David Tvildiani Medical University

Policy of Program Creation, Planning and Development at the David Tvildiani Medical University

Tbilisi

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Planning and Development at the David Tvildiani Medical
University

Introduction
Document is based on training held for Georgia in scope of Twining-CEIBAL project, on experience built on participation in Erasmus+ funded e-PBL-net project, and on analysis of experience approved by international research.

I. Guideline principles for program planning

During planning stage, learning program should include the following topics:

1. Description of program profile;
2. Outlining the program goals, description of learning results with terminology of competence, knowledge and skills.

3. Determination of field-specific and general competences accepted within the program.
4. Formation and description of academic content (topics) and structure (modules and credits);
5. Determination of educational units and activities focused on reaching agreed results.

6. Determining the types of educational entities and activities aimed at achieving agreed results;
7. Creation of the system, suitable to the quality assurance and development;

II. Details for clarification

Program profile – determination of requirements of the program and its realization; consultations with interested sides, working with focus groups, also place in national and international context, etc.

Learning program, based on results, is mainly focused on academic degree or qualification profile. Profile must be based on the needs identified and recognized by the society, which is a

very dynamic process. Clearly outlined profile considers interests and perspectives of different users. In practice, internal interested sides are students and academic community, external interested sides are: employers (organizations), graduates, professional organizations. Each of them has its own place in deciding, on which general or field specific competences should focus be made and how much. Furthermore, each of educational program profile is unique. Finally, profile is based on conclusions and decisions of academic personnel and is approved by responsible institution.

Learning outcomes – Complete and relevant description of the results in the entire program and its components; Compliance and distribution of learning outcomes with the program profile; Formulating the results of the study in specific and general competence and matching them with the relevant level of the program; Their proper assessment methodologies; Define the relevant approaches to competences in teaching and learning.

Expected learning results – according to all recommendations, employers' requirements and needs should be considered. It means developing an adequate skills and ethical values for several regulated professions. e.g. from learning results determined in learning program/curriculum (knowledge, skills), most actual will be discussing medical professional issues.

Content of the program/curriculum – content of program must provide an opportunity to reach estimated learning results. Furthermore, we as part of European community and participants of Bologna process are somehow limited. Meaning that level of our graduates must meet common European standards (considering modern competition, it is desired to overcome these standards), to have opportunity for them to participate in after educational stage programs. In this context, evaluation of learning materials' level has high importance. Such landmarks, including regulated fields (selected prototypes for comparison and reconciliation of learning materials, schools), do exist.

Program organization – in this field, modern requirement/recommendation is integrated teaching. Integrated curriculum's design requires structuring around results and integrated evaluation provides integrated teaching.

Learning/teaching forms must be field-specific. Furthermore, quite long list of teaching methods exists, but results are most important here: in fact, such lists only categorize pedagogical activities, also, realization of each approach differs not only between pedagogues, but even in practice of the same teachers, depending on goals and needed results. Even format and/or functional part of the lecture can be changed; e.g. during lecture, can be discussed vital, complicated issues, as well as separate problem/problem groups, and this spreads on other teaching methods. Therefore, naming the method itself can be convenient, but it does not exactly reflect the actions of the pedagogue. Accordingly, like the case of teaching, for determining teaching methods, study and analysis of the

assignments(additionally finding and reviewing the literature, training of professional skills, doing research, writing projects, etc.), given to the students, are needed.

Curriculum design

The content of the curriculum should be determined by the knowledge the student understands and the skills that the student should be able to demonstrate after completing the course / module or training program.

The entry level of potential students is important. Rule of module generation – module should consist of written down clear learning results, sufficient criteria's of teaching, learning and evaluation, starting knowledge / experience level needed for module learning, desired knowledge level and etc.

Learning program/curriculum content is determined by student's desired key knowledge and skills that should be obtained during learning process. Learning results are formulated on level of educational program, as well as on individual course/module level.

Competences are developed in progressive way. This means that their formation is done on different levels of the program, by the course units or by specific number of the module. During the planning phase, decision must be made about which unit should contain which particular competence. Furthermore, there may exist some competences, formation of which is not outlined clearly. Only those competences, which can be defined factually, must be defined in detail.

