

# Some principles of curriculum design - setting the scene



**Dai John**

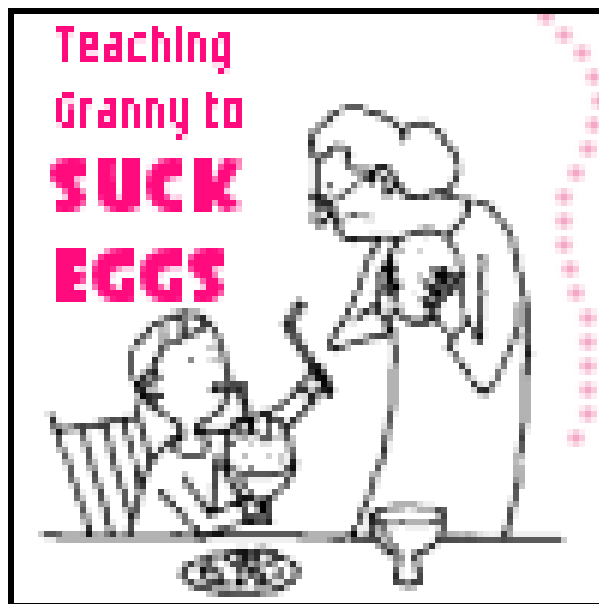
**School of Pharmacy  
Cardiff University**

**International Pharmacy  
Education Symposium  
Prato, July 2011**

# Learning Objective

To introduce, remind and/or raise awareness of some of the issues to consider when designing, developing or reviewing a curriculum.

**NOT** a quick guide to designing a curriculum  
**NOR**



# Context

- This outline session may be of particular use to those who are new to curriculum design, development and review.
- Many of the issues will also be of some relevance to developing or reviewing a unit, module or other component of a programme.

# Pharmacy curricula: teaching today for tomorrow's practice

- Is there a 'core' UG pharmacy curriculum?
- How do we allow for country-to-country differences in professional practice?
- What is the appropriate balance of science and practice?
- An integrated curriculum? Traditional format or PBL?
- How much experiential learning should be included?
- How should interprofessional learning be incorporated?
- Do distance learning courses equip students equally compared to on-campus courses?
- Should pre-registration/intern/resident training be incorporated in the undergraduate curriculum?
- Postgraduate curricula and advancing practice?

# The Curriculum - 1

Includes syllabus but is more, much more incl.

- learning, teaching & assessment methods
- their sequencing and timing
- what is expected of student; what student can expect
- what learner experiences to achieve outcomes

Further

- communicated
- evidence-based
- often contested
- must be responsive to change

# The Curriculum - 2

- Planned (on paper, by designers)
- Delivered (organised & taught)
- Experienced (by learners)

## Curriculum Drift

Many are guilty to greater or lesser extent

# For whom is the course designed?

- **Level**

- UG eg year 1
  - foundation
  - standard entry
  - graduate entry

>1 of above

- Masters eg MSc
- PharmD

- **Background of entrants incl.**

qualifications/grades, knowledge/experience

CARDIFF  
UNIVERSITY

PRIFYSGOL  
CAERDYDD

## **Level 8 PhD / PharmD**

make a significant and original contribution to a specialised field of inquiry, demonstrating a command of methodological issues and engaging in critical dialogue...

## **Level 7 MSc / MPharm**

display mastery of a complex and specialised area of knowledge and skills, employing advanced skills to conduct research, or advanced technical or professional activity...

## **Level 6 BSc / BPharm / Grad Diploma**

critically review, consolidate and extend a systematic and coherent body of knowledge, utilising specialised skills across an area of study; critically evaluate concepts and evidence from a range of sources; transfer and apply diagnostic and creative skills and exercise significant judgement in a range of situations...



# Governance & Regulation

University

Regulator

Government

Modular, credit size, course length, entry requirements, study hours (in & out of class), level, progression rules, etc.

