What is a curriculum?

“The curriculum is a sophisticated blend of educational strategies, course content, learning outcomes, educational experiences, assessment, the educational environment and the individual students’ learning style, personal timetable and programme of work.”


What are the key elements of a curriculum?

Aspects of a curriculum
- Aims & outcomes
- Content
- Processes
- Teaching & learning strategies / methods
- Staff development
- Environment
- Assessment
- Evaluation, QA, review
- Model / map
- Individual timetables
- Recruitment
- Equality & diversity
- Student learning styles
- Student experiences
- Student support
- Policy & governance
- Level & accreditation
- Progression / interfaces
- Intended vs. taught vs. learned curricula
- ‘Hidden curriculum’

Describing processes
- ‘Traditional’
- ‘Integrated’ (vertically and horizontally)
- ‘Spiral’

Describing content

Aim / Intention: to build a house
Goal: to have a house to live in
Content / Syllabus: all materials in order
Outcomes framework: architect’s plan & elevations
Objectives: precise location & function of each part
Alignment: materials, tasks & house all follow plan
Competency: tests confirm all parts complete
Capability: it’s ready for someone to move in
Performance in Practice: it’s nice to live in

Also 5th dimension - ‘Entrustability’

Learning outcomes are “Broad statements describing what students should possess on graduation from a course” (Harden 2002)

“IT’ s got to have a bathroom, a kitchen, three bedrooms...”

Core learning outcomes are required but not sufficient to develop an outcome-based curriculum. Must consider level of attainment and process for teaching, learning & assessment.

Graduates in medicine will be able to:

Carry out a consultation with a patient
- take a history
- carry out physical examination
- make clinical judgements and decisions
- provide explanation and advice
- provide reassurance and support
- assess the patient’s mental state

Bloom’s Taxonomy

Cognitive Domain
- Evaluation
- Synthesis
- Analysis
- Application
- Understanding
- Knowledge

Affective Domain

Psychomotor Domain
Advantages of Outcomes

- Comprehensiveness
- Transparency
- Stakeholder consultation
- Comparison / mapping
- Flexibility
- Framework for T.L.A.
- Regulation and QA
- ‘Fitness for purpose’

Potential disadvantages of LO

- Potential for distortion towards easily-measurable
- Risk pitching at ‘lowest common denominator’ vs excellence
- May not know all capacities required for ‘expert’ performance
- Risk of becoming too detailed & restrictive (cf objectives)
- May be insufficient detail / ambiguity, not ‘operationalisable’
- Concerns about process of LO development
- Impersonal requirements, without sense of ownership
- Potential for manipulation by ignorant media / politicians / others
- Social policy / ‘authoritative allocation of values’ (Easton 1953)

Constructive alignment

Define LO

Student-centred Teaching & Learning

Appropriate assessment

We seek to align
planned, taught and learned curricula

Apparent & ‘hidden’ curricula

‘Described’
‘Planned’
‘Intended’
‘On paper’

‘Taught’
‘Delivered’
‘In action’

‘Learned’
‘Received’
‘Learner’s experiences’

The ‘Hidden Curriculum’ is that which is learned but not intended or taught

Snyder (1970) The Hidden Curriculum

TASK

You have been asked to submit a proposal for a new introductory ethics course for MBChB-Y1, to be delivered over 8 weeks and take up-to 6 hours per week alongside other courses, addressing the following learning outcome:

Demonstrate critical understanding of basic ethical principles and their application to medical practice

5 min steps - 1. “Operationalise” the learning outcome
2. How might students achieve the LO?
3. How might it be assessed?
4. Consider practical issues (e.g., cost, stakeholders, staff)
**Reasons for Programme Evaluations**

**Some models**
- Kirkpatrick (1959) – outcomes
- Durning et al. (2007) – performance
- Goodyear and Carvalho (2013) - ecological

**Kirkpatrick (1959)**
Four levels of evaluation:
- Reaction
- Learning
- Behaviour
- Results

**Durning et al. (2007)**
- Before
- During
- After

**Goodyear and Carvalho (2013)**
- Networked rather than linear relationships
- Ecological view
- Competence is distributed
- May act against standardisation

**Why was it effective?**
- Do we understand why and for whom this was or was not effective?
- Will it still be effective if the context changes?
What’s the learning environment like?
- Learning culture
- Material resources
- Stakeholders and pressures
- Individual characteristics

When should I evaluate?
- When does learning sink in?
- When does the value of learning become evident?

What does everything cost?
- Did we measure how much things cost in money, resources, time?
- Was it worth it?
- What else could we have done with those resources?
- Could we do as well (or well enough) with lower cost?

Stakeholders
- University
- Health institutions (e.g. NHS)
- Students
- Teaching staff (inc. appraisal)
- Regulatory bodies (e.g. government agencies)
- Future employers / patients
- Conflicting needs / expectations

Performance indicators
Example 1
- Thing we’re interested in: Year 5 feedback
- Performance indicator: feedback was timely and appropriate, Likert scale (1-5)
- Benchmark: (average 4/5)

Example 2
- Thing we’re interested in: MSc tutorial timeliness
- Performance indicator: Did tutorials start on time?
- Benchmark: (90%)
Collecting student feedback

- Questionnaires: effective design / format / flexibility
- Focus Groups
- Data: sampling / fatigue / validity / quantity
- Transparent reporting - closing the loop

Student Surveys

Different types:

- Student satisfaction
- Student perceptions of quality
- Student engagement

Not just student feedback

- Staff feedback - balanced view
- Exam results data
- External examiners reports
- Graduates in first job and their supervisors

Task

- Plan an evaluation of a curriculum (your group’s or the top-voted group’s)

Evaluation References