Iraqi New Medical Journal July 2015;1(2)

Reviewing of curriculum analysis in medical education in Iraq

Thamer Al-Hilfi[1], Taghreed Al-Haidari[2], May Abdullah Mohammed[3], Abdul-Sahib H. Abdul-Kareem[4], Abdul-Ghani Saadon Hamdan[5]

[1]FICMS, MHPE, FFPH, Professor of Community Medicine, WHO / Baghdad Office, Baghdad/ Iraq; [2]CABOC, Assistant professor, Al-Kindy College of Medicine, Baghdad/ Iraq; [3]DME, Medical Educationist, Human Resources Training and Development Centre, Ministry of Health, Baghdad, Iraq; [4] DME, Medical Educationist, Human Resources Training and Development Centre, Ministry of Health, Baghdad, Iraq; [5]DME. Medical Educationist, Rasafa Health Directorate, Baghdad, Iraq.

Corresponding Author: Thamer Al-Hilfi, WHO, Baghdad Office, Baghdad, Iraq, Email: alhilfit@irq-emro.who.int

ABSTRACT

The core of success for any curriculum of medical education for under-graduate studies is its ability to meet the community needs. These needs are usually dynamic and renewed in all countries especially in Eastern Mediterranean Region due to variety of challenges and problems.

In Iraq, political instability, conflict of terrorism and other social challenges have added a paramount pressure on people's personality, habits, values and behaviour reflected on emerging of new trends of physical and psychological diseases. All these causes in addition to the lack of connection with developed countries and deprivation from advances in medical education for years have urged for more need to review our medical curricula consistently to ensure graduating heath care givers able to understand and comply with the expected challenges they will face during their career in the near future. This report is a personal attempt to address this important issue and to drive the attention of all those who involved in medical education, from Ministry of Health and Ministry of Higher Education and Scientific Research in Iraq, toward the importance of reviewing medical curriculum to serve the community needs.

Key words: Curriculum, medical education, reviewing medical curriculum.

Health system strengthening faces many challenges in Iraq and the Eastern Mediterranean Region (EMR) aggravated by changing disease burden, privatization of health services, rapid growing, raised community expectations, political instability and current conflicts. Attempts are initiated trying to overcome the challenges and suffocations that faced undergraduate medical studies in health professional colleges. The focus on clinical and hospital-oriented health services has prevented the development of a strong public health workforce in Iraq.[1]

Since the late 1980s, Iraq's medical colleges have produced many graduates. However, this trend is limited to doctors and lacks the wider emphasis on health services management, health policy, health financing, and the social sciences, which now form a part of public health training elsewhere and which are of crucial importance to Iraq. People with these skills will be in great demand in future.[2]

Education reform become a priority to many countries including Iraq which has a long and bright history in medical education in the region. Curriculum analysis of current Iraqi medical and health professional colleges is an important step to identify gaps and challenges. Designing a new curriculum responding to health needs and priorities that ensure graduating students with the necessary competencies and skills. This is achieved by studying and analysing curriculum outlines and contents.[3]

The first medical school in Iraq has been established in 1927 as one of the pioneer school in the region that has provided the early health care providers for Iraq as well as for various countries in the region. The need for modernization and quality improvement in medical education is linked with the remarkable increase in the number of medical schools in Iraq over the past decade.[4]

Currently there are 23 medical schools in Iraq which have affiliated teaching hospitals. All schools follow the standard Iraqi curriculum based on the British model except Tikrit which

has introduced problem-based. Iraqi's medical school curriculum is widely thought to need revision and updating.

Definition of Curriculum

The best definition of curriculum is the totality of learning experience planned by an institution for the students to pass through during a given period of time, it includes:

***I. The written document part which describes*:**

1. The intended learning outcome ILO
2. The contents
3. Instructional strategies of the outcomes
4. The way the students will be assessed
5. The evaluation criteria
6. In addition to the process of implementation.[3]

II. Hidden curriculum (an unofficial curriculum):

Refers to the unwritten and often unintended lessons, values, and perspectives that students learn in school.

