

Identification of Challenges Faced by Medical Faculties Trained in Curriculum Implementation Support Program in Implementation of New MBBS Curriculum

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ABSTRACT

We planned to do a study to document the various challenges faced by medical faculties while implementing the new competency-based curriculum for the medical graduates. The study was planned as a survey, and Google form-based questionnaire was sent to all faculties residing in Uttar Pradesh and who had completed curriculum implementation support program (CISP) workshop from King George's Medical College during years 2019–2020. The questions were designed keeping in mind the relevant issues such as time constraints, resources, team work, coordination, financial constraints, feasibility of practically implementing the new curriculum, and how mature are our students in adapting to the new methods of teaching. Many faculty members could not respond to the questionnaire as they were preoccupied with COVID pandemic crisis management. Majority of the faculties found mild to moderate level of difficulty in understanding the new curriculum. There was mixed response in regard to practical implementation of the new curriculum as 44% found moderate level of difficulty and resistance to adapt to the new system. Forty-three percent faced financial constraints in establishing the skills lab. Fifty-nine percent agreed that they had enough teaching learning methods. Majority found limited manpower, lack of enthusiasm, limited time especially in COVID pandemic, and online mode of teaching methods, lack of adequate resources, and difficulty in coordination as the challenging issues in implementation of the new curriculum. The solutions they suggested were to have regular meetings, listen to the problems and work on solutions, periodically motivate the faculties to adapt to the new system, train all faculties in CISP workshop, and to have short-term and long-term goals well defined to track the progress.

Keywords: Competency-based medical education, Curriculum implementation support program workshop, Medical curriculum.

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INTRODUCTION

This research idea was thought of as we noticed that the faculty members who are being trained to the new competency-based medical curriculum have to first get accustomed to the changes, face the challenges in its implementation, and evaluate its efficacy. The perception of faculties may vary depending on many factors and challenges they face while implementing the CISP for medical students.

Few challenges can be like how supportive is the administration in implementing CISP, the finances involved, how motivated or reluctant are the senior and junior faculties to learn the new methodology of teaching-learning methods, infrastructure, and limited manpower to do the implementation and design/plan new curriculum, learning resource materials available in each respective college, how well/poorly coordinated are the faculties in planning the new curriculum, teamwork present or not, and how many faculties are trained in CISP in each college.

Curriculum implementation support program training programs are conducted regularly in King George's Medical University (KGMU), Lucknow, since the past many months, and more than 200 faculty members from various colleges in Uttar Pradesh have participated. They had many concerns about the practical implementation of this new program. These faculty members came from both private and government medical colleges having varied infrastructure, staff, and other facilities. It will be interesting to know the factors that directly affect the perception of the faculty members regarding the implementation of the new CISP in their respective colleges.

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AIM AND OBJECTIVES

Aim

Aim of this study is to identify the challenges faced by faculties of Uttar Pradesh who participated in CISP in implementing the new MBBS curriculum.

Objectives

- To determine the various types of challenges faced by faculties of UP in implementing new MBBS curriculum at level of cooperation of administrative staff, resources available, teaching-learning methods, finances, resistance at level of faculties, and team work.

- To determine ways in which the faculties could overcome those challenges and find solutions to have smooth implementation of the new MBBS curriculum.

pharmacology, pathology, microbiology) and rest 16 were from clinical subjects.

The results are enumerated in table as follows:

MATERIALS AND METHODS

This has been a prospective nonrandomized qualitative study done by designing and sending the questionnaire to 250 faculties who have completed CISP workshop from KGMU. Google form has been used to fill the questions. Questions included both closed-ended, open-ended ones, and some may have the Likert scale to measure degree of difficulties faced by the faculties and their perceptions. Emails and contact details of the participating faculty members were obtained from the Medical Education Department, KGMU.

OBSERVATION AND RESULTS

The Goggle form questionnaire was emailed to total 250 faculties, and 52 faculties responded in spite of three reminder emails. Many due to COVID pandemic were preoccupied with other responsibilities and could not find time to fill the questionnaire. Mean age of the faculties who responded was 48 years (range 34–72 years). The female to male ratio was 27:25. There were 34 professors, 10 associate professors, 6 professors (junior grades), and 2 assistant professors who responded and filled the questionnaire. In total, 32 faculties were from government medical colleges and rest 20 were from private medical colleges. There were 36 faculties from preclinical subjects (anatomy, biochemistry,

BRIEF DISCUSSION

There has been a paradigm shift in medical education with the start of competency based curriculum.¹⁻³ It has been a huge challenge to take the mammoth task of training all the faculties and conducting the various CISP workshops.⁴⁻⁶ To gain support from administration, the senior faculty members holding various important positions in administration like Dean, Principal and others were encouraged to get trained so that they understand the importance of the implanting the new curriculum and also support younger faculties to adapt to the new system.⁷⁻¹¹

