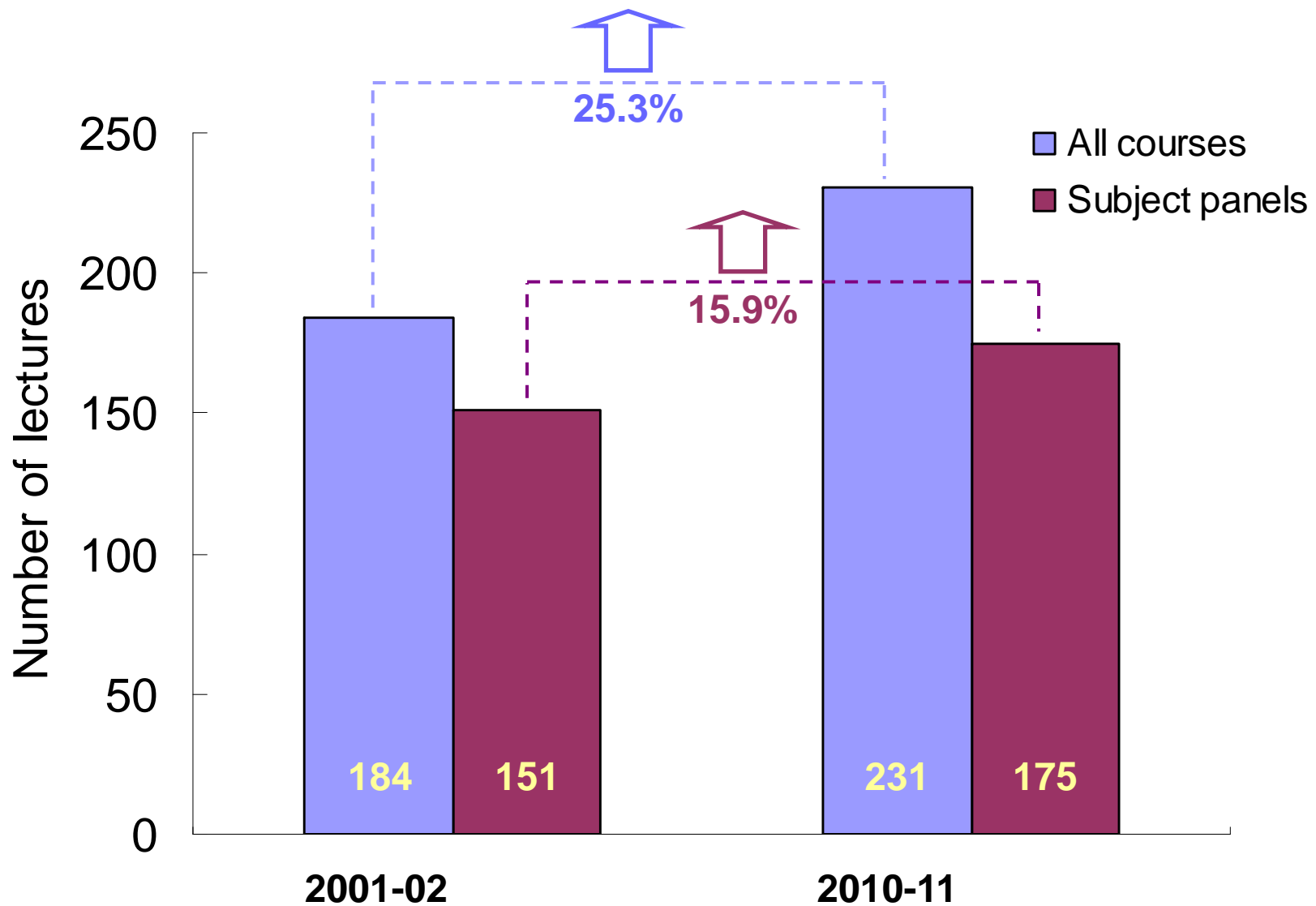


Curriculum Retreat

