



Critical Appraisal of Curriculum Design of Academic Courses Launched Under the Faculty of Allied Health Sciences, Datta Meghe Institute of Medical Sciences (Deemed to be University) in Academic Year 2020-2021 with Reference to Typing of the Said Courses And Adherence to the Principles of Curriculum Design – A Study Protocol

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Study Protocol

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ABSTRACT

Background: Talking about the present scenario of curricula, it is essential to test whether curricula are in conformity with the standard guidelines and principles of curriculum design and centrality and orientation.

This present study deals with aspect of adherence to principles of curriculum design as well as centrality and orientation of the curricular framework with reference to curricula of all academic

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courses under Allied Health Sciences started in the academic year 2020-2021 in Datta Meghe Institute of Medical Sciences (deemed to be university) as against principles of curriculum design and centrality of curricula.

Aim and Objectives: To critically appraise the curriculum of academic courses launched under the faculty of Allied Health Sciences, Datta Meghe Institute Of Medical Sciences (deemed to be university) in academic year 2020-2021 with reference to typing of the said courses and adherence to the principles of curriculum design.

Methods:-

Type of Study: Descriptive study.

Duration of Study: 6 months.

Place of Study: School of Health Professions Education and Research Datta Meghe Institute of Medical Sciences, Sawangi (Meghe), Wardha.

Generation of a draft of the curriculum of academic courses included in the present study with reference to their typing and also taking into account the level and degree of commensuration of the same with principles of curriculum design along with recommendations if any.

Conclusion: All conclusions in conformity with the aim and objectives of the present study will be drawn after proper statistical analysis.

Keywords: Curriculum; allied health sciences; critical appraisal.

1. INTRODUCTION

Curriculum is a term which literally means imparting knowledge to the learner. There have been various definitions for this term by different people. Cunningham has defined the term curriculum as “a tool in the hands of the artist (teacher) to mould his material (pupils) according to his ideals (aims and objectives) in his studio (school) [1].

Crow and Crow defined it as “inclusion of all learners experience, in or outside school that are included in a programme which has been devised to help him developmentally, emotionally, socially, spiritually and morally [1].”

Brubacher gave it as “the funded capital of social experience utilized for the betterment of the people [1].”

Monroe defined it as “inclusion of all those activities which area utilized by the school to attain the aims of education [1].”

Whereas, the Secondary Education Commission said ,” curriculum does not mean only the academic subjects traditionally taught in the school, but includes the totality of experiences that pupil receives through the manifold activities that go on in the classroom, library, laboratory, workshop, playground and in the numerous informal contacts between teachers and pupils [1].”

The curricula are required to be well versed and in commensuration with the ideal principles as well as need to be typed on the basis of their centrality and orientation. The types of curriculum design given by Karen Schweitzer [2] and principles of curriculum design laid down by The Curriculum Centre [3] are the mother documents which are the main repositories to be referred to for the present study.

Talking about the present scenario of curricula, it is essential to test whether they are in conformity with the standard guidelines and principles of curriculum design and centrality and orientation of the said curricula.

This present study deals with this aspect of adherence to principles of curriculum design as well as centrality and orientation of the curricular framework with reference to the curricula of all academic courses under the aegis of Allied Health Sciences started in the academic year 2020-2021 in Datta Meghe Institute of Medical Sciences (deemed to be university) as against principles of curriculum design and centrality of curricula.

1.1 Aim

To critically appraise the curriculum of academic courses launched under the faculty of Allied Health Sciences, Datta Meghe Institute Of Medical Sciences (deemed to be university) in academic year 2020-2021 with reference to typing of the said courses and adherence to the principles of curriculum design.

1.2 Objectives

1. To type the curriculum of of academic courses launched under the faculty of Allied Health Sciences, Datta Meghe Institute Of Medical Sciences (deemed to be university) in academic year 2020-2021
2. To compare the curriculum of academic courses launched under the faculty of Allied Health Sciences, Datta Meghe Institute Of Medical Sciences (deemed to be university) in academic year 2020-2021 against the principles of curriculum design
3. To put forth suggestions or modifications if any with reference to the curriculum of academic courses launched under the faculty of Allied Health Sciences, Datta Meghe Institute Of Medical Sciences (deemed to be university) in academic year 2020-2021.

