EDITORIAL

Improved Understanding of Behavioural & Psychological Issues Through Integration

Raza ur Rahman

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Effective teaching is not simply the transmission of knowledge but it is the way through which learning occurs. Learning does not occur in a vacuum. Learners examine the facts to be learned against their schema based on past experiences. The integrated curriculum helps the learner in making connections with the real world and across the disciplines by fusing subject areas, experiences, and real-life knowledge. Thus it creates a more fulfilling and tangible learning environment.Ê This is the reason that integrated curriculum is recommended by most international organizations of medical education[1]. To keep up with global recommendations, Dow University of Health Sciences (DUHS) has also adopted and implemented integrated curriculum in its constituent institutions. Since this new initiative we have observed a significant change in the interest of medical students in the subject of psychiatry and behavioural sciences. This is determined by improved attendance and better level of knowledge. Whether it has made the same difference in other disciplines of medicines remains to be seen.

Although psychiatry was an integral part of the undergraduate curriculum but the teaching of psychiatry included few didactic lectures in isolation from other subjects and had no formal assessment. The teaching of behavioural sciences in medical colleges is new in Pakistan. The understanding of psychiatry and behavioural sciences is very important for undergraduates as psychiatry helps in dealing with even increasing burden of mental disorder while the behavioural sciences will help in developing holistic approach in medical graduates. The benefits of integrating mental andare numerous[2]: drop in mortality and morbidity rates, facilitation of quick recovery, reduction in the cost of treatment and improved adherence are just a few. Furthermore these benefits will help in reducing burnout in s. Despite their importance, the inclusion of these subjects in the curriculum was just ceremonial and the understanding of these subjects among the undergraduates at best was superficial.

With the introduction of integrated curriculum at DUHS attempts have been made to create the relevance of these subjects with other systems of the body. The integration of these subjects with other systems of body provides many opportunities to the students for their better learning[3]. First, students noticed increased relevance of the topic to real world. Second, students remain engaged more actively in relating these topics to other system. Third, students get an opportunity to see and implement skills multiple times across many disciplines. Fourth, this repetition also provides an opportunity to the students to review the missed or forgotten information from previous discussions. In addition the repetition of the skills during course helps in better understanding of subject and lasting retention of information. Besides student's integration also helps in motivating and charging dynamic teachers to create challenging, intrusting and meaningful tasks for the students to integrate, connect and correlate information. There is grater likelihood of deep learning when information is made interesting and repeated frequently.

The spiral integration at DUHS provide further opportunity of better learning to the student as same topic, theme or subject taught in first two year (1st spiral i.e. preclinical years) is repeated in 3rd and 4th year (2nd Spiral) but with more complexity. This hierarchal increase in complexity makes the learning of difficult topics easier as the new learning has a relationship with old learning and is placed in context with the old information and students are encouraged to apply the early knowledge to later course objectives.

If the integrated curriculum is so effective then why it is not creating the same impact in some of the disciplines? The observed futility of integrated curriculum in these disciplines is due to lack of effective development of teaching material and poor implementation of instructional strategies including sessions of CBL (Case Base Learning). CBL sessions are the main teaching activity for the integration of

Correspondence: Dr. Raza ur Rahman, Professor & Chair Psychiatry, Dow University of Health Sciences, Karachi, Pakistan.

Email: razaur@yahoo.com

knowledge of different subjects gained during last one week. The main reasons for the poor conduction of case based discussion sessions are poor training of facilitators and allocation of odd time for the sessions. If instruction strategies are planned properly and faculty is trained to facilitate the teaching sessions then integrated curriculum is the best solution to deal overwhelming flow of information in medicine.

Another aspect of integrated curriculum that need to be consider is assessment of the impact of integrated learning on knowledge and performance of student to solve real life problems. Therefore it is recommended that such assessment tools and strategies must be devised that gauge a better understanding of the impact of integrated learning on students' performance and ability to solve real world problems. To maximise the effectiveness of this curriculum, it should be culturally applicable to each setting

If applied appropriately, the benefits of integrated curriculum are not limited to only psychiatry and behavioural sciences but can extend to other disciplines of medicine as well. This will require the commitment, motivation and active involvement of all stakeholders.

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