In student-cantered and result oriented educational program, all unites are connected to each other in one way or another. This affects not only those course units or modules, which are the main part or core of the curriculum, but also additional or elective courses. In well planned program, additional or elective courses must strengthen profile of educational program, ensure future choice of student's further career development.

During discussion of *learning workload*, credit definition rule and their connection with learning results, is important. In addition, issues with provisioning the program with needed resources for realization: monitoring, modernization abilities; sustainability, organization and other issues.

Change of program (curriculum) – modernization for development means (i) creation of new curriculum model and educational strategy, and/or (ii) integration of new themes in curriculum, and/or (iii) implementation of new learning situations, new goals and new methodologies, and/or (iv) implementation of new evaluation methods, which also means requirements of staff development.

For defining abilities of program modernization and realization, following two issues are equally important: (1) modifying curriculum according to the modern changes, achievements challenges in

the field(medicine); (2) preparation of process correctly and step by step direction of the procedures.

III. Preparation and direction of process for program creation and/or modernization

Process preparation
It is important to take out processes from control of the departments on the beginning stage of modernization and creation of the group, which will take responsibility for curriculum design. On this stage, group is called "curriculum development group"; best characteristics for this group are: leader – high position holder in the university (decision maker), e.g. dean; proposition and not assignment of group members: discussion of those staff members who have proven to be enthusiastic in medical education and are willing changes. In addition, it is important to keep balance between base and actual scientists, clinicists (less is better), general profile doctors, non-university profile base clinicists and administrative representatives. It is desired to involve young doctors, students and other members of society. In addition, it is desired to keep balance between age, fields (base/clinical) representative number and administrative number of the participants.

Procedure handling:
Creation of curriculum generation/creation group;

Correct formation of the group (balance between age, fields (base/clinical) representative number and administrative number of the participants)

Generation of curriculum design;
Discussion of curriculum design in specific groups, providing information to the interested cycles;

Generation of final scheme of the curriculum and writing down of course syllabus;

Presentation of needed details and correct planning of evaluation system;

Self-evaluation of program in every needed direction or aspect (e.g. needed human and material resources, program, courses, goals that graduates must achieve, etc.);
Approval of curriculum by the committee;
Approval on academic counsel;
Preparation of process for external evaluation and presenting program to national center for educational quality enhancement*;

Program accreditation;
Program implementation.

*note executed changes do not always require re-accreditation of the program (see above mentioned integration of new themes in curriculum, and/or (iii) implementation of new learning situations, new goals and new methodologies)

IV. Related literature with program creation, planning and development,

etc. Related literature:

1. Amanda Howe "Twelve tips for developing professional attitudes in training"; Medical Teacher, (2003); 25:5, 485-487
2. Raja C. Bandaranayake "How to Plan a Medical Curriculum"; Medical Teacher, (1985), 7:1, 7-13
3. AlamSher Malik &Rukhsana Hussain Malik "Twelve tips for developing an integrated curriculum", Medical Teacher, (2011); 33:2, 99-104
4. Mohamed M. Al-Eraky "Curriculum Navigator: Aspiring towards a comprehensive package for curriculum planning"; Medical Teacher, (2012), 34:9, 724-732
5. Richard T. Sarki, Larrie W. Greenberg & Andrew P. Wilking "Twelve tips for a successful clerkship"; Medical Teacher, (1997), 19:2, 95-98
6. Helen O'Sullivan, Walther van Mook, Ray Fewtrell & Val Wass "Integrating professionalism into the curriculum: AMEE Guide No. 61"; Medical Teacher, (2012),34:2, e64-e77
7. Peter Mcleod& Yvonne Steinert " Twelve tips for curriculum renewal"; Medical Teacher, (2015), 37:3, 232-238
8. Judy McKimm& Paul Kneath Jones: Twelve tips for applying change models to curriculum design, development and delivery; Medical Teacher,(2017): DOI:10.1080/0142159X.2017.1391377
9. Katrin Schüttpelz-Brauns, Elisabeth Narciss, Claudia Schneyinck, Klaus Böhme, Peter Brüstle, Ulrike Mau-Holzmann, Maria Lammerding-Koeppe l & Udo Obertacke: Twelve tips for successfully implementing logbooks in clinical training"; Medical Teacher, (2016), 38:6, 564-569