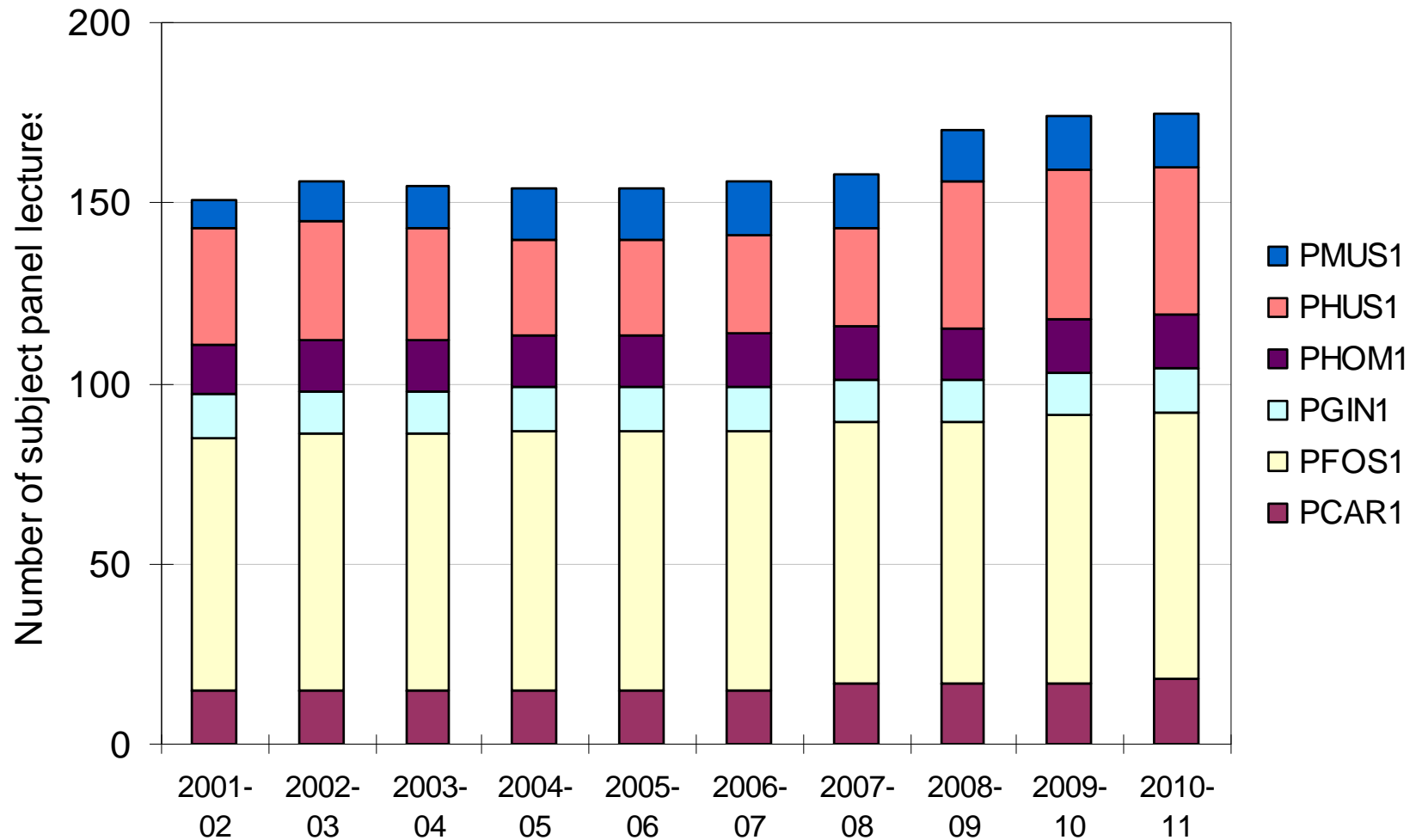
“Should we reduce the didactic component of our curriculum?”

