

ORIGINAL ARTICLES

VIEWS OF THE STUDENTS AND TEACHERS ABOUT THE NEW CURRICULUM (CURRICULUM 2002) AND THEIR OPINION ON IN-COURSE ASSESSMENT SYSTEM

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Abstract:

Background: The academic activities of the 1st and 2nd year MBBS students are running according to the new curriculum (Curriculum 2002). Curriculum is a series of planned activities to which the learner may be exposed in order to achieve the learning goals. But due to ongoing modifications of society, disease demography, medical science, concepts of teaching and availability of newer technique; curriculum may need to be changed. Assessment is the process of testing a student's ability. A good assessment should be valid, reliable, practicable and objective. Without assessment the purpose of effective teaching will not fulfill. To change curricula, examination system or assessment system also needs to be changed. Though evaluation of students is an integral part of all educational processes, a suitable evaluation procedure is said to be lacking. So opinions of teachers as well as students are immensely important to develop an ideal evaluation procedure.

Methodology: This cross-sectional prospective study was done in Dhaka Medical college over a period of 1 months. 2nd year MBBS students (100) and teachers of Physiology, Anatomy and Biochemistry (22) gave their opinion in this study in a mixed pattern of questionnaire (both open-ended and closed).

Results: Majority of students (84%) but minority of teachers opined that there was need of card completion examination as in course assessment system. Other teachers and students suggested for alternate examination instead of card completion examination like only MCQ (18%), both MCQ and SAQ (82%). Choice of venue of the examination were—tutorial class (58%), lecture class (21%), practical and tutorial class (21%).

Discussion: Though present MBBS curriculum is a problem oriented scientific curriculum with modern concepts like MCQ, OSPE, SAQ and SOE; the teachers are facing a lot of problems in implementing the curriculum due to lack of orientation and shortage of manpower.

Conclusion: In spite of criticisms Curriculum 2002 is a positive change in an academic field. In order to improve and update the curriculum, its planning should be constantly reviewed.

Introduction

Curriculum is derived from the word "Curricule". Curricule means the track of a new wheel chair. Curriculum is a study track through which learners have to walk.

Curriculum may be defined as an organized plan of course outlines, along with objectives and learning

experiences to be used for achievement of these activities.

RM Harden (2001) also summed up the statement of Reggers (1996) the concept of curriculum. He explained the curriculum as "curriculum is often seen as a body of knowledge, the content of education to which the students need to be exposed. But curriculum

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is much wider than a list of subjects to be studied; it is not only what you say, but also how you say it! Curriculum is all the planned experiences to which the learner may be exposed in order to achieve the learning goals.¹⁻⁴

RM Harden (2001)¹ stated that Curriculum is not static, it is changing, because:

- Society is changing.
- Disease demography is changing.
- Medical science expands exponentially.
- Concepts of teaching are changing.
- Newer teaching technologies are available.

For Curriculum development following factors should be considered:

- a) Subject: for what subject Curriculum is to be developed.
- b) Objectives of Curriculum development.
- c) For pre-clinical or clinical students.
- d) Contents of Curriculum.
- e) Method of teaching.
- f) Evaluation method .
- g) Resources – may be person, materials.

Details of teachers and staffs should be mentioned in Curriculum. Description of teaching materials should also be included in Curriculum. Teaching materials may be- chalk, OHP, Flip-chart, Tape-recorder, slide and slide-projector, books, multimedia etc.

Curriculum is a course of study at school or university. A curriculum a time-table, a list of contents, a list of objectives, a list of learning experience. A curriculum for the future cannot rely upon passive consumption of facts. Critical thinking and a scientific approach are imperative both for scientists and physicians.

Assessment & Evaluation:

Assessment is not only a measurement of performance but also provides an indication of the effectiveness of teaching situation and also the appropriateness of the content input. Assessment is the process of testing a student's ability.

