
Editorial

From Separate Silos to a Cohesive Whole: The story of Integrated Medical Education

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An integrated curriculum broadly refers to collaborative methodologies of studying various disciplines together in a linked form. This has widely become the method of choice for imparting undergraduate medical education.¹ In the context of Pakistan, where the medical education is predominantly based on a traditional discipline-based approach, the examples of implemented integrated curricula have been few and far between due to a number of factors namely, logistics, faculty training, faculty readiness, student to teacher ratio and infrastructure being a few prominent ones.²

Despite these challenges, the University of Health Sciences (UHS) recently took up the task to introduce an integrated medical curriculum in Pakistan, the curriculum “2k23” has now been implemented in the 50 constituent colleges of the UHS. This effort spearheaded by the Vice Chancellor UHS and orchestrated via the Department of Medical Education is a good model for understanding development of an integrated curriculum catering to a wide range of audience and keeping at par with international regulations but molding them to our local contexts as is suggested in most curriculum design studies now.³ To contextualize integration in medical education in Pakistan, it is crucial to consider the unique sociocultural and economic factors that influence the delivery of healthcare services in the country. The development of the curriculum 2k23 started with an in-depth needs analysis and subsequent formation of a robust steering committee and working group consisting of a wide array of leaders as well as new entrants in medical education. The amalgamation of such teamwork produced a workable and efficient product, which gives enough flexibility to all colleges to adjust, yet maintains a certain amount of cohesiveness in the main framework. The framework follows principles of the spiral curriculum featuring three turns, the first being 1st year and 2nd year (preclinical) then third and fourth year (para clinical) and finally a

completely clerkship oriented final year class of MBBS. In addition to this, two other spirals of Clinical Skills and Professionalism, Ethics, Research and Leadership skills are carried along longitudinally throughout the five years.⁴ All subjects are incorporated from first year onwards with the addition of Holy Quran and IT. Structuring of modules and blocks and provision to choose from an array of active learning techniques makes this curriculum fluid enough to slide up and down a few notches on the integration ladder⁴ (level 6, 7, 8 namely sharing, correlation and complementary integration) which is a welcome change given the sheer number of colleges where this is being implemented.

Capacity building and faculty development regarding the curriculum implementation are cornerstones to success.² These have already been initiated by the UHS and a task force allocated to help all faculties/colleges requiring assistance.

A robust feedback mechanism has been set up to evaluate the implementation and progress of this curriculum and it is recognized to be an iterative document which keeps evolving with time. This being the first tenure will prove pivotal in proceeding forward successfully if given the same berth and iteration in upcoming years also, this curriculum may help in the development of a curriculum relevant, effective, and sustainable integration model in the Pakistani context.

DISCLAIMER

The author is part of both the steering committee and working group of UHS curriculum 2k23 and is actively involved in its development and implementation process.

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