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Involving stakeholders in re-imagining a medical curriculum

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Abstract

Introduction: A series of workshops was held early in our MD curriculum redesign with two aims: gaining stakeholder input to curriculum direction and design; engaging colleagues in the curriculum development process.

Methods: Workshops format included rationale for change and small-group discussions on three questions: (1) Future challenges in healthcare? (2) our current strengths? (3) Future graduate attributes? Small-group discussions were audio-recorded, transcribed and fieldnotes kept and thematically analysed. We conducted a literature review looking at best practice and exemplar medical programs globally.

Results: Forty-seven workshops were held across 17 sites with more than 1000 people participating and 100 written submissions received. Analysis showed alignment between data from workshops, written submissions and the literature review.

The commitment of our medical community to the education of future doctors and to healthcare was universally evident.

Six roles of a well-rounded doctor emerged from the data: (1) *Safe and effective clinicians* – clinically capable, person-centered with sound clinical judgement; (2) *Critical thinkers, scientists and scholars* with a thorough understanding of the social and scientific basis of medicine, to support clinical decision making*;* (3) *Kind and compassionate professionals* – sensitive, responsive, communicate clearly and act with integrity*;* (4) *Partners and team players* who collaborate effectively and show leadership in clinical care, education and research; (5) *Dynamic learners and educators* – adaptable and committed to lifelong learning*; and* (6) *Advocates for health improvement* – able to positively and responsibly impact the health of individuals, communities and populations

Conclusion: Deliberate stakeholder engagement implemented from the start of a major medical curriculum renewal is helpful in facilitating change management.

Keywords: *Medical Education, Medical Curriculum, Stakeholder Engagement, Collaboration*

I. INTRODUCTION

The quality of the medical education we provide to future doctors is directly related to the quality of care they will provide to their future patients (Torralba & Katz, 2020). It is the responsibility of those involved and of medical schools to promote the highest standards of medical education and medical student learning. At the University of Queensland, a major reimagining of the MD Program is underway to ensure that our already strong medical program remains informed by best practice in both medicine and in education. This is crucial to enabling our medical graduates to be optimally equipped for their internship, pre-vocational and specialist training. It is our responsibility to enable our graduates to be ready for the future medical needs of the people and communities they serve.

Medical programs are complex and involve many people. As well as University academic and professional staff, medical students are taught, supervised and supported by a wide variety of doctors and other health professionals during the four years of our postgraduate degree. At our university we have approximately 4,500 affiliates who may have a role in teaching, supervising or otherwise influencing one or more medical students at some point during their four-year MD program. Many of these are clinical teachers or supervisors who work for the health services with which UQ has a student placement agreement in place. Cognisant that major

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curricular review is challenging we implemented a deliberate strategy of engagement with as many of our stakeholders as possible from the start of the MD Design project in 2019. In the first stage we planned a series of engagement workshops with key stakeholders and this is the basis of the study.

The purpose of our study was twofold:
Firstly, to gain input from a wide range of stakeholders early in the process to futureproof our curriculum – that is, to inform the vision on what our graduates need to be able to know, do, and be, to succeed in internship and beyond.
Secondly, to involve our key stakeholders in the curriculum design process as a component of change management.

II. METHODS

A series of stakeholder workshops was held. The format of each workshop was to start with a brief outline of the drivers and rationale for curricular change, followed by small-group interactive discussions focusing on three questions:

1. What are the major future challenges in relation to healthcare?
2. What are our current strengths as a Medical Program, as a university and as a health community?
3. What are the important attributes for our future graduates to achieve to best prepare them for their careers?

Ethics approval for the study was granted by the University of Queensland Human Research Ethics Committee (Approval number 2019001725). At the start of each workshop attendees were provided with information about the study and given the opportunity to withdraw. Their participation in the workshop was regarded as consent. All small-group discussions were overseen by KF, audio-recorded and transcribed. KF and the administrative team kept field notes capturing any elements additional to the spoken word such as the general atmosphere of the workshop. KF and JH analysed the transcripts thematically identifying key elements in each focus area. In parallel a literature review was conducted looking at best practice medical education and exemplar medical programs across the globe were explored.

III. RESULTS

Over a period 15 months between July 2019 and January 2021 47 workshops were held across 17 sites with more than 1100 people participating. More than 100 written submissions were received and 5814 people and organisations contacted. Analysis demonstrated general agreement that major change was needed and there was good alignment between feedback received from stakeholder workshops, written submissions and the key findings from the current state analysis as outlined above. There were some stakeholders who felt that they needed to see more substantial evidence that the current curriculum needed refreshing. This group felt reluctant to embark on further change in view of modifications already made in recent years. They were also concerned that 'change fatigue' may be a challenge especially among our health service colleagues who contribute to the program.

A key finding was that the passion and commitment of our medical community to the education of future medical doctors and to make a positive contribution to healthcare was universally evident.

The resulting vision for our new MD program is:

To nurture and educate future medical graduates who are clinically capable, team players, kind and compassionate, serve responsibly and are dedicated to the continual improvement of the health of people and communities in Queensland, Australia and across the globe.