Accreditation Criteria

Complexity with eg 2+2 programmes (2 HEIs and 2 accrediting bodies)

# Content

## The syllabus

Communication Skills

Communication Skills (8hrs)

Communication Skills lectures (8hrs)

## Beyond Content

- Funding (student numbers)
- Faculty & support staff
- Learning environment – teaching & learning space, IT
- Timetable (**white space**)
- Assessment & Feedback
- Integration
- Placements (exposure to practice)
- IPL

# Is the 'course' constructively aligned?\*

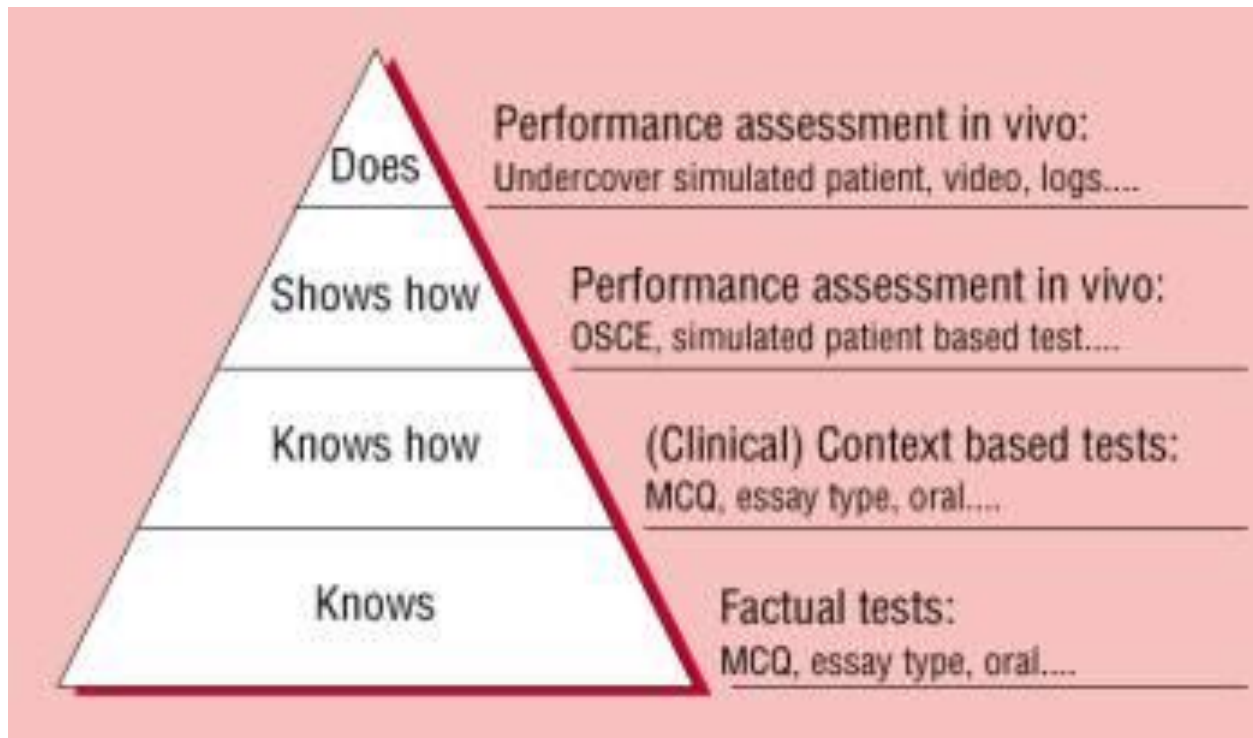
**a) Learning activities & assessment tasks are aligned with each other and with intended outcomes.**

b) Many students 'construct' meaning from what they do to learn.