Faculty of Medicine, CUHK
25 Sept 2010

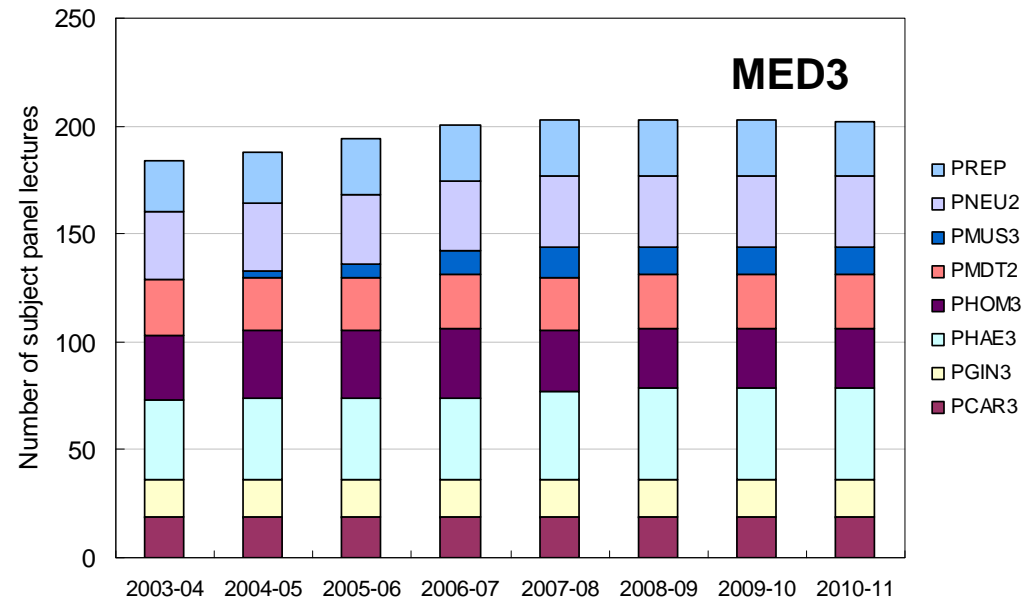
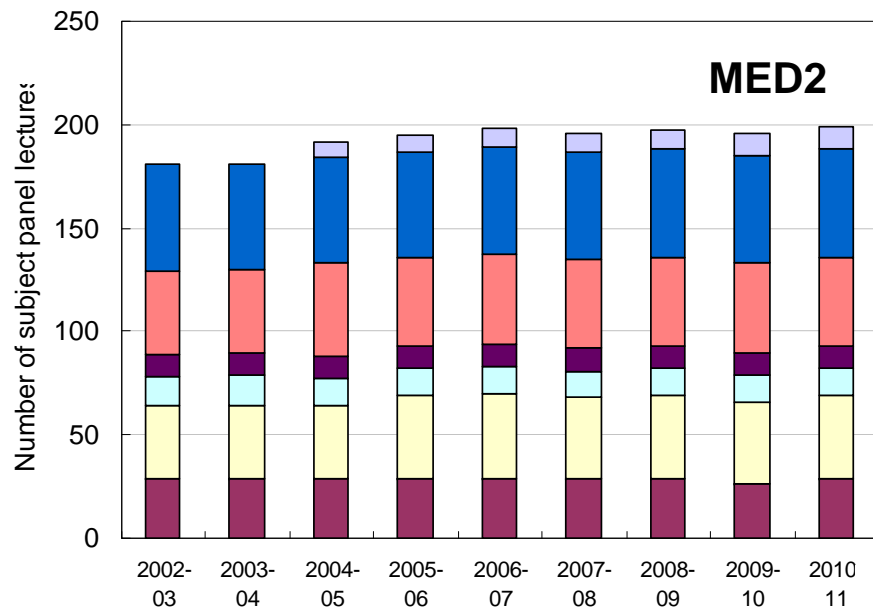
Total number of MED1 lectures in 2001/02 and 2010/11



