

IUPS 2013, curriculum turnitin

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Research Symposia

HHMI_report.pdf). The SFFP report called for the substitution of competencies in place of rigid course requirements for admission to medical school, and it described eight broad competencies that were fundamental background for beginning specialized medical education. Some of the intent of the SFFP report was to open the door for development of creative interdisciplinary curricula and for collaboration between disciplines. To support this objective, HHMI created the NEXUS project (www.hhmi.org/grants/office/nexus). For example, as part of NEXUS, an interdisciplinary team from the University of Maryland developed a physics course for life science students that emphasizes basic scientific competencies and uses biological examples to teach physical principles. In the medical and academic institutions of the University of Texas System, a pilot project called Transformation in Medical Education (TIME) aims to shorten the time between high school and completion of the medical degree by using competencies to eliminate redundancies in the undergraduate and medical curricula. To accomplish this, we first created sets of competencies from those required for physician graduates. Now we are mapping competencies onto existing courses and using the map looking for opportunities to combine traditional courses, such as those in physics and physiology. This talk will show how this work has progressed and will discuss some of the obstacles to implementation.

Where applicable, the authors confirm that the experiments described here conform with The Physiological Society ethical requirements.

SA102

The development of competency-based curriculum and quality assurance in Indonesian medical education

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The recent reformation of medical curriculum in Indonesia was stimulated by public concern about the quality of health care officers. The content-based curriculum produced graduates who were not able to follow advances in science and technology, and who lacked the technical and communication skills needed to effectively serve the community.

In 2006, the Indonesian Medical Council adopted seven categories of competencies as the main outcomes of the competency-based curriculum for physicians: communication, clinical skills, medical scientific foundation, health problem management, information management, self awareness, and professional ethics. The Council determined that rather than follow a core curriculum, Indonesian institutions must implement Ron Harden's SPICES curriculum design strategy.(1)

At the beginning, implementation of the reforms was slowed by resistance to student-centered and integration approaches, concerns that a problem based learning approach was incompatible with Asian culture, and gaps in institutional capability. The changes accelerated after the government involved professional medical associations and obtained support from foreign grants. However, faculty members still had difficulty matching new competencies to existing learning objectives and learning strategies, particularly for generic competencies. As part of the reform, the Council implemented a national board examination and applied a quality assurance system to ensure graduates were able to meet the national minimum competencies. The results from the exam show that there are still weaknesses in the areas of communication, profes-

sional ethics, information management and clinical skills.(2) Our internal survey also revealed dissatisfaction of faculty alumni and staff on the competence of recent graduates in the areas of communication, biomedical sciences, information management and clinical skills.(3)

In 2012, the Council revised the competency standards to emphasize generic skills and the foundation of biomedical sciences. The revision also added detailed learning objectives. This led to some institutions revising their curriculum to strengthen the biomedical sciences and generic skills.(4)

Quality assurance system is implemented through both an internal and external approach. Only few well-established medical schools have implemented an internal quality assurance system. Most schools use the external quality assurance coordinated by the National Agent of Accreditation. Currently, only 16 of the 76 medical schools in Indonesia have achieved the highest accreditation grade.(5)

Although there is still dissatisfaction with the curriculum changes among several physiology teachers, physiology has proven more adaptable other branch of biomedical sciences. Most institutions have adopted an organ-system curriculum design, where the physiological concepts of integration, control and feedback are strongly represented in the competency based curriculum.

Key words: Competency-based curriculum, quality assurance, implementation.

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Is competency-based education the way forward in the Middle East?

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The Middle East comprises of approximately 15 nations and refers to the area between Arabia and India, mainly the nations of the Persian Gulf. Although a form of competency-based medical education was present centuries ago in this region, this discussion will cover recent information about modern physiology and medicine in this region.

The oldest centre for modern medical training in the Middle East was started in 1867 in Lebanon, and this is now known as the American University of Beirut. Within the six Gulf Cooperative Council (GCC) states, Saudi Arabia has the oldest medical college, King Saud University (KSU, 1967). The current levels of competency-based physiology education in the curricula at KSU and the Arabian Gulf University; a regional GCC uni-

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