**\* John Biggs, 1999**

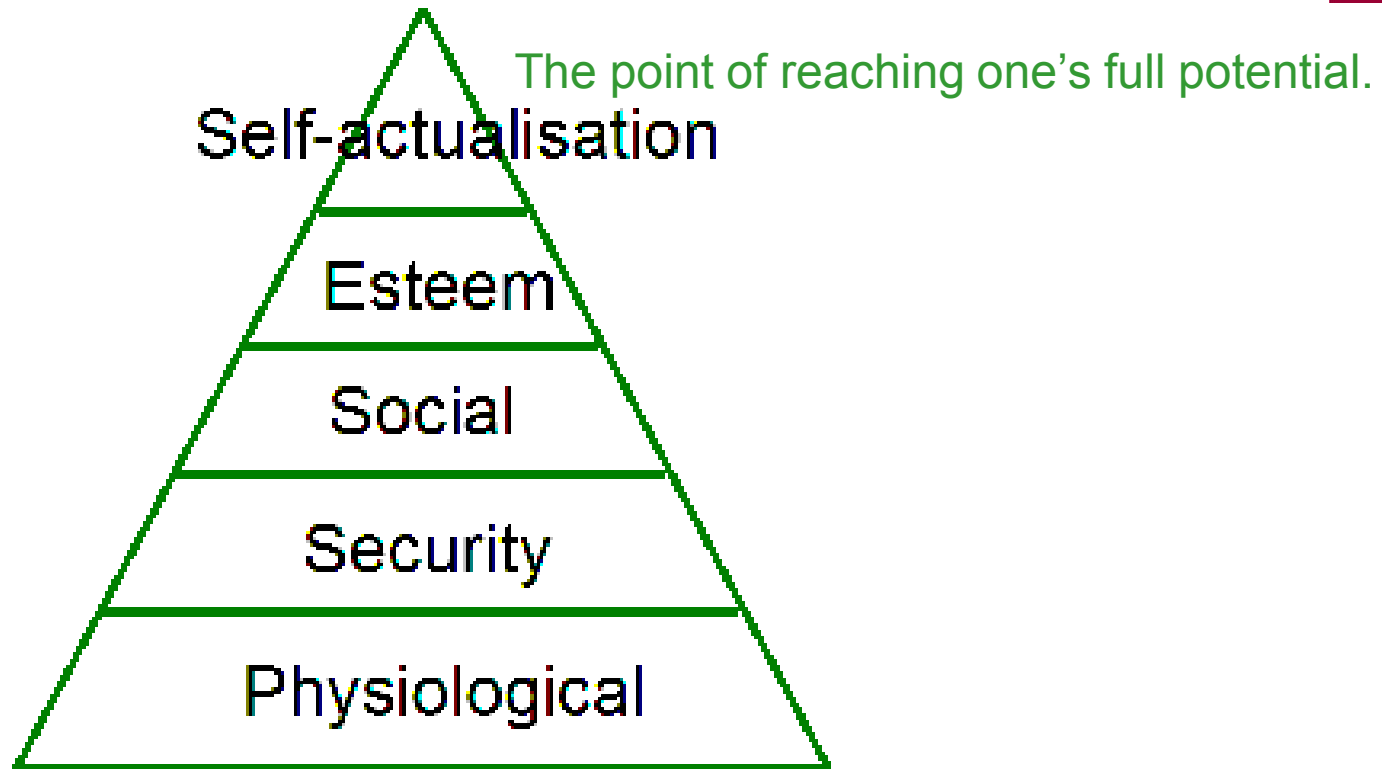
# Miller's Triangle

- Knowledge, understanding
- Skills, performance
- Attitudes, behaviours, values



Miller GE. The assessment of clinical skills/ competence/ performance. Acad Med 1990;65:563-7)