Being involved in student assessment is perhaps the most critical of all tasks facing the teacher. Generally, teachers take such involvement quite seriously but sadly, the quality of many assessment and examination procedures leave much to be desired. Therefore, it should be ensured that the assessment which is selected would measure what the teachers

are supposed to measure as practicable as possible.

Criteria of a good assessment

- 1) It should be valid
- 2) It should be reliable
- 3) It should be practicable
- 4) It should be objective

Types of assessment :

1. Essay
2. Short – answer
3. Structured (written)
4. Objective (multiple choice, true-false).
5. Direct observation
6. Oral
7. Structured (practical/clinical)
8. Self-assessment

Assessment may be again be classified as:

- Formative and summative assessment
- Norm-referenced and criterion-referenced assessment

Formative assessment: An assessment that takes place during a course of instruction is known as formative assessment. Formative assessment is also known as progressive assessment , in-course assessment or diagnostic assessment.

Summative assessment: Summative assessment typically comes at the end of a team or course.

The Purpose of the Assessment or functions of assessment:

Without assessment the purpose of effective teaching will not fulfill. To change curricula or instructional methods without changing examination system or assessment system will achieve nothing.

When faced with developing and assessment you must be quite clear about its purpose. This may appear to be stating the obvious but try asking your colleagues what they think is the purpose of the assessment with which you are concerned. We are certain that there will be a considerable diversity of opinion. Some may see it as testing the students mastery of the course content, others may see it as a way of ranking the students, and yet others as a way of encouraging students to study the content of their course.

Mehrens and Lehmann identify several purposes of

assessment which may be paraphrased as follows:

- Judging mastery of essential skills and knowledge (To pass or fail the students)
- Measuring improvements over time. (providing feedback to the students)
- Ranking students
- Diagnosing student difficulties. (To guide the students)
- To motivate the students
- Evaluating the teaching methods
- Evaluating students to study.

Evaluation of students constitutes an integral part of all educational processes. It has, now a days, become matter of continuing concern for the medical teachers as they lack a suitable evaluation procedure that satisfies all concerned. Therefore it is an urgent need to an ideal evaluation procedure which would fulfill the criteria like validity, reliability, and practicability. Teachers can assess the students' performance by adding his problem oriented records and also can assess the students by reading the notes and so can evaluate the ability to utilize information and deliver clinical care.

Therefore, this type of study was designed for collection of valuable opinion of teachers and students regarding new curriculum and in-course assessment system so that a fruitful and positive steps could be accepted for proper running of the academic activities for the students.⁵⁻⁷

Materials and Methods:

This was a cross-sectional prospective study. done in Dhaka Medical College for 1 months duration. In this

study all the students of 2nd year MBBS were selected as study population. Teachers of Physiology, Anatomy and Biochemistry departments responded to the questionnaire. 84 students and 22 teachers gave their opinion in this study. Mixed pattern of questionnaire (both open-ended and closed) were given to the study population.

All the study population were grouped into group A and group B. Students were included in group A and teachers were included in group B. As there were no sex variation regarding the opinion about curriculum and in-course assessment system, they were not sub grouped into male and female. Data was analyzed manually.

Results:

Results were shown in table I, II, III. Table I showed the total number of students and teachers. There were 100 students and 22 teachers. Students were included in group A and teachers were in group B. 84 students opined that there was need of card completion examination as in course assessment system 16 students opined that there was no need of card completion examination (Table-II). Among 22 teachers 6 teachers opined that there should be card completion examination for proper academic flow. Teachers and students who were not in favour of card completion examination, they suggested for alternate examination instead of card completion examination which are shown in table III. Alternate examination were only MCQ (18%), both MCQ and SAQ (82%). Choice of venue of the examination were—tutorial class (58%), lecture class (21%), practical and tutorial class (21%).

Table I

Table showing the knowledge of the students about curriculum 2002

Knowledge about curriculum 2002		
No. of students who have Knowledge about curriculum 2002	No. of students who have not any knowledge about curriculum 2002	Total no. of students
80 (80%)	20 (20%)	100

Table II

Opinion of the students in continuing the provision of card completion exam as in course assessment test.

