

Symposium: International collaboration in curriculum design and delivery: The University of Sydney-King Saud bin Abdulaziz University of Health Sciences Experience

The 2008 Ozzawa Conference, Melbourne

Notes to accompany the Power Point presentation by Prof John Hamilton
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This synopsis outlines the main points of discussion relating to the Power point presentation and is numbered to match the slide numbers. The presentation is based on the pre-accreditation review and report of which Section 2 on the Education Programme, contains the main points relating to the adaptation of the Sydney curriculum to local context in Saudi Arabia.

Slide Nos:

1. The review was requested in preparation for the National Commission for Academic Accreditation and Assessment, based on detailed general guidelines for all universities and disciplines. The pre-accreditation review was based on those specific to medicine developed by the World Federation for medical Education (WFME).
2. The reviewer drew upon personal experience in establishing curricula in the new medical schools listed. The Vietnam Buddhist University is commencing its consideration of culturally relevant medical education.
3. The reviewer's comment in 1976 of the Mc Master curriculum, which he chaired early in its evolution. It defines issues to be considered in borrowing or adapting this or any other curriculum to a new circumstance.
4. There are many and large themes that relate to adaptation and these evolve and change with time. This slide contains some. The final issue is, 'Think locally, act globally', is the reverse of the usual statement on this topic, and highlights the experience of the reviewer that some of the most creative thinking in medical education has arisen from local address to local problems, and especially those in developing countries, exemplified by the work of members of the Network-TUFH: <www.thenetworktufh.org>.
5. Mothers in a village in Ilorin, Nigeria, one of many sites for Community Based Education and service.
6. The reviewer with graduates of Ilorin, thirty years later. The school maintains the original priorities to community oriented education and with highly regarded graduates.
7. The full list of sections of the review report.
8. A Sydney PBL initial case presentation, not yet adapted, that students struggled with to understand colloquial terms and context. Underlying themes that need adaptation to context include farming context, role of family members and economic impact of disability, access to health care, belief systems about illness

- and disability and impact of ageing. Direct observation of the tutorial was essential in evaluation, and this revealed the hazard of the prior health related education of most of the students, leading them to premature closure on medical diagnosis and specific named clinical entities, short circuiting the important steps of exploring mechanisms.
9. PBL case based on Indigenous Health, an important priority in Australia, had been dropped as not relevant to Saudi Arabia. But the underlying issues are relevant to all countries and highly relevant to some marginalized groups. They are issues of high priority globally. The issue underlying a topic for PBL must be tracked during a contextual adaptation, and not just the superficial immediate example chosen.
 10. to 12 Planning for a medical school at the Vietnam Buddhist University is led by The Vice-Rector, The Venerable Professor Le Manh That. He accepts the challenge of creating an entire student experience based on “world knowledge infused with Buddhist values”. These values are, in translation, the very values that medical and health science education strives for in all countries and foreshadows the impact the university might have to the benefit of global medical education. Illustrations include the Vice-Rector on the site of the proposed teaching hospital, and children in a Buddhist orphanage returning from school. Such might be future medical students.

Final: A summary of the scope of adaptation of the Sydney medical curriculum. Many new schools are now purchasing and adapting curricula from established schools, many in electronic format and all designed for the specific context of the originating school. This is new and untried territory. The issues and techniques of adaptation warrant a detailed education analysis. That would cast a fresh eye on the basic construct of curricula and the dynamic of globalization of medical education.