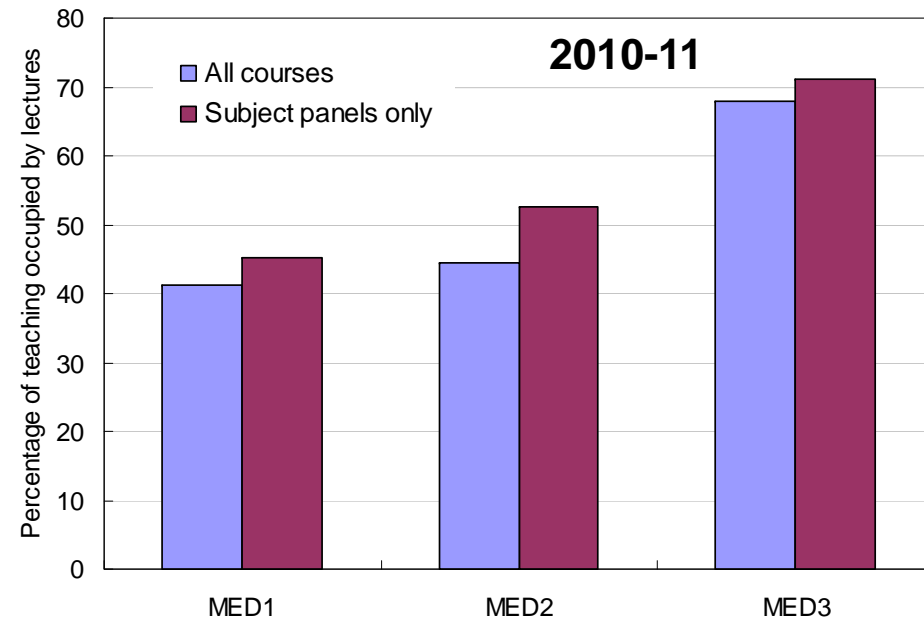
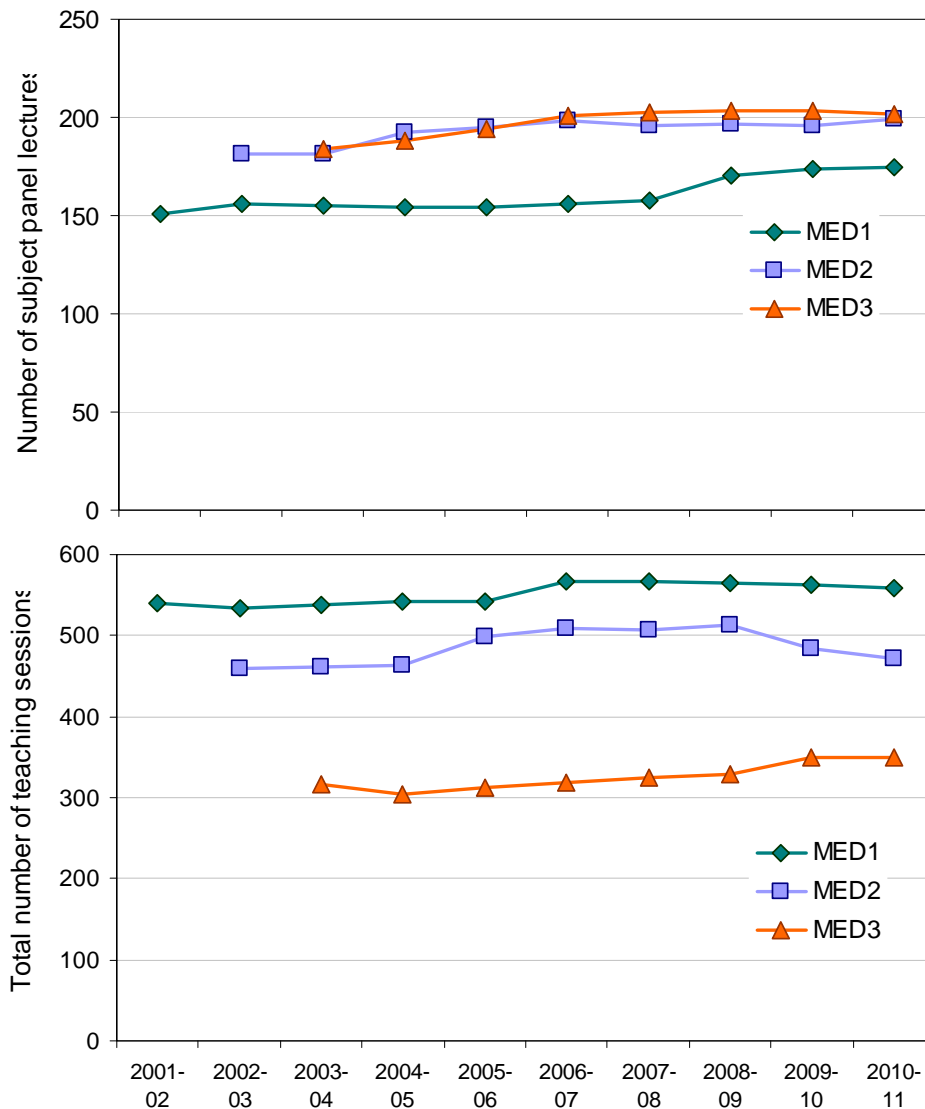
Distribution of lectures in MED 1 subject panels from 2001/02 to 2010/11