No. of students who are in favour of card completion examination	No. of students who are not in favour of card completion examination
84 (84%)	16 (16%)

Table III*Opinion of the students about alternate examination system instead of existing card completion examination.*

Alternate examination	Venue of the examination	Total no. of students
Only MCQ = 6 (18%)	Tutorial class= 18 (58%)	32 (36%)
Both MCQ and SAQ 26 (82%)	Lecture class= 7 (21%) Practical and tutorial class=7 (21%)	

Curriculum 1998	Curriculum 2002
Duration- 2 years	Duration 1year and 6 months
Evaluation was in combined in Physiology and Biochemistry.	Evaluation is separately
Pass mark was 50% in each subject	Pass mark is 60% in each subject
There was no provision of these types of modern concept of assessment	Modern methods of assessments are implemented. These are—MCQ (Multiple choice questions), SAQ (Structured answered questions), OSPE (objective structured practical examination), SOE (Structured Oral Examination)

Discussion :

This study was designed for collection of valuable opinion of the teachers and students regarding new curriculum of 1st Professional MBBS examination and in-course assessment system so that a fruitful and positive steps could be accepted for proper running of the academic activities for the students who would appear in 1st professional MBBS examination. For this purpose the 2nd year MBBS students of Dhaka Medical College were selected, because they were the senior most students would be appeared in 1st professional examination. The teachers who prepared the students to appear in 1st professional examination were included in this study for their valuable opinion.

New curriculum 2002, is a problem oriented curriculum. This curriculum is based on scientific approach. New modern concepts have been included in this curriculum – MCQ, OSPE, SAQ and SOE. But we the teachers faced a lot of problems in implementing the curriculum. Because the number of teachers are not adequate and they are not oriented properly. Curriculum 2002 is a positive change in an academic field and we the teachers are academic field workers. Now during working in this academic field we the teachers faced many problems in relation of allocation of time and contents of the syllabus.

Present MBBS curriculum is a positive step in medical education. In implementation of any curriculum , public expectation about their health care services is considered all over the world.³ Need of the society is changing, therefore curriculum is should be changed. Curriculum is not static it is dynamic.⁴

The strategies of curriculum and also the role of teachers and students in teaching-learning process for positive changes in medical education need to be reviewed and developed.

Before 2002, curriculum 1998 was running for the MBBS students. Difference between curriculum 1998 and 2002 in 1st year and 2nd year MBBS students are:

Among 22 teachers 6(27%) teachers gave their opinion in favour of card completion examination. They suggested that card completion examination is a preparation for the term examination. This result is in consistent with that of RM Harden (2001).¹ He stated that assessment is an essential part of teaching learning process. However in our curriculum 3-term examinations are going on as formative assessment. For this reason 6 teachers and 16 students realized that card completion examination is also a burden both for the students and the teachers.

Too much assessment would reduce the time for self preparation of the students. As the marks of the term examinations are added in Professional examination, therefore it is helpful for the students. At the same time they felt that manpower is very insufficient for proper running of the curriculum. Among 100 students 80 (80%) were in favour of card completion examination whereas 20 (20%) students are not in favour of card completion exam. 80 (80%) students who were in favour of card completion examination opined that for better preparation of the term examination there should also be provision of card completion

examination. whereas 20 (20%) students who are not in favour of card completion exam opined that as there is shortage of duration of the curriculum, there should not be provision of card completion examination. Repeated examination again reduce the time for self preparation of the students to appear in professional examination.

Conclusion:

Attempt of implementation of a new curriculum is a positive step in medical education. Though there are many negative criticism along with positive criticism of present curriculum, new curriculum is a positive change in medical education. As the process of curriculum planning is continuous, dynamic and never ending , review of the curriculum is always encouraged. However, in order to further improvement, update and effective, this curriculum needs constant review and revision

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