# Maslow's Hierarchy of Needs - 1

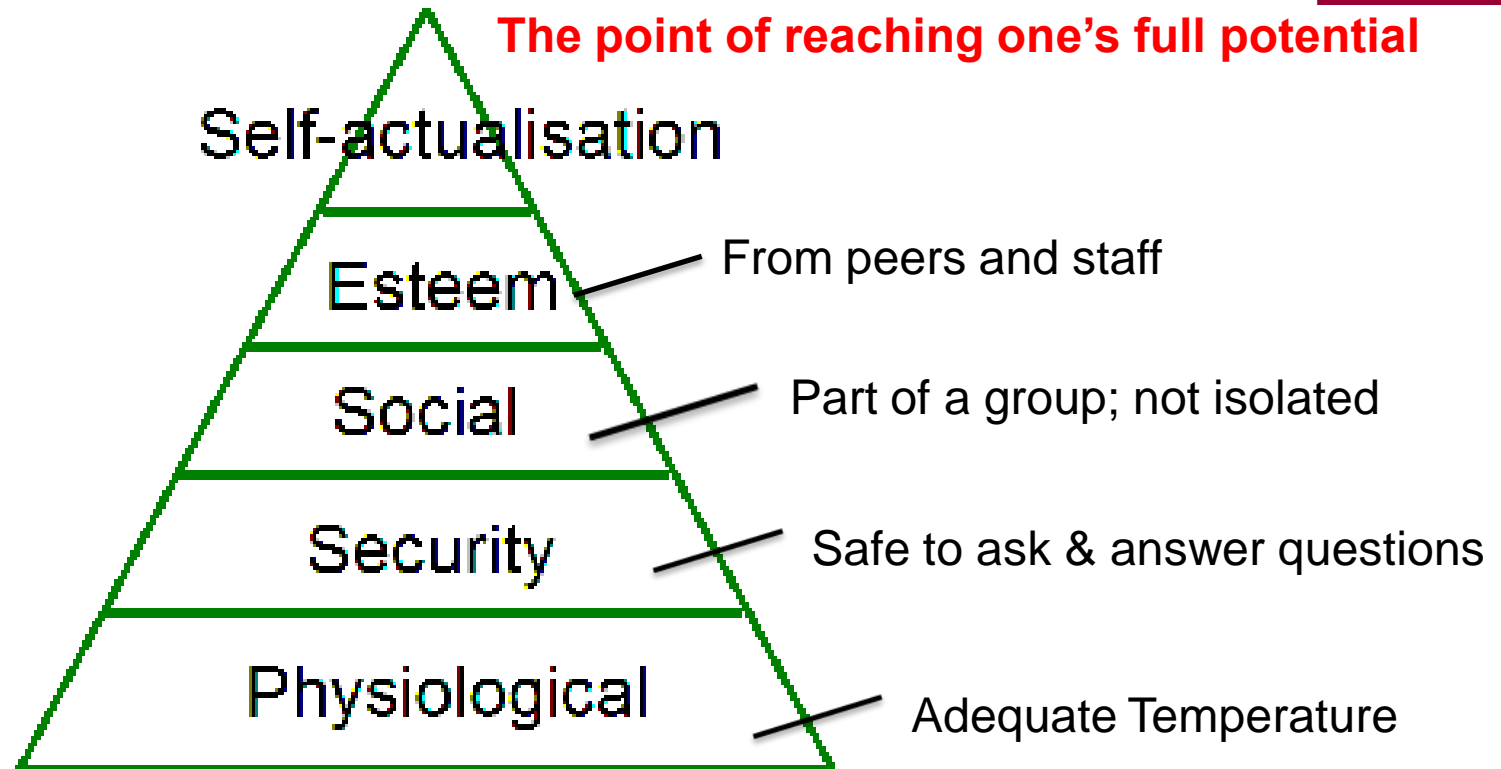


The concept is that until each preceding need has at least largely been met then the next need does not manifest itself.

[www.teamtechnology.co.uk/tt/g-articl/maslow.gif](http://www.teamtechnology.co.uk/tt/g-articl/maslow.gif)

[http://www.arrod.co.uk/archive/concept\\_maslow\\_hierarchy.php](http://www.arrod.co.uk/archive/concept_maslow_hierarchy.php)

