

# STRENGTHENING CURRICULUM MANAGEMENT COMMITTEES IN MEDICAL TRAINING INSTITUTIONS IN KENYA

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## BACKGROUND

Curriculum management is the process through which educators and administrators in a training institution collaborate on the design, development, implementation, review, assessment, and refinement of learning content to achieve desired student outcomes. A curriculum development cycle has the following stages: analysis, design, development, implementation, and evaluation. There are certain key functions undertaken in each stage (Figure 1).

A robust curriculum management structure ensures effective development, implementation, and revision of curricula and the utilization of state-of-the-art instructional methods for effective acquisition of competencies by students at a training institution.

Assessments revealed that most training institutions in Kenya do not have curriculum management structures and clear policies to support curriculum development, implementation, and review processes (MOH and Capacity Kenya 2011; MOH and IntraHealth 2014). The absence of these structures results in lack of standardized, updated curricula and standardized teaching and assessment, which compromises student attainment of intended competencies.

If curriculum implementation is not effectively monitored it becomes difficult to assess a) relevance of content in meeting health needs and

priorities, b) effectiveness of teaching methods in supporting acquisition of intended competencies, c) appropriateness of time for content taught, and d) effectiveness and appropriateness of assessment methods. The assessments recommended the formation of curriculum committees at training institutions to close these gaps. In addition, the Commission for University Education (CUE), in its governance standards and guidelines, indicates that all universities must have a curriculum development policy as a requirement for accreditation (CUE 2014).

It is in this context that the FUNZOKenya project (2012-2017), led by IntraHealth International and funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID, designed an initiative to strengthen curriculum management in 20 medical training institutions in Kenya.

The project worked with medical institutions at university and middle-level colleges. This initiative had four objectives:

1. Support medical training institutions to establish curriculum committees and develop terms of reference defining their tasks, operations, and scope of work.
2. Support medical training institutions to develop a work plan of curriculum activities including new training programs and curriculum implementation tools that facilitate the alignment of curricula to the standards set by the regulatory bodies.



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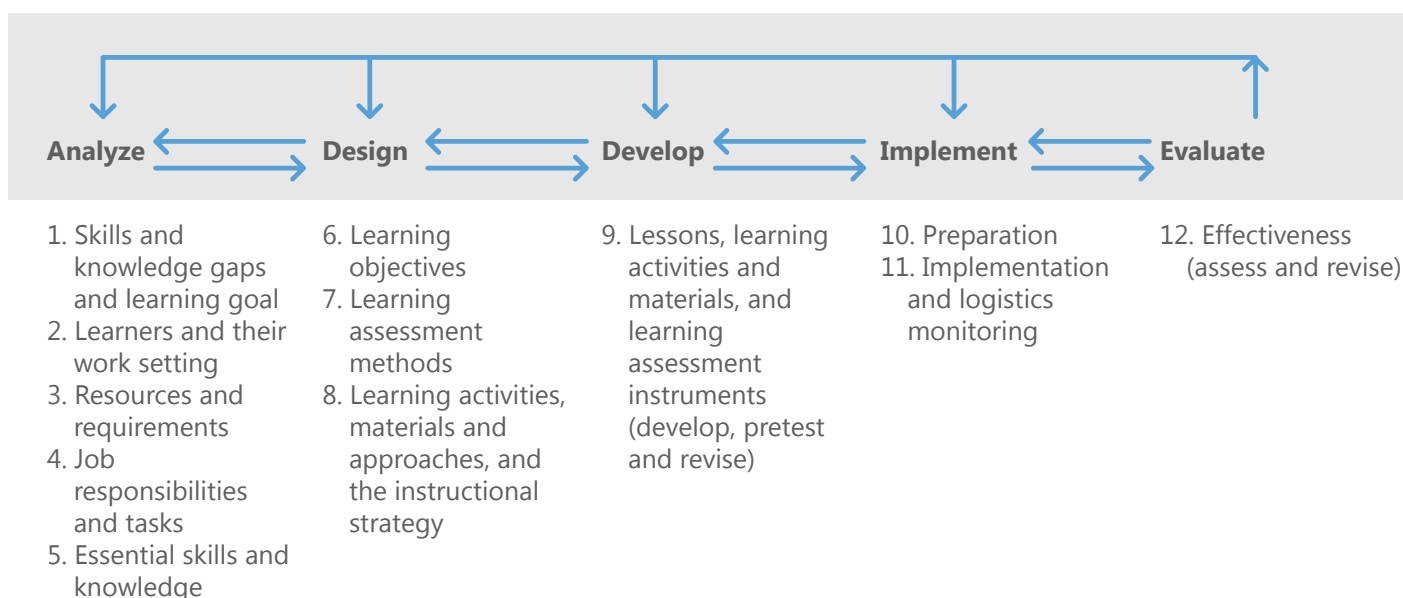


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**Figure 1: The Instructional Design Process (Source: *Learning for Performance*, IntraHealth International, 2007)**



- 3. Build the capacity of faculty in curriculum development and instructional design.
- 4. Support medical training institutions to effectively manage curriculum activities through the entire curriculum development cycle.

## TECHNICAL APPROACHES

To attain these objectives the project undertook a baseline assessment of the status of curriculum management in the 20 training institutions. The project led an initial assessment of 14 institutions; the remaining six institutions were supported to undertake their own self-administered assessment. The results of the baseline were utilized to design an intervention that included capacity building of institutions in curriculum development and management and the development of a national curriculum governance and management multi-stakeholder committee. These initiatives are described in detail below.

### Baseline Assessment

The cross-sectional baseline assessment conducted by FUNZOKenya using IntraHealth’s Bottlenecks and Best Buys approach examined the current status in ten thematic areas that are critical for optimal functioning of medical training institutions. One of these is curriculum issues and identification of gaps in curriculum governance. A literature review and direct observations also informed the assessment. The 14 participating institutions in the initial assessment were purposively sampled and selected based on regional spread, ownership, size, and courses offered. The selection ensured inclusion of public, faith-based, and private institutions from all regions of the country, as well as a mix of universities and middle-level colleges.

The assessment collected data from 533 respondents using quantitative and qualitative methods. In-depth interviews were conducted with institutional heads, faculty members, clinical site managers, and stakeholders such as local leaders, civil, government, and religious leaders. A survey questionnaire was also administered to students.

The assessment results showed gaps in curriculum governance and management, with some variation by type of institution. For example, 79% of tertiary medical training colleges but only 56% of middle-level colleges had functional curriculum committees. The majority of the institutions lacked a clear policy on curriculum development and review. Sixty-one percent of faculty in the institutions lacked competence in pedagogy and curriculum development. Based on these results, the assessment recommended that medical training institutions form curriculum committees that are linked to the functions of the regulatory bodies, professional associations, students, and employers. The assessment also recommended the development of curriculum policy guidelines to support management and implementation of curriculum functions and activities.

### Capacity Building on Curriculum Development and Management

To close the gaps on curriculum governance, management, and development, FUNZOKenya organized five-day workshops for 17 institutions out of the initial target of 20. These were conducted over a period of one-and-a-half years for nine universities and eight middle-level colleges. Faculty were trained on curriculum development, implementation, and review including curriculum governance and management approaches. FUNZOKenya provided generic templates for