2. METHODS AND MATERIALS

2.1 Period of Study

Six Months.

2.2 Design

Descriptive Study.

2.3 Procedure

1. Rapid review of literature with reference to curriculum of academic courses launched under the faculty of Allied Health Sciences, Datta Meghe Institute of Medical Sciences (deemed to be university) in academic year 2020-2021 for the purpose of typing of the said curriculum and its comparison as against the principles of curriculum design for the purposes of identification of its adherence to the same.
2. To put forth suggestions or modifications if any with reference to the curriculum of academic courses launched under the faculty of Allied Health Sciences, Datta Meghe Institute Of Medical Sciences (deemed to be university) in academic year 2020-2021.

2.4 Data and Collection Tools

1. The curriculum of academic courses launched under the faculty of Allied Health Sciences, Datta Meghe Institute of Medical

Sciences (deemed to be university) in academic year 2020-2021

2. The principles of curriculum design.

2.5 Analysis Plan

1. To begin with, curriculum of academic courses launched under the faculty of Allied Health Sciences, Datta Meghe Institute of Medical Sciences (deemed to be university) in academic year 2020-2021 will be subjected to review for the purpose of typing of the curricula.
2. They will be then analyzed with reference to their conformity with the principles of curriculum design.
3. Further they shall be appraised to decipher any inadequacy thereto and any suggestions or modifications if any will be put forth in order to make them commensurate with principles of curriculum design.

2.6 Expected Outcomes

A study of evaluation of the curriculum of academic courses launched under different faculties (beyond the faculty of Allied Health Sciences) initiated by the University needs to be carried out and resultant impact there to needs to be separately studied with reference to any suggestions or modifications for the purpose of streamlining and commensuration.

Generation of a draft of the curriculum of academic courses included in the present study with reference to their typing and also taking into account the level and degree of commensuration of the same with principles of curriculum design along with recommendations if any.

3. DISCUSSION

Crow and Crow defined it as "inclusion of all learners experience, in or outside school that are included in a programme which has been devised to help him developmentally, emotionally, socially, spiritually and morally [1]."

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Whereas, the Secondary Education Commission said, "curriculum does not mean only the academic subjects traditionally taught in the school, but includes the totality of experiences that pupil receives through the manifold activities that go on in the classroom, library, laboratory, workshop, playground and in the numerous informal contacts between teachers and pupils [1]."

With reference to the principles of curriculum design, the curriculum centre laid the principles of curriculum design and gave the principles as follows [3]:-

1. Principle of knowledge
2. Principle of domain specificity
3. Principle of coherence
4. Principle of cumulation
5. Principle of academic challenge
6. Principle of memory specificity
7. principle of learner specificity

With reference to the types of curriculum, Schweitzer [2] gave the following types of curriculum.

1. Subject centered type of curriculum
2. Learner centered type of curriculum
3. Problem centered type of curriculum

The curriculum where the content (of the subject going to be taught) decides the curriculum design, can be said to be the first type of curriculum. Here, there is less regard to learner centricity as well as problem centricity as the content is given prime importance.

The curriculum where the learner and his mentality and ability to learn form the backbone of curriculum design can be said to be the second type of curriculum. Here, there is less regard to problem centricity but subject centricity and learner centricity are well catered to.

The third type of curriculum deals with specificity and is centric to problems which arise in real life and therefore emphasizes curriculum design bearing them in mind and how to teach the learner to solve them in real life scenarios. Here, there is less regard to learner and subject centricity both as the main focus is on problems.

A historic account of how the devising of curriculum started may begin with discussions and debates in 1961 on how the curriculum should be subjected to centricity on psychomotor

skills, instructional methodology and the way in which the learners learn. This was based mainly on the objectives framed on experiential accounts of learning arising out of the health needs of the society. Also taken into consideration were the perspectives of the physicians based on the scientific thinking and linking it with philosophy and professional practice [4].

