

The Experience of King Saud bin Abdulaziz University for Health Sciences' in an International Collaboration in Curriculum Design

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Introduction

The King Saud bin Abdulaziz University for Health Sciences was established in 2005, with a College of Medicine launched in 2004, based on the realization that there was a severe shortage of healthcare personnel in the Kingdom of Saudi Arabia. The King Abdulaziz Medical City in Riyadh is biggest health sciences centre for National Guard Health Affairs in the Kingdom of Saudi Arabia, with previous experience in medical education, including 15 residency training programs, 22 subspecialty fellowship programs. The planning of the College of Medicine commenced with a search for a ready-curriculum which needed to be innovative and demonstrated new learning in medical education, including problem-based learning. The College reviewed several medical schools including local, national and international institutions. The

University of Sydney's curriculum was chosen because it was a graduate entry level, problem-based learning, community-oriented and web based curriculum.

To prepare the College for the new curriculum the Department of Medical Education was created, along with several committees. The Department of Medical Education held Faculty Enhancement Workshops designed to improve faculty teaching and training abilities and skills. The Faculty Enhancement Workshops were held in collaboration with the University of Sydney, Maastricht University and the IDEAL consortium.

The University of Sydney curriculum was chosen and taken as provided, but it needed to be compatible with and reflect Saudi priority health problems and adapted to reflect culturally sensitive

issues, as well as to meet the rules and regulations of the Kingdom of Saudi Arabia's Ministry of Higher Education.

The Curriculum Committee was struck to make changes or adjustments to the University of Sydney program. Part of the Committee's charge included major and minor changes to the whole curriculum or to block structure, duration or order. In addition to adding new required blocks necessary for improvement of the curriculum to suit the Saudi culture.

Several working groups, including Student Assessment, Basic Clinical Sciences, Clinical Diagnostic, Clinical Communications, Procedure Skills, Community/Doctor, OSCE / OSPE and Evidence Based Medicine, reported to the Curriculum Committee. Each working group had specific charges to review the details of each block, to either modify, change or accept the initial curriculum presented by the University of Sydney and to present their findings to the Curriculum Committee.

The first major change was in the Assessment System. The University of Sydney assessments were based on non-summative examinations, but the rules and regulations of the Ministry of Higher Education in the Kingdom of Saudi Arabia required comprehensive, continuous, summative examinations, including a mid-year examination and end-of-year examinations. For each block, we implemented a mid-year MCQ examination and an end-of-year examination, including written MCQ/MEQs, plus OSCE and OSPE.

PHASE 1 CURRICULUM SEMESTER - 1			
BLOCK 1 English (16 weeks)			
BLOCK 2 Introduction to PBL (4 weeks)	BLOCK 3 Introduction to EBM & Research Methodology (4 weeks)	BLOCK 4 Islamic Values/ Medical Ethics (4 Weeks)	
BLOCK -5 Computer Sciences / Medical Informatics (16 weeks)			

A second modification added a preparatory semester before enrolling in the University of Sydney curriculum. This modification was implemented with the knowledge that students, who are graduates of Saudi universities, have completed English Language courses, but some were taught in the Arabic Language

This preparatory semester (or Phase I) contains five (5) blocks: Intensive English Language, 10 credit hours; Introduction to Problem-Based Learning, 2 credit hours; Introduction to Evidence Based Medicine & Research Methodology, 2 credit hours; Islamic Values and Medical Ethics, 2 credit hours; Computer Sciences and Medical Education informatics, 3 credit hours.

STUDENT ASSESSMENT	
Continuous Assessment (40%)	<ul style="list-style-type: none"> • PBL Participation (15%) • Written examination (25%)
Final Examination (60%)	<ul style="list-style-type: none"> • Written Examination (30%) • OSCE (15%) • OSPE (15%)

In the second part of curriculum (Phase II and Phase III) there were several changes. In Phase II there were minor changes including the removal of learning topics which were culturally sensitive or irrelevant to the Saudi population and traditions, for example, The Aboriginal Health System. Problems that are irrelevant in the Saudi context were changed to problems addressing health inequality concepts, such as urban, rural and maldistribution of healthcare services. Lower priority health problems in Saudi healthcare, such as cystic fibrosis were replaced with more common problems like bronchial asthma, covering the genetic point of view, as well as cases of sickle cell disease. Although minor changes were made to Phase II, none of the block structures, duration or sequence were changed from the original University of Sydney curriculum.

In Phase III, Clinical Phase, major modifications were implemented. The Integrated Clinical Attachments were split into medical and surgical lectures. For each block we New objectives, lectures,

detailed learning objectives for Communication Skills, Clinical Diagnostic Skills, Procedure Skills and the Patient/Doctor and Evidence Based Medicine themes were added.

Sydney curriculum. In these four (4) years we were able to modify and change the curriculum to fit our culture and needs in Saudi Arabia.

CONCLUSION

Based on our experience of transferring a curriculum, created to work in one environment, to another different environment can be summarized in the following steps:

1. adoption
2. synchronization
3. adaptation
4. major modification
5. autonomy
6. collaboration
7. full partnership

Our four-year experience with the University of Sydney curriculum, although it was an international community based on the Australian healthcare system, was fruitful in that we did not need to start from the beginning in developing a curriculum, but were able to avail ourselves of the expertise and structure available in the