Curriculum is useless unless it is translated by academics and teachers into an operational curriculum; paying attention to a concept of a hidden curriculum.

Factors like physical, cultural, temporal, economic, organisational, political, legal and personal should be dealt with carefully and considered among designing and analysing the curriculum.[5]

The curriculum outline in Iraqi medical and health professional colleges

The educational program in Iraqi medical faculties is discipline – based. The course curriculum is intended for the teaching-learning process of the specified subject. The curriculum usually includes an introduction that high lighten the vision and mission of the undergraduate curriculum with the emphasis on applying quality, national and international academic standards.[6]

Curriculum Cycle

The curriculum needs to identify the major health related problems and the approaches to the solution through a course design that aims at providing the students with the necessary knowledge,skills and attitude to deal with the challenges at the level of primary health care. The intents of the curriculum which include the goals and intended learning outcomes should be clearly described in the curriculum.[3, 6]

The curriculum policy is to provide around 80% of the total course time and leaving the rest of 20% to the department to decide based on learning needs and to ensure flexibility of the teaching – learning process. Teaching strategies and student's assessment methods need to be clearly listed to ensure proper provision and a base to evaluate and upgrade the curriculum.[1] (see figure 1,2)

The levels of Curriculum analysis

Organization is bringing together separate elements into a whole that consists of interdependent and coordinated parts. The curriculum organization is aiming to reflect the process of integrating the elements of the curriculum and bringing together the programs, levels, courses and the approved subjects.

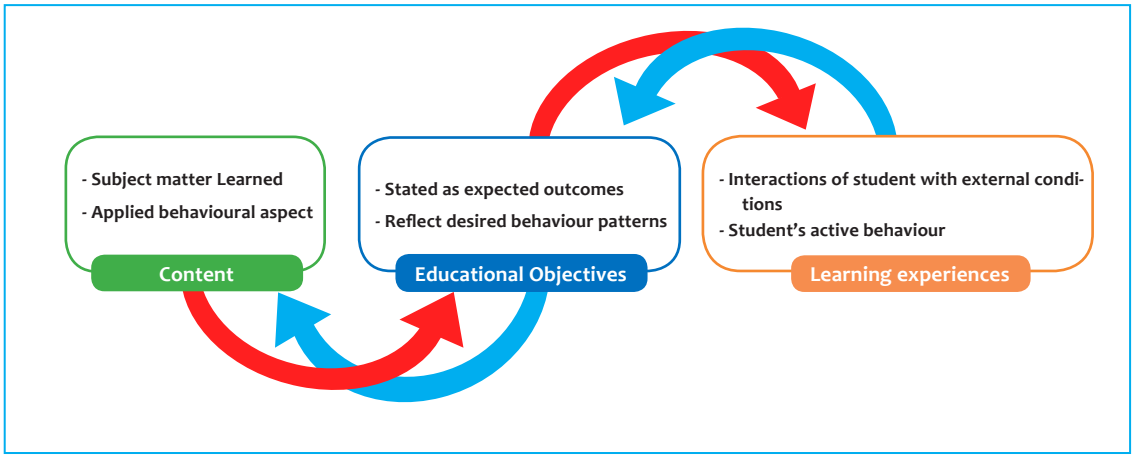

Figure 1: Curriculum Cycle[7]

