Curriculum Development: Past, Present and an Exciting Future

Abstract:

It is of interest at this anniversary AMEA meeting to look at the changes that have taken place in the medical education curriculum since AMEA was founded. The SPICES model can provide a framework. Two aspects are considered for each dimension – the first representing the current position and the second a future trend.

A move to self-regulated learning supported by study guides has been a feature of the change from teacher-centred to student-centred learning. We will now see this extended to adaptive learning, personalised to the needs of the individual student.

Problem-based learning has evolved with the use of technology and alternative approaches such as task-based learning or presentation-based learning will receive more attention.

Integrated teaching is now established in most medical schools both vertically and horizontally. The future will see not only integration within the medical disciplines but also through interprofessional education across the different healthcare professions.

Community-based education, like integration, is now embedded in medical curricula and there not as some adjunct. Greater attention is being paid to community-based teaching not just in urban areas, but to teaching and learning in rural communities.

Electives evolved into the concept of a core curriculum with options. The future may see these options or student selected components as specialist tracks contributing to the career development of the student.

Finally a systematic, rather than an opportunistic approach to education has received great attention through development of outcome/competency-based education. This is supported with curriculum maps which will contribute to the student's personal learning environment.

These developments as described will lead to a more effective and efficient and authentic curriculum designed to respond to the changes taking place in medicine and healthcare.