To enhance the capability of our graduates to meet the needs of their future patients a set of six roles of the all-round high-quality doctor was developed from the data. These roles map to the four domains that the Australian Medical Council require for primary medical degrees (Australian Medical Council (AMC), 2012), and have been adopted as the vertical themes of the new MD program. They are:

1. *Critical thinkers, scientists and scholars* who have a thorough knowledge and understanding of the social and scientific basis of medicine, and able to apply evidence and research to inform and support clinical decision making.
2. *Dynamic learners and educators* who continue to adapt, are curious, agile, motivated, self-directed, with the ability to honestly and humbly appraise their own learning needs, and have a commitment to lifelong learning.
3. *Advocates for health improvement* who stand with people and are able to positively and responsibly impact the health of individuals, communities and populations. Are able to apply an understanding of health inequalities to strive for health equity, and incorporates prevention and advocacy into clinical practice in all settings.
4. *Partners and team players* who collaborate effectively and show leadership when appropriate in the provision of clinical care and health-related education and research.
5. *Kind and compassionate professionals* who are sensitive, responsive, communicate clearly and act with

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integrity. Compassion and professionalism are linked not only to improved patient outcomes but to better practitioner outcomes including job satisfaction and to better institutional outcomes.
6. *Safe and effective clinicians* who are clinically capable, person-centred and demonstrate sound clinical judgement - and who can see that they cannot be safe and effective unless they are also capable in all other roles.

The new MD program is structured as five fully integrated courses, three year-long and two semester long courses in final year, with assessment focused on growth and development of knowledge skills and attitudes through active engagement in learning. Assessment *for* learning as well as *of* learning is fundamental in enabling all students to reach their full potential. The project has progressed through development of staged learning outcomes for each year of the program and now into detailed and appropriately sequenced learning activities.

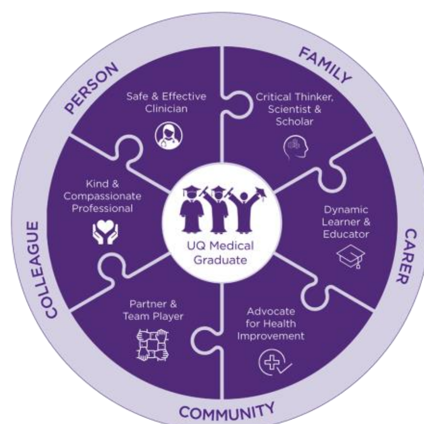

Figure 1. The six roles of a well-rounded doctor

IV. DISCUSSION

Communication throughout a period of major change is challenging especially where there are many diverse stakeholders across a large and complex organisation like a medical school (Velthuis et al., 2018). Our strategy was a deliberate one to retain connection and involvement during a lengthy process. Our initial engagement work reported here gave us a good start by actively involving as many people as possible from the beginning of the project. As the project has progressed stakeholders have remained engaged and have been particularly keen on seeking the detail needed to assist in implementation of the new curriculum. This has, on occasion, been challenging when tension between some specialist discipline areas protecting their 'patch' and the needs of medical students at primary medical degree level emerge. We also found that education is not regarded as a specialist field by some of our experienced clinical teachers. A lack of understanding about the iterative process of outcomes-based curriculum development contributed to colleagues seeking answers about what is to be taught being frustrated at what they saw as a laborious process of careful scaffolding and integration. This contesting of curriculum is recognised within institutions where it can inhibit development of more effective curricula which promote learning and are more than simply identification of content to be taught (Prideaux, 2003). By engaging with stakeholders from the earliest stage of the curriculum development process we feel that we have minimised this effect.

V. CONCLUSION

Our experience demonstrates that a deliberate stakeholder engagement strategy implemented from the start of a major curriculum renewal is helpful in maintaining key stakeholder involvement. We found that facilitating a collective discussion about the direction and underpinning values of an innovative medical curriculum was a helpful strategy although some stakeholders felt that, since their wishes had not been adopted, they had not been involved. Despite this, we found that, in most cases, stakeholder involvement from the start led to ongoing collaboration in the change management of implementing a new medical program.

We must ensure that our graduates are optimally prepared to begin their careers as medical practitioners over the next 30 to 40 years, and are ready to meet the needs of the people of Queensland, Australia and globally. We are confident that our early engagement on MD Design will help to achieve that goal.

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Notes on Contributors

KF conceptualised, led the workshops where data were collected, contributed to data analysis and wrote the manuscript.

Ethical Approval

Ethics Approval for the study was obtained from the University of Queensland Human Research Ethics Committee, Application number 2019001725 granted June 2019. Potential participants were provided with study information prior to the workshops and their active participation in the ensuing workshop was taken to indicate consent.

Data Availability

Data is not currently stored in the UQ Data repository because of its nature, as transcripts of meeting discussions where the partipants may be identified would breach the conditions of ethics approval.

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Declaration of Interest

The author has no conflict of interest to declare.

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