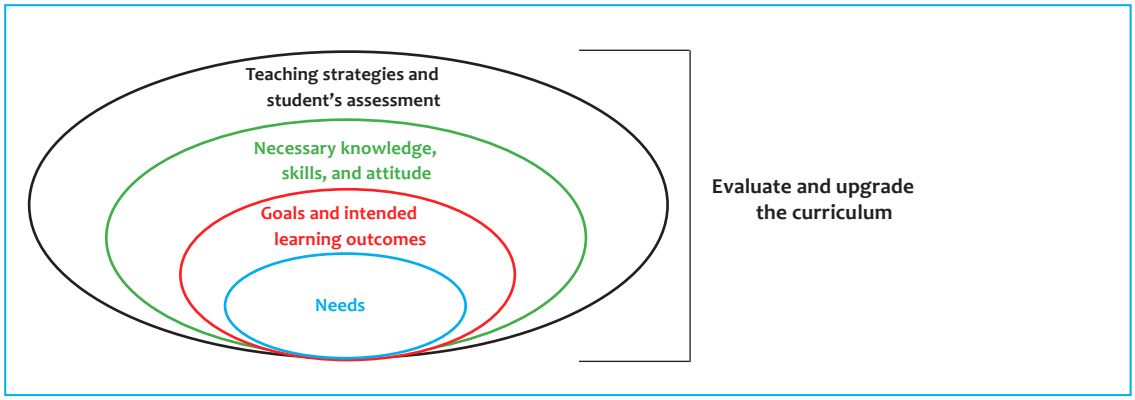

Figure 2: Curriculum Structure.

The curriculum organization includes in addition the macro and micro levels and also the horizontal and vertical dimensions. The levels and dimensions for the organization process are independent and thus the elements can be organized in either dimension whether at macro or micro level. (See Diagram 1)

A ***macro level*** includes quality, management and ethics.[8]

A ***micro-level*** design includes an outline of presentation materials, participant and facilitators' workbooks, and the curriculum evaluation design.[9]

Vertical curriculum articulation is described as:

1. Sequencing student outcomes in a subject to achieve stated final objectives.
2. Gradually building knowledge and developing skills.

Horizontal curriculum alignment/integration is described as:

1. Helping students to identify connections between subjects as reflected in the school's mission statement
2. Interconnecting the knowledge, skills, resources, methodology and assessments at a given grade level.[10]

The contents of the Iraqi medical curriculum are more depending upon the conception of subject matter.[1]

The way forward

Medical educations can focus on variety of aspect especially:

Curriculum planning and theory: Curriculum planning can be no more based on a single theory than can other complex decisions. Each theory brings certain features of a phenomenon into focus, helping the curriculum planner to understand better that aspect of the situation.[11] Blooms taxonomy can help select instructional activities that can best achieve the objectives of the analysed, updated student's curriculum.[12]

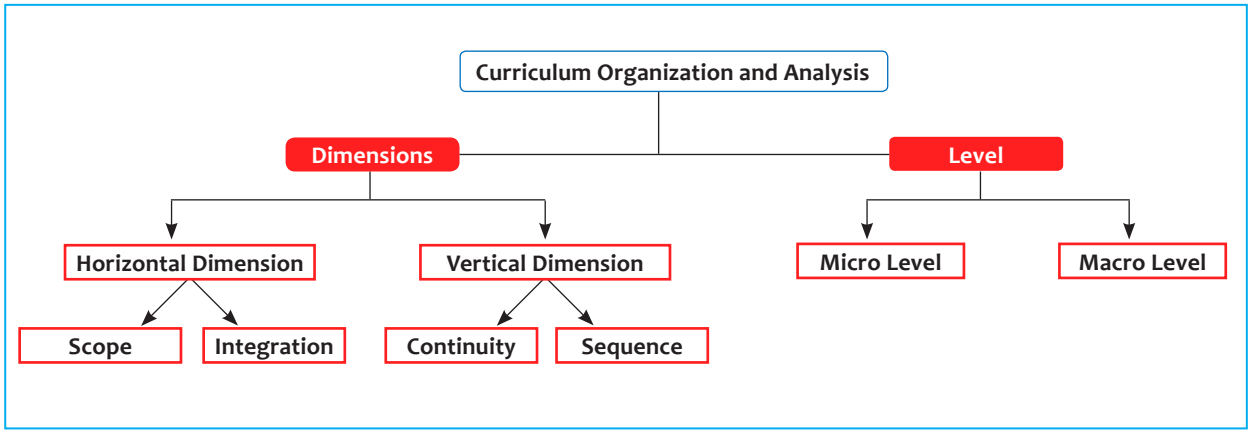

Diagram 1: Showing Curriculum Organization and Analysis

Relevant curriculum and designing: The presence of relevant curriculum which responds to community health needs is the major step toward achieving the intended goals and reaching the universal health coverage. Strengthening medical and health professional schools institutional capacities in curriculum design to respond to community health needs toward health strengthening.[13]