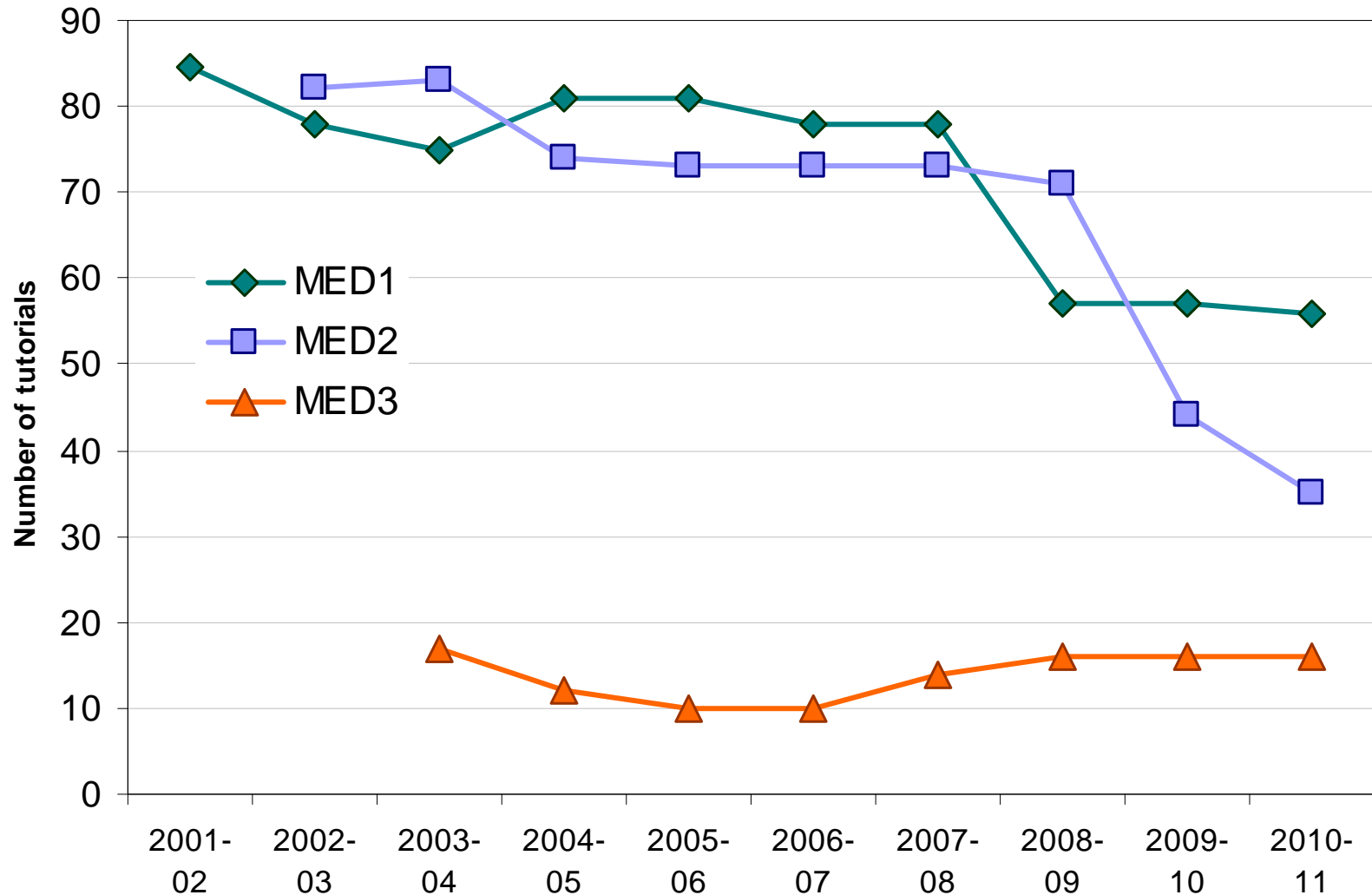
Distribution of lectures in MED 2 and 3 subject panels from 2002/03 to 2010/11



