EDITORIAL

Curriculum Inhibitors

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Curriculum is a learned education experience(Thomas, Kern, Hughes, & Chen, 2016). It is a dynamic entity and hence can be considered living. There are three main phases in its life; The developed or the ideal curriculum, the implemented or official curriculum and the learned or assessed curriculum(Cho, 2015). The ideal situation would require that there is no gap between these three phases, but in reality it becomes very difficult to achieve this goal.

A curriculum is designed keeping in view the national and global accreditation standards(Rezaeian, Jalili, Nakhaee, Jahroomi Shirazi, & Jafari, 2013). Curriculum when designed can be considered an ideal curriculum. The medical curriculum is designed by medical educationists with experience in curriculum development. This is done with support from the medical educators and teachers. The gap between developed curriculum and functional curriculum may occur if curriculum developers do not take into account the curriculum inhibitors . Curriculum inhibitors are issues or problems that impede the attainment of the quality standards(Khan, Spruijt, Mahboob, & van Merrienboer, 2019). They affect the quality of curriculum in several ways. Curriculum inhibitors have rarely been described in literature, the major reason being that standards defined by the national and international accreditation bodies and recognition agencies do not take them into consideration.

Some of the inhibitors reported in the literature are irrelevant curriculum content , low quality of assessment, rigid control mechanisms in an institute etc(Khan et al., 2019). However other factors may also act as inhibitors. For example, scheduling of the curriculum may be done by curriculum managers with help from the medical teachers who are not well versed with the different teaching strategies and their dynamics. Similarly, lack of participation by the discipline heads during the curriculum development phase, may lead to addition of unnecessary content or deletion of important content from the curriculum. The faculty may show extreme resistance to implementation of innovative/ advanced teaching and learning strategies introduced in the curriculum as they may not fall in their comfort zone. Students are the main stake holders. If they perceive the implemented curriculum to have more cognitive load and assessment burden and if they feel being experimented upon, they may also show resistance to it. 'Low quality of assessment' and 'poor blue printing' etc also inhibit or impair the intended curriculum being learnt. All these issues are the curriculum inhibitors. They lead to the development of 'gaps' between the ideal, the implemented and the learned curriculum.

It is therefore very important to know the curriculum inhibitors and how they affect the curriculum health. A recently published, scoping review identifies nineteen curriculum inhibitors that can impede a curriculum from achieving the quality standards. The review provides a mechanism for curriculum developers, reviewers and implementors to identify inhibitors. This knowledge is indispensable for the success of an implemented curriculum.

References

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