

Curriculum TIPS For All of Us

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Medical education is a lifelong learning process. Just as we remind our students and ourselves that the practice of medicine is a lifelong process in which we continually seek to improve our knowledge so that we give our patients the most effective care, so too with medical education. As educationists, we must seek to improve our pedagogical knowledge so that we continue to use tried and tested as well as innovative tools to ensure the most effective learning in our students.

The articles in this issue have been selected from several presented at the 3rd Asia-Pacific Medical Education Conference (APMEC) held from 18 to 21 February 2006. The theme of the conference was Curriculum TIPS (Trends, Innovations, Priorities, Strategies). In keeping with this theme, the authors have shared with us their successes from their experiences with innovative pedagogical tools in their medical school curriculum. We hope you will be able to implement some of their strategies in your own educational setting.

Lim et al¹ compared computer-based testing (CBT) with paper-based tests and students showed a preference for CBT. Palmer and Devitt² got their students to design MCQs to see if the construction of MCQs would enhance their learning. While the students found this unfamiliar and an unpopular learning strategy, the MCQs that they constructed were of high quality.

By dividing students into teams in a course in gross and developmental anatomy, leadership responsibility was randomly assigned to a team member on a rotating basis. Pawlina et al³ found that performance in written and practical examinations was positively associated with the leader's integrity and responsibility.

Wanvarie et al⁴ reported that the introduction of an evidence-based medicine course resulted in enhancing the critical thinking skills of medical students who valued the sessions positively. Ti et al⁵ found that experiential learning with task trainers and human-patient simulation seemed to improve student performance.

Chen et al⁶ used online evaluation of problem-based learning (PBL) and found it to be very useful as they got response rates of over 95%. Sim et al⁷ designed a process-oriented instrument to assess four competencies in PBL tutorials. This instrument was found to be user-friendly and reliable when used with criteria guidelines. Chegwidien⁸ reported that students perceived case-based formative assessments, case-based workshops and reviews of annotated examinations as helpful learning tools in his school's PBL curriculum.

A survey of curricular reform in Malaysian medical schools was conducted by Azila et al⁹ as they attempted to produce medical graduates who would meet healthcare needs of their own country as well as globally. Finally, Szumacher¹⁰ discusses the importance of a feminist approach to the decision-making process for the treatment of women with breast cancer. She believes that the introduction of feminist theory into evidence-based medicine will help patients to be better informed and assist in selection of treatment modalities.

Samarasekera and his colleagues¹¹ used student academic committees to obtain students' feedback and found them to be quite effective.

These authors' contributions allow us to reflect on how we have taught/learned. We hope that you will be able to adapt some of their suggestions into your daily pedagogical practices and look forward to having you report on the outcomes of these new practices in next year's 4th APMEC to be held from 8 to 11 February 2007.

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