Curriculum design

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Curriculum design - OR how to avoid

“It has been realised for many years that an undergraduate course such as this suffers from the chronic disorder ‘curriculopathy’.”
Jean-Jacques Guilbert
Curriculum design

“Seek not for any definition of curriculum. There is no such elixir.” Hugh Sockett

BUT most agree a curriculum is ......

All planned and unplanned learning experiences in a medical education institution
Curriculum - three levels

- Planned curriculum
- Delivered curriculum
- Experienced curriculum
Curriculum - planned curriculum

- We will run 5 case based interactive tutorials on respiratory medicine
Curriculum - delivered curriculum

- 4 tutorials happened and one was on cardiorespiratory medicine as the tutor did not understand exactly what he was supposed to do
Curriculum - experienced curriculum

- Only half of the students came to one tutorial as there was confusion regarding the timetable. At another tutorial there was limited interaction as the tutor had more of a lecture style.
Curriculum – hidden in there

The hidden curriculum

- “what students learn as they experience the gap between what we say and what we actually do.” Jodi Skiles
- Powerful
- Transmits values through role modelling
- Never stated but everyone understands
Curriculum design

- Curriculum --- health services
Curriculum – four elements

- Content
- Teaching and learning strategies
- Assessment processes
- Evaluation processes.
Curriculum design – models

Prescriptive
• What curriculum designers should do
• How to create a curriculum

Descriptive
• What curriculum designers actually do
• What a curriculum covers
Curriculum design – prescriptive model

Objectives based

• Educational purposes?

• Educational experiences to reach purposes?

• Organise educational experiences?

• Evaluate if purposes being reached?
Curriculum design – prescriptive model

Objectives based

- Educational purposes – defining these is the most important step

- BUT objectives especially *behavioural objectives* can be restrictive

- Objectives based model – fallen from favour
Curriculum design – prescriptive model

Outcomes based

• Starts with the outcomes you want students to obtain
Curriculum design – prescriptive model

Outcomes based

- Statement example: “students will competently assess and manage patients with asthma”

- Popular
- Focuses on what students do (rather than staff)
- BUT don’t be too restrictive/reductionist
Curriculum design – descriptive model

Situational model

• Situation/context
• “Thoroughly and systematically analyse the situation in which they work for its effect on what they do in the curriculum.”
• External and internal factors
Curriculum design – descriptive model

Situational model

1. Situational analysis
2. Statements of intent
3. Content
4. Assessment
5. Evaluation
6. Return to 1

All steps linked. None decided until all decided.
Curriculum reform

• “changing a curriculum more difficult than moving a graveyard.” August Swanson

• Initial students through new curriculum – testing it

• Controlled trials probably not the best way

• Can be expensive, disruptive, harmful, time consuming
Curriculum reform – why it can fail

Stakeholder management
Stakeholders mismanaged or forgotten

- Staff
- Students
- Patients
- Public
Curriculum design – curriculum maps

- Show links between the elements of the curriculum
- Means of clear display
- Structure for the organisation of the curriculum
- Mapped to computer databases
Curriculum design – maps

More transparent to stakeholders
• the teacher, the student, curriculum developers, the profession, the public

Shows links between the different elements of the curriculum
• Content ... assessment
Curriculum design – maps

• No gaps

• No overlapping

• Holistic approach to care by showing links between different learning outcomes
Curriculum design – maps

‘The problem our faculty faces is how to reconceptualise the subject matter in a way that eliminates redundancy, creates a smooth transition between courses, and demonstrates the conceptual interrelationships the faculty hope students will develop as a result of integrated, meaningful learning’.

Edmondson 1993
Curriculum design – windows on the map

- The expected learning outcomes
- Curriculum content or areas of expertise covered
- Student assessment
- Learning opportunities
- Learning location
- Learning resources
- Timetable
- Staff
- Curriculum management
- Students
Preparing a curriculum map

- “Assess needs
- Scope the task
- Establish the links
- Populate the windows
- Decide the format for the map
- Think of the past, present and future
- Decide on access to the map
- Familiarize staff and students with the map
- Plan to evaluate and update the map as necessary
- Allocate responsibility for the map”

Harden 2001
Curriculum design – cost benefit

Curriculum design is expensive
- Planning
- Organising
- Running
- Assessing
- Evaluating

Good curriculum design has tangible benefits
- Better reputation for your medical school
- Better applicants to your medical school
- Better and happier faculty
- Better graduate doctors
- Better and safer healthcare
- No gaps, no overlaps in educational delivery
- Everyone knows what’s going on
- External inspections passed
Curriculum design – cost benefit

Curriculum design is expensive

Need to balance considerable costs with tangible benefits

If balance done well, it will
• Be cost effective
• Deliver ROI to your institution

Tyler R. *Basic principles of curriculum and instruction*. Chicago: Chicago University Press, 1949


