

Editorial

SHIFT OF TRADITIONAL CURRICULUM TO INTEGRATED CURRICULUM: A DRASTIC STEP BY UNIVERSITY OF HEALTH SCIENCES (UHS), LAHORE

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The University of Health Sciences (UHS) Academic Council presided over by UHS Vice Chancellor Professor Dr. Ahsan Waheed Rathore, took a historic initiative on 17th February 2023, approving an integrated discipline-aligned curriculum model, replacing the traditional discipline-based curriculum with the preclinical and clinical divide. The new modular and integrated curriculum came into effect in medical colleges across Punjab on 1st March 2023.

Many medical institutes in Pakistan have already implemented the integrated curriculum, i.e., Agha Khan University, Riphah International University and Azad Jammu Kashmir Medical College (AJKM), to name a few. AJKM established in 2011-12, is the first public sector medical institution, affiliated with the University of Health Sciences (UHS), Punjab, which adopted an integrated undergraduate medical curriculum, right from its inception.¹

The traditional medical curriculum is focused primarily on memorized knowledge with a barricade between basic and clinical sciences, so that; the learners fail to recall the basic science knowledge upon entering the clinical phase. This disparity between basic and clinical curricula has been dealt with in the inception of integrated curricula; by developing comprehension with simultaneous clinical practice.²

Such a curriculum corroborates substantial associations between the disciplines to enhance knowledge; additionally, it provides such prospects for all the stakeholders, thus augmenting their creativity. Another achievement is the introduction of PERLs focussing on Professionalism, Ethics, Research, and Leadership skills to be assessed through portfolios. The introduction of Portfolios in the undergraduate curriculum in undergraduate medical education is a leaping step toward work-based assessment in the initial years of curriculum alignment.

Unlike traditional curriculum, an integrated curriculum stimulates the students to actively participate in learning a topic after understanding its significance, which is centered on the fundamental value of the disease under study. This, in turn, contributes to long-lasting recall and a profound comprehension of the topic. An integrated curriculum is comparatively much more organized curricula, allowing for more effective knowledge gain, skills acquisition, and development of the affective domain. The introduction of the Spiral curriculum in which modules are revisited with increasing depth and width also makes it unique, focussing more on the depth of undergraduate medical students.

A key question is the application of an integrated curriculum with several teaching methodologies. The answer lies in uniting the faculty as one team, instead of distinct faculty groups such as preclinical or clinical faculty. Therefore, problem-based learning (PBL), case-based discussions (CBD), Flip

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classrooms, and the introduction of Self-directed learning (SDLs) are learner-centered approaches, that concern the faculty members irrespective of their subject expertise. Furthermore, numerous teaching methodologies are prerequisites of an integrated curriculum, such as; lectures, seminars, tutorials, problem-based learning, case-based learning, bedside teaching, and clerkships. The clerkship model has also been introduced in year five by the University of health sciences.

Literature showed that curricula based on modules mandate learner to showcase greater maturity to be able to comprehend the linkages between the subjects without core knowledge of the subjects.³ One of the major concerns of subject experts is that they are forced to reduce the content of these subjects, resulting in medical graduates with an inadequate theoretical foundation. Though educators might establish a transdisciplinary curriculum with a global context, yet, to embrace the standards and grading of distinct subjects, they focus on individual disciplines. The challenge does not lie, necessarily, in the planning and formulation phases of the curriculum, but more accurately, in its implementation. It is an irrefutable fact that no educational policy can be effectively implemented without reflecting and dealing with the educators' challenges, before commencing the decision-making and planning process of the curriculum.⁴

The majority of the faculty members are of the view that there is a deficiency of faculty development programs that could refine their skills, allowing them to acclimatize to advanced teaching approaches. In a systematic review, it is suggested that several formal as well as informal faculty development strategies comprising workshops, seminars, experiential learning, timely feedback, and effective peer coaching should be included in faculty training programs. Additionally, time restraint is a key challenge confronted by the faculty in curriculum implementation. A Modular Integration Committee must command the modular integration, monitored by a module

coordinator at the implementation level. The infrastructure provides the foundation for the implementation of the integrated curriculum.⁵ The integrated curriculum requires the participation of learners in the curriculum implementation, review, and assessments for them to take control of their learning and give meaningful feedback to the faculty and the administration.

To meet international standards, the adoption of an integrated curriculum is a necessity for our medical education system, however, for successful implementation of this curriculum, a preliminary survey to identify the deficient infrastructure as well as training requirements of faculty, as well as a pilot study, is essential to allow for a smooth transition. On the contrary, lack of expertise, as well as resistance to the transition by the faculty as well as the students, can bring many challenges in the implementation phase. Assessment plans, table of specifications, study guides, and an effective Department of medical education with a role in evaluation and monitoring, should be part of this initiative to provide feedback as well as a future projection of the goal set to be achieved.

AUTHOR'S CONTRIBUTION

AA: Manuscript writing

IM: Conception of idea and critical review

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