Then it was in 1972, that a suggestion was placed to follow a behavioural approach in defining the aims and objectives for learning. This also pointed out that educational centres and medical schools should strive for teaching what is actually the requirement of the contemporary society and not what is easy to teach ignoring the former. It was also suggested that there should be some liberty granted to the learners by the teachers to be able to select or choose what they wish to learn along with integrated approach to learning [5].

In 1982 and 1983, the approach evolved systematically to advocate that the methods employed for teaching should be inclusive of encouraging and facilitating active participation on the part of the learner [6,7].

Then in 1985, curriculum was a worthy entity to be subjected to writing detailed books and drafts therein [8].

Recently, there have been multiple journals attempting to address this point through perpetual revival and discussions at various levels on how to ideally design a curriculum [9].

There are different schools of thought on how to design a curriculum and since these are founded on the ever changing dimensions of integration, centricity and various theories on learning, they will be always be presenting themselves with some novelty and nuances with proceeding timeline.

Some advocate designing curriculum at different levels of learning for example at basic level of graduate, post graduate level and professional level etc. [10]. This gives a detailed and lamellated perspective detailing the various aspects of curriculum. However, as it is said that curriculum can never be static, it is always dynamic. So is the case with the different theories and hypothesis, models and ideologies taking roots to propagate the everchanging ideas of curriculum design. The main point behind all

these ideas is how they stand worthy and pass the test of time.

There is another system of classifying the curriculum as suggested by Coles [11]. He classifies it as curriculum which is on paper, curriculum which is in action and curriculum which is actually experienced by the learner himself.

In order to accept the ever changing nature of dynamism of curriculum, even the International bodies of accreditation like Liaison Committee on Medical Education have set dedicated standards and criteria for purpose of licensing and accrediting American Medical Schools. They have their criterion 2 as curriculum design, criterion 3 as content, criterion 5 as curriculum management and criterion 7 as evaluation of curriculum effectiveness out of a total of 7 criterion [12]. This represents more than 50% weightage to curriculum and its perpetuation.

The World Federation for Medical Education has set an additional standard for systematically renewing the curriculum from time to time [10].

It is satisfactory to note and observe that the dynamism of curriculum is entertained with such respect and accommodations in the prescribed standards in order to stand the test of time and make it more and more relevant and appropriate keeping the learner in mind.

National Accreditation and Assessment Council [13], the national body of accreditation for all higher education institutes and universities in India has its very first criterion based on curriculum. It has subcriteria which encompass upon its design, development, planning, implementation, the academic flexibility, its enrichment and very importantly, a system for feedback has been included herein. The feedback system takes feedback in a structured manner from all the stakeholders and thus gives a holistic picture of lacunae from multiple perspectives – be it the learner, the educational service provider, the peers or the society, Also, in its criterion 7, it sets institutional best practices where the domain is not limited to any one aspect of academics but can be utilized for any aspect of education by the provider of educational services, taking curriculum under its helm. This again creates room for any nuances and novelties that can be hypothesized and tested bearing curriculum in mind.

All these instances have proved that curriculum has to be designed with multiple approaches with different provisions of enrichment, improvement, renewal, feedback and constant betterment.

The faculty of Allied Health Sciences has numerous academic courses under its aegis and therefore multiple curricula have been prepared and propagated to run these courses. Therefore, there is an imperative need to critically appraise the curricula of these courses as against prescribed set of principles of curriculum design in order to make them more productive and open to improvement.

The present study includes the curricula of all academic courses under the aegis of Allied Health Sciences started in the academic year 2020-2021 in Datta Meghe Institute of Medical Sciences (deemed to be university) and is to critically appraise these curricula against the above mentioned mother repositories with regards to their adherence and commensuration with the types of curriculum and the principles of curriculum design.

4. CONCLUSION

All conclusions in conformity with the aim and objectives of the present study will be drawn after proper statistical analysis and the resultant gaps in centrality based on learner, subject as well as problem will be aptly described. Also, the extent to which the said curricula have adhered to the principles of curriculum design will be stated clearly. The said results will lay the scope for improvement in curricula quality and better framing of content.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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