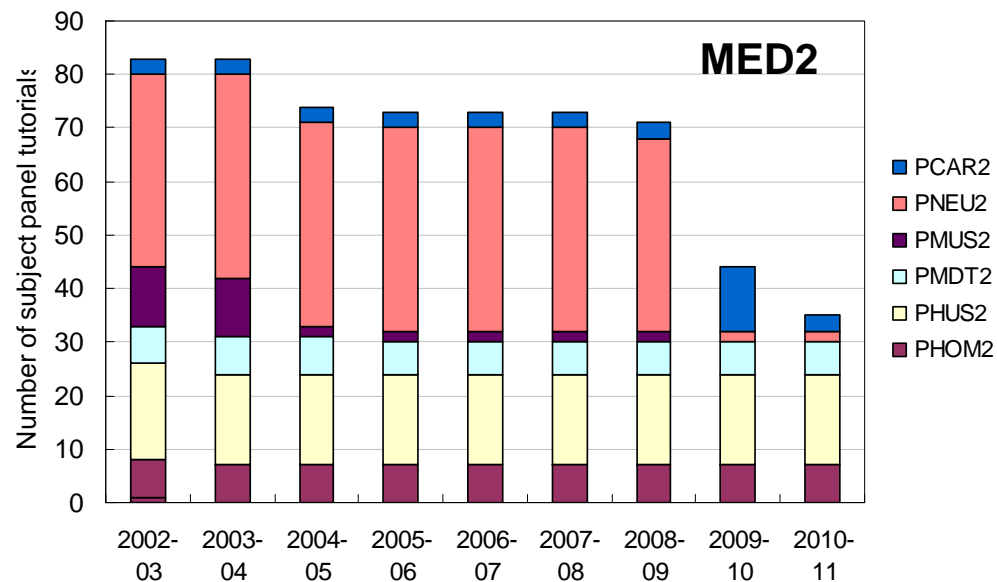
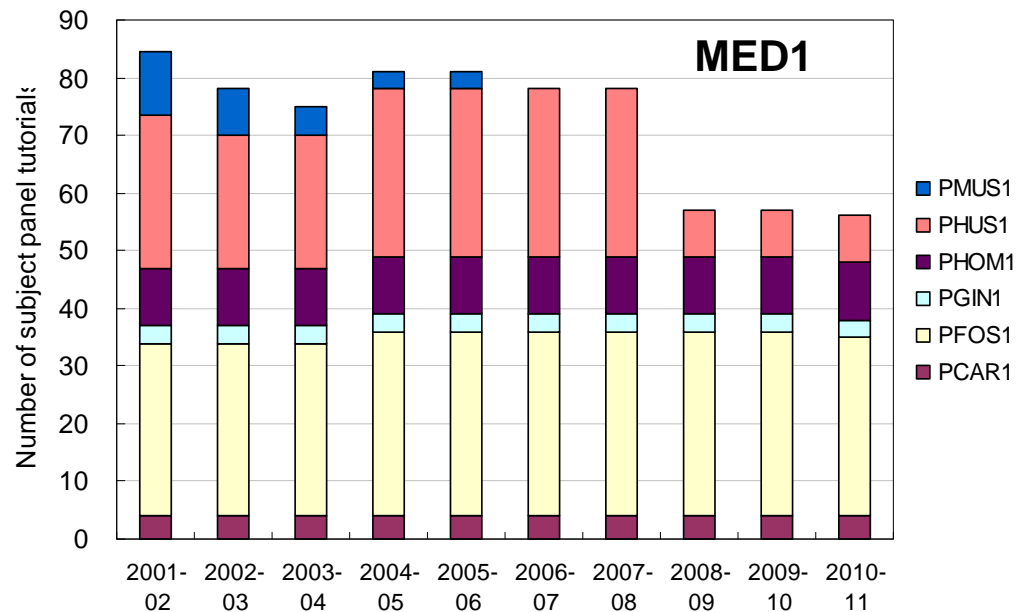
Numbers of subject panel lectures versus total teaching sessions in MED1, 2 and 3