# Maslow's Hierarchy of Needs - 2



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# Spiral Curriculum

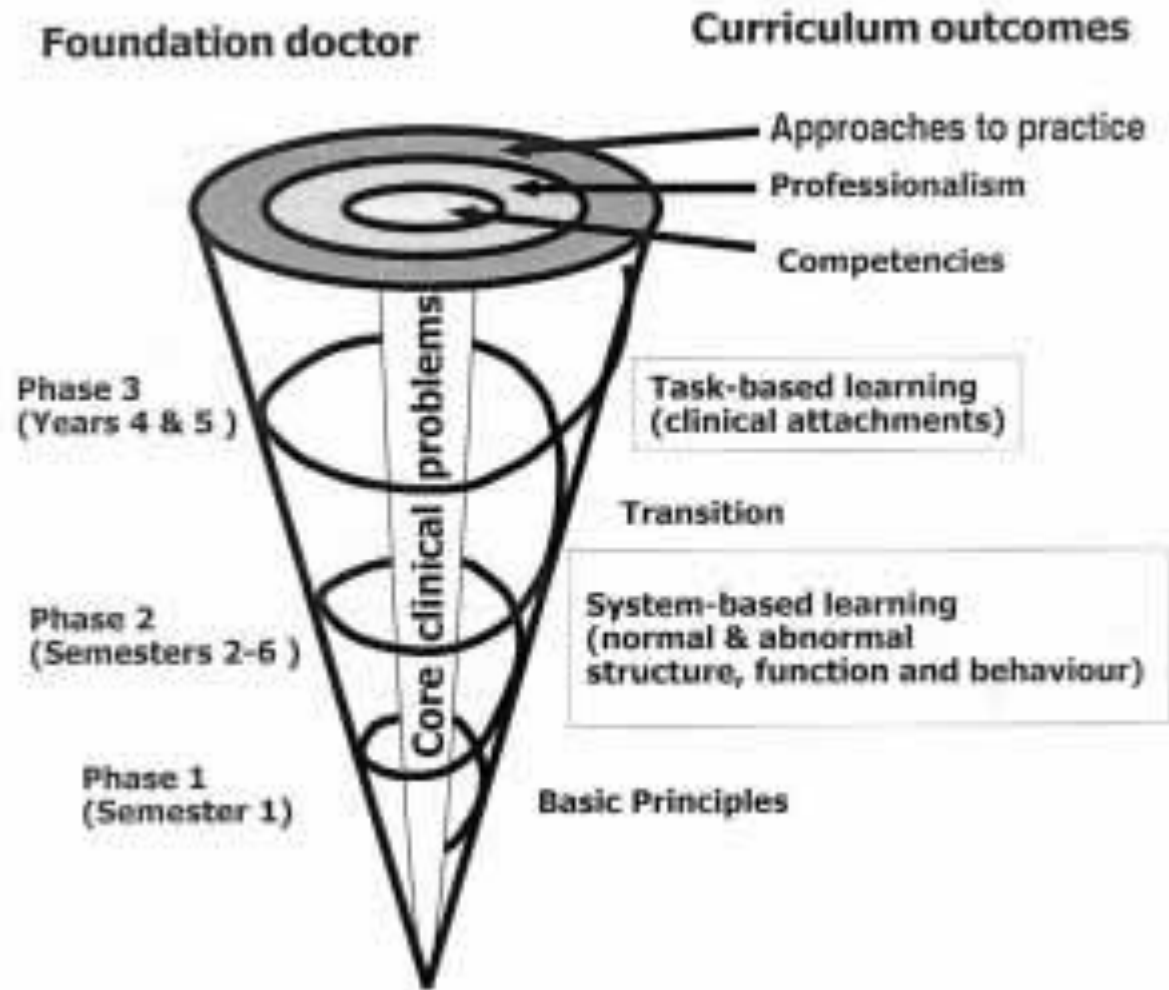
## Definition:

A spiral curriculum is one in which students repeat the study of a subject at different levels, each time at a higher level of difficulty and/or in greater depth.\*

