

New Curriculum and Integration Ladder

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A formal plan of educational experiences and activities offered to a learner under the guidance of any academic institution is known as 'Curriculum'. And the term 'Curriculum Development' is a continuous and cyclical process to find out the weaknesses of existing curriculum through monitoring, evaluation and strengthening it by necessary changes. Curriculum development and evaluation is a continuous and essential part because curriculum is dynamic, constantly changing as the expectations of the society, educational principles and potential nature of the learners are changing, advancement of medical science, changes in diseases demography and newer teaching techniques are available. The first ever curriculum in the history of medical education in Bangladesh was written in 1982 and then in 1988, 2002, 2012 and last 2021. The current system of education follows a building principle. Fragmented approach to teaching is the sole disadvantage in the present system of education. The disadvantages of such system are unnecessary repetition, and confusion in students' minds leading to failure of grasping the subject of medicine as a whole. Integrated teaching in curriculum, therefore, evolved as an important strategy in medical education and for avoiding information overload.

Integrated teaching takes a special section in MBBS curriculum. Integrated teaching is called so because it brings together all necessary information thus reduce information overload and helps in achieving and addressing higher level of cognitive domain. Integrated teaching aims to inter relate the subject matters that are taught in different phases or in same phases in different department or courses. Effective integrated teaching can be achieved

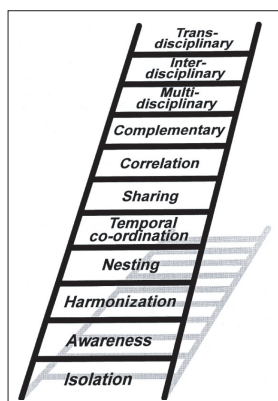


Figure 1 Integration ladder showing its different steps

through the use of integration ladder. The aim is to help students to assimilate knowledge and skills in different disciplines and apply them rightly for the benefit of the patients and society as a whole.

Integration ladder was first introduced by R. M Harden and mentioned 11 steps in integration ladder (Figure 1).

In the first four steps, more emphasis is given to the individual subjects or disciplines and in the next six steps, emphasis on the integration across several subjects or disciplines. In Trans-disciplinary step, the final step of integration ladder stimulates real life problem based learning. In 2012 curriculum, we were on the 6th step of integration ladder that is 'Sharing' or 'Joint teaching' where different subjects of same discipline agreed to organize their teaching program together, mostly on selected topics written in the formal curriculum to avoid overlapping of ideas or concepts.

In 2021 curriculum, one more step achieved in the integration ladder, now we are in the 7th step that is 'Correlation' or 'Concomitant or Democratic program' step. In this step, emphasis remains on subjects or discipline, in addition there are integrated sessions of common interest to each of the subjects. An example of "Correlation is a basic medical science program where students study topics from the perspective of each of the subjects and then meet on Friday afternoon for an integrated session. Say for example if a faculty planned to deliver integrated teaching on the topic "Nephrotic Syndrome", the Department of Anatomy, Physiology, Biochemistry, Pathology and Medicine need to take part. Anatomy and Physiology of the Kidney will be discussed by the respective departments, Biochemical changes in Nephrotic syndrome by the Biochemistry

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Department, Pathogenesis of Nephrotic syndrome by the Pathology Department and Management of Nephrotic syndrome by the Medicine Department. Correlating various subjects is now the prerequisite for creating interest and promoting active learning.

Total integrated teaching hours in new curriculum for 1st phase is 36 hours (Anatomy, Physiology and Biochemistry) in 2nd phase 17 hours (Pharmacology and Therapeutics and Forensic Medicine and Toxicology) 3rd phase 18 hours (Community Medicine and Public Health, Pathology and Microbiology) and in 4th phase 126 hours (Medicine and allied, Surgery and allied and Gynecology and Obstetrics). Each session will be conducted by the teachers of respective subjects or discipline and every student of respective subjects must be present at the time of each session. The integrated teaching session will be conducted by the Phase committees (Phase I, II, III and IV) in collaboration with Medical Education Unit (MEU) of each medical college.

Over last two decades, integrated teaching has got more importance in teaching due to its several benefits. The effectiveness of integrated teaching depends on its implementation at the right time, right place in the academic settings. Training of faculty arranged by MEU of respective medical colleges, with newer techniques of teaching will play an important role in effective integrated teaching session. Ultimately, the students and whole nation will be benefited by proper implementation and achievement of curricular goals.

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