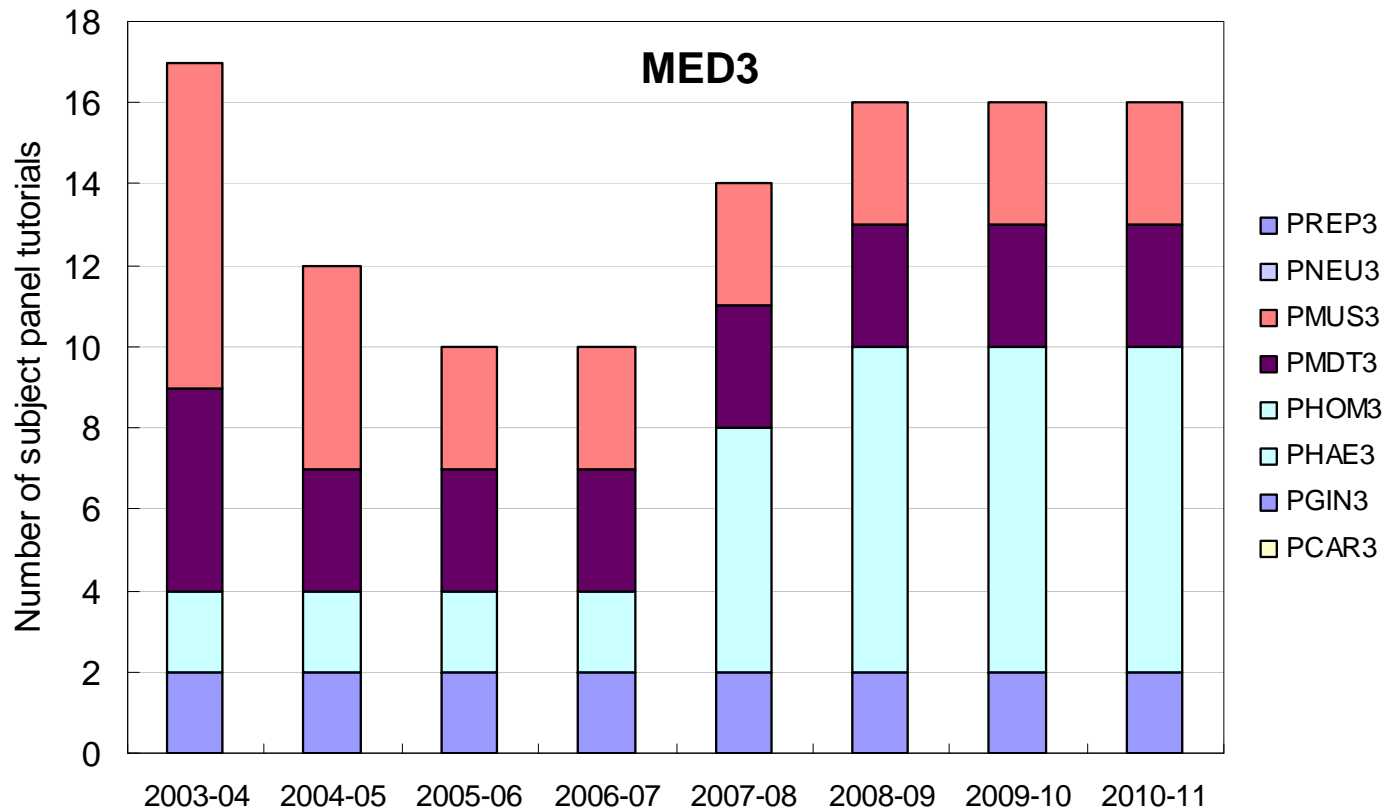
Numbers of subject panel tutorials in MED1, 2 and 3