COVID pandemic also took a toll in implementing the new curriculum as most of the teachings were happening on online mode, and it was difficult to practically ensure all aspects of the new curriculum get implanted as they were meant to be.¹² Even to conduct classes of foundation course, sports activities, and others were difficult in organize in view of COVID pandemic protocols and students attending online classes. Loss of regular classes due to pandemic lead to loss of clinical correlation to basic sciences, human contact, and introduction to AETCOM, a novel and essential concept introduced in this curriculum.^{12,13}

We found mixed responses from the faculties in terms of the levels of the difficulties in implementing the new curriculum. Majority felt that time constraints, resource crunch, lack of enthusiasm among the faculties to adapt to new changes, financial

Questions	Responses
Kindly grade the level of difficulty you found in understanding the changes made in the new MBBS curriculum which you learnt in CISP workshop. (Likert scale scoring done)	3.8%—very difficult 42.3%—moderate difficult 32.7%—mild difficult 21.2%—not difficult
Do you think the new changes will be practically implemented or is it more theoretical and difficult to apply in our country?	44% said—moderately difficult to implement 19%—very difficult 19%—not difficult
Did you face financial constraints while implementing the new curriculum?	43% said yes
Did you find manpower as a limiting factor in implementing the new curriculum as we are short staffed and new changes need more time and manpower to prepare?	Majority 76.9% said yes
Did you have enough teaching-learning methods to incorporate the new changes?	59.6% said yes
Did you find difficulty in getting the resources to prepare for the new curriculum?	48% found it difficult to get resources
How was the coordination between the faculty members of different departments in coming together for alignment or integration?	81% said average to good coordination 19% said poor coordination
How well did the administration support you in preparing for the new curriculum?	63% said good support from admin.
How was the team work spirit among the faculties to work together on the new changes in curriculum to get implemented?	Majority 87% said good team work
How do you perceive this new curriculum will help the students to become competent medical graduates?	Majority 95% agreed
How do you perceive the feasibility and practical application of formative assessment for all the medical students?	Majority 77% agreed
Did you get enough time to work on new curriculum as you must be having your own departmental work apart from this work?	44% got enough time, rest did not get enough time
Do you think that proper documentation of all the feedbacks from faculties and students will be maintained practically and it will help in improving the system?	42% said yes, rest said no

(Contd...)

(Contd...)

Questions	Responses
Do you think that our students are ready and mature enough to adapt to the new curriculum and self-directed learning?	42% said yes, rest said no
List any three challenges you faced while making the new specific learning objectives (SLOs)?	Time, team work, coordination, lack of enthusiasm, shortage of man power, limited number of faculties trained yet, lack of experience in making SLOs.
Enumerate all the challenges you faced while implementing the new curriculum at your college and ways in which you could overcome them.	Time constraints challenges were addressed by continuously encouraging the faculties and giving them the achievable short-term goals. Team work problems were addressed by listening to the problems of the faculties, finding the solution and discussing about the ways it can be tackled in a way feasible for us. The NMC taskforce experts support, guidance and time to time communication was of immense help too. Doubts about the usefulness of the whole exercise were addressed by understanding that this job has to be done by putting the best effort we can and leaving the rest for the future to reveal.

constraints, team work, and coordination issues are important challenges to address. Majority agreed that they got adequate support from the administration in implementation of the new curriculum. Majority agreed that all faculties need to be sensitized to do CISP training. The medical education curriculum is much needed for nation development; government should find way to maintain or increase funding of medical colleges for infrastructure development and simultaneously develop resources and training of faculty for more effective teaching learning methods and to develop skill labs.¹⁴⁻¹⁷

Limitations of this study were that limited number of participants could fill the form due to COVID pandemic issues. Another bias in the responses may be due to varied levels of motivation among the different faculties responding to the form. Some may be very motivated, and some may have filled the form in haste or without giving much thought prior to answering. This may have added to subjectivity in the responses.

CONCLUSION

Majority of the faculties found mild to moderate level of difficulty in understanding the new curriculum. There was mixed response in regard to practical implementation of the new curriculum as 44% found moderate level of difficulty. Forty-three percent faced financial constraints. Fifty-nine percent agreed that they had enough teaching learning methods. Majority found limited manpower, lack of enthusiasm, limited time, lack of adequate resources, and difficulty in coordination as the challenging issues in implementation of the new curriculum. The solutions they suggested were to have regular meetings, listen to the problems and work on solutions, periodically motivate the faculties to adapt to the new system, and to have short-term and long-term goals well defined to track the progress.

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