\* adapted from <http://www.education.com>

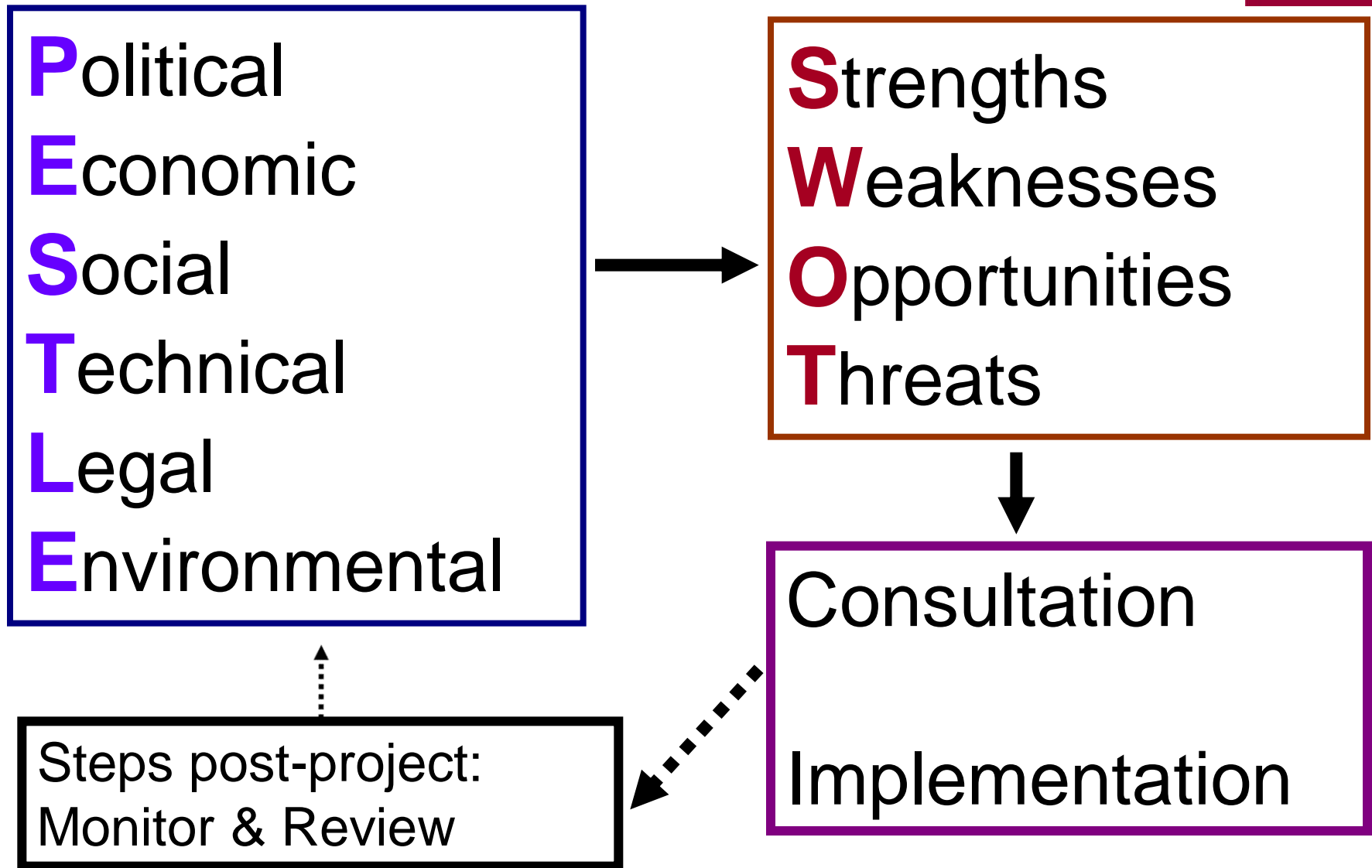


# Spiral Curriculum - medicine



[http://www.dundee.ac.uk/museum/\\_lib/img/medical/spiral.jpg](http://www.dundee.ac.uk/museum/_lib/img/medical/spiral.jpg)