Distribution of tutorials in MED 1 and 2 subject panels from 2001/02 to 2010/11



Distribution of tutorials in MED 3 subject panels from 2003/04 to 2010/11



Summary (1)

- Since the inception of the new medical curriculum, MED1 has the highest jump in the total number of didactic lectures (by 25%) mainly contributed by increased lecture load from the two courses on “Health and Society”.
- The number of subject panel lectures in MED1 has increased by ~16% from 2001/02 to 2010/11, mainly contributed by PHUS1 and PMUS1. Smaller increases (~10%) were seen in MED2 and 3.
- Over the past three years, the numbers of subject panel lectures in MED1, 2 and 3 appear to have stabilized. These could be interpreted as the adjustments to the initial drastic cut when the new curriculum was first introduced.
- MED1 has the lowest absolute number of subject panel lectures, but the highest total number of teaching sessions due to the two courses on “Health and Society”.
- When the lecture load was expressed as a percentage of the total number of teaching sessions, MED1 has the lowest (41%/45%, for all courses/subject panels only), followed by MED2 (44%/53%) and MED3 (68%/71%).

Summary (2)

How are we going to make use of the extra time if the total number of didactic lectures is reduced? Shall we see an increase in the number of small group teaching (e.g. tutorials)?

- The numbers of tutorials have declined substantially in MED1 and 2 since 2008-09, due to the re-structuring of some panel teaching, notably PHUS1 and PMUS1 in MED1, and PNEU2 and PMUS2 in MED2.
- The present data do not indicate an increased use of small group teaching in the medical curriculum.

Summary (3) – personal note

- Due to the passive nature of didactic lectures, it is not the most effective means by which students can learn. However, they are cost-effective and remain useful in the junior years of the medical curriculum, when teaching is mostly on knowledge rather than on skills, procedures or clinical reasoning.
- A well-organized lecture remains one of the most effective ways to integrate and present information from multiple sources on complex topics, such as those often encountered in the teaching of physiology.
- It is possible to fix the lectures by incorporating active learning activities within their framework to engage the students (e.g. use of student response system – “clickers” in lectures).
- Do not dump the didactic lectures unless we can afford better and more effective means of teaching, such as the use of small-group teaching (e.g. tutorials) which will involve more manpower and may bring in more variability due to the heterogeneity of tutors.