tasks / Job functions and conditions under which the learners are expected to work. For example job functions of a doctor in a primary healthcare are different from those in a tertiary hospital. The Medical Council of India regulations on Graduate Medical Education has identified various skills that a graduate medical doctor should possess [5].
3. **Formulation of Educational Objectives:** The curriculum determinants and task analysis identify training needs. These training needs to be transferred into educational objectives, describing what knowledge, attitudes,

psychomotor skills and communication abilities medical students should acquire during their education.

4. **Selection of Contents:** Based on needs and objectives provide a preliminary guide for selection of contents (i.e. Subject). The content chosen must be relevant to make decisions on;
 - a) How much detail students to learn
 - b) What standards of performance are required
 Teacher should stress and help students to learn “**must know**”, “**must value**” and “**must do**” other topics around the target are “**desirable to know**” “**Nice to know**” are related to recent advances. But they receive low priority.
5. **Selection and organization of learning experience:** Various methods/ ways of learning are to be included as Group discussion, role play, video films, field, trips, practice sessions using simulators etc. Organization includes the scheduling and arranging the time table for various learning activities.
6. **Assessment:** The curriculum should have description of the nature, frequency and methods that may be used to assess learning outcomes. The design should contain plans for formative and summative assessment.

Curriculum Evaluation: There have to be methods to obtain feedback on the curriculum itself, so as to bring changes as and when required.

Tailoring your Curriculum to the Local Context:

This will address some key issues in developing a curriculum in your institution appropriate to your local setting. This will focus on curriculum planning with reference to India.

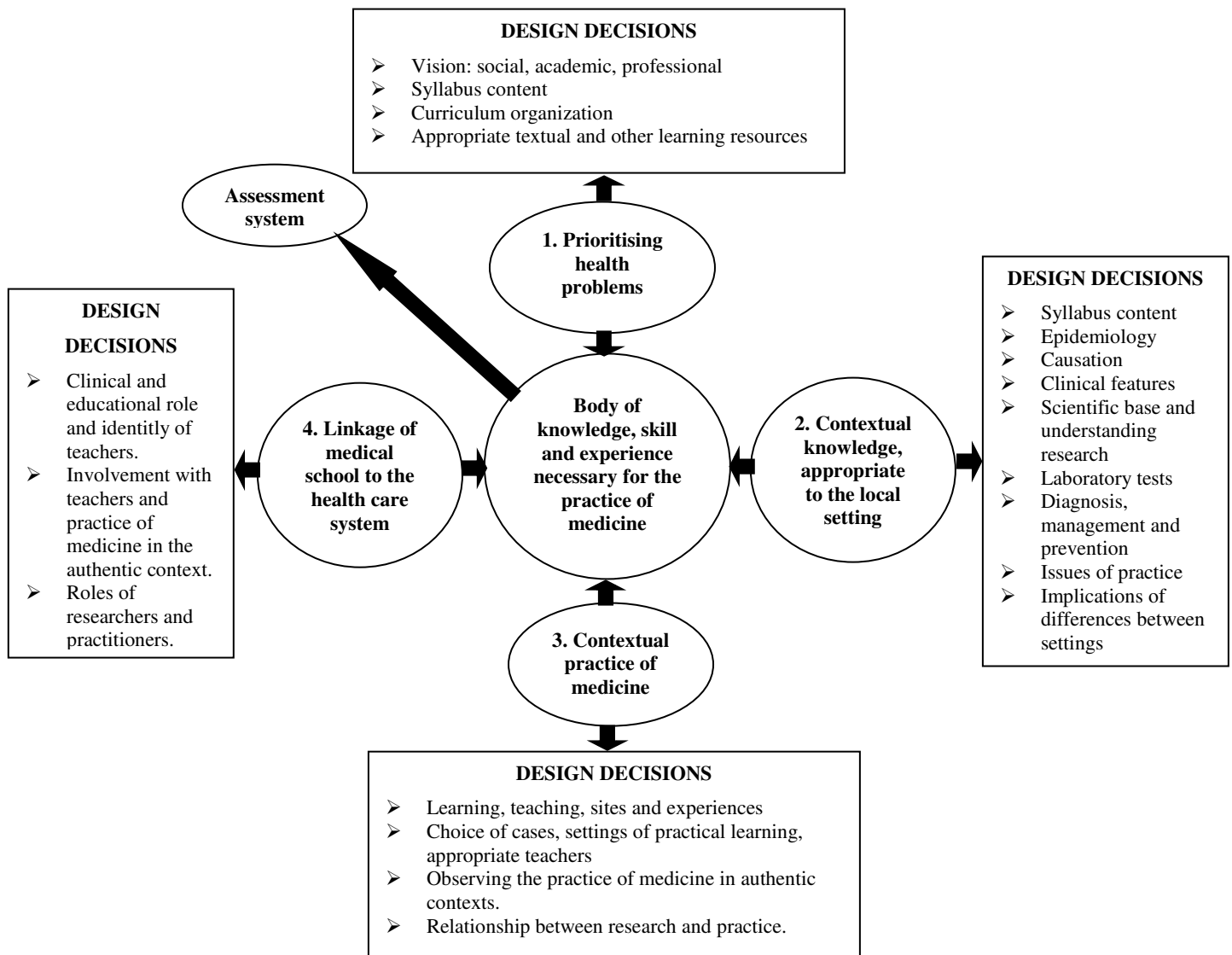
There are major contradictory pressures on medical school curriculum and practice. In midst of these contradictions there are some basics which do not change;

- Need to acquire knowledge
- Need to acquire clinical and diagnostic skill
- Acquisition of professional identify
- Contextual knowledge

Contextual curriculum design process in brief [8]:

The curriculum planner should work systematically through each stage, remembering 4 dimensions of medical school responsibility.

Fig-1: Contextual curriculum design process [8]



Conclusion

We must ensure that our students and specialist trainees are acquiring the necessary skills and knowledge of the profession. Medical schools

training to be locally relevant, creative and socially engaged doctors this will improve the healthcare of the population contextual Curriculum Planning is warranted.

Every medical college has to develop its own approach based on practical and logistical consideration. What is more important is, Curriculum model followed should be student

centered, problem-oriented, integrated and should attempt evaluating competence rather than knowledge alone.

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