# Strategic Planning



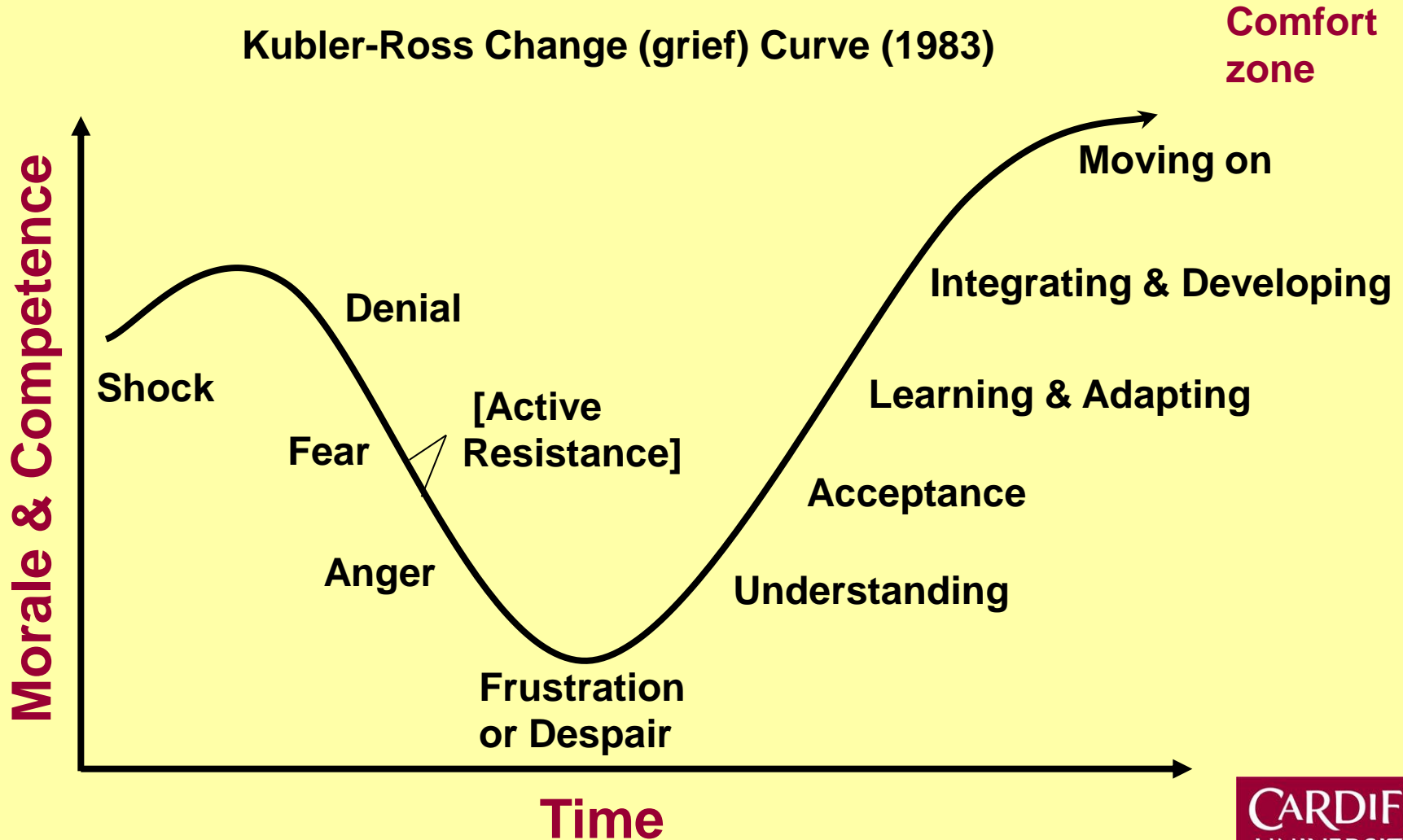
# Stakeholders

## Identifying, engaging & feeding back

- faculty/staff
- current, past & future students
- trainers & employers of graduates
- pharmacy profession
- other professions
- patients/public
- university (? other schools, faculties)
- regulator
- professional bodies

# Understanding Change

Kubler-Ross Change (grief) Curve (1983)



# Evaluation ... by ?

- Outcomes appropriate & realistic
- Content appropriate
- Meaningful organisation & sequencing
- Alignment of Assessment with L&T
- Balance of methods (learning preferences)
- Assessed at appropriate level
- **Time for learning**
- Teaching staff – approp. knowledge/skills
- Learning resources & environment approp.

# In summary, may wish to consider

- Communicate and actively engage with colleagues & other stakeholders (and feed back) throughout development
- Do not underestimate the time & effort required for large-scale change(s)
- Listen to alternative views
- if it ain't broke why fix it? not a reason NOT to embark
- Is the product deliverable? approve-able?
- Strong leadership from top and elsewhere

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