Quality and Accreditation: Graduating Iraqi students with high competencies and skills will ensure and improve the quality of care which is the degree to which health services for individuals and population increase the likelihood of desired health outcomes and is consistent with current professional knowledge.[14]

The production of health professionals in the required numbers and of adequate quality is essential for any well performing health system.[15]

The growing movement toward accreditation is a significant movement towards high quality medical education. The adoption of innovative approaches such as community-based education, competency-based education and problem based learning by many medical schools worldwide is another important step contributing to effective educational approaches.[13]

Primary care model: The focus on clinical and hospital-oriented health services has prevented the development of a strong public health workforce in Iraq, though their importance is recognized. The health system is struggling to modernize, trying hard to move away from outdated centralized hospital based provision towards a more integrated primary care model.

REFERENCES

1. Al-Hilfi T K Y. Internal Self- Assessment Study for Medical Education Program and Accreditation Process. ***J Adv Med & Prof*** 2013; 1(1):7-20.
2. Al-Hilfi T K, Lafta R, Burnham G. Health services in Iraq. ***Lancet*** 2013; 381: 939–48.
3. Posner GJ: Concepts of curriculum and purposes of curriculum study in:Posner GJ(ed).Analyzing the curriculum,3rdedition, NY: McGraw Hill:2004:2-32.
4. WHO-Iraq, Accreditation of medical colleges guideline , WHO publication ,2010:1-22.
5. Great Schools Partnership. HIDDEN CURRICULUM.AVIALABLE FROM:http://edglossary.org/hidden-curriculum/.avialable at:29-4-2015.
6. Boshuizen HPA, Schmidt HG.The development of clinical reasoning expertise; implication for teaching. In Higgs, J &Jones, M. (eds), clinical reasoning in the health profession (2nd edition). Oxford:Butterworth-Heinemann;2000:1-12
7. tonietagz. Introduction to Research (A Discussion Paper).Available from: https://icareabouteducation.wordpress.com/.Available at:29/4/2015.
8. feedburner.com. Micro and Macro Level Issues in Curriculum Development (information science).http://what-when-how.com/information-science-and-technology/micro-and-macro-level-issues-in-curriculum-development-information-science/.(accessed 29 July 2015).
9. encompassworld. Micro-level design. https://www.encompassworld.com/services/curriculum-design.(accessed 18 July 2015).
10. fitzmahan.net. The ISE Plan for Vertical Articulation and Horizontal Alignment of the Curriculum .http://fitzmahan.net/Portfolio/Docs/3-year%20curriculum%20plan.pdf.(accessed 29 July 2015).
11. Poosner GJ , Reexamination and Critique in: Posner GJ(Ed).Analyzing the curriculum,3rd edition, NY: McGraw Hill:2004:273-282
12. Gronlund NE, Waugh CK, Assessment of student achievements ,9th edition, New jersey; Pearson :2009:31-39.
13. EMRO – Cairo , inter- country meeting on strengthening medical education in the Eastern Mediterranean Region concept note ,EMRO,CAIRO, 25- 27 November 2014: 1-3.
14. Elizabeth RR etal, Health care quality book , vision ,strategy and tools; 2nd edition;USA,;2008:3-12.
15. Lane R. Thamer Kadum Al-Hilfi: looking ahead to a healthier Iraq. ***Lancet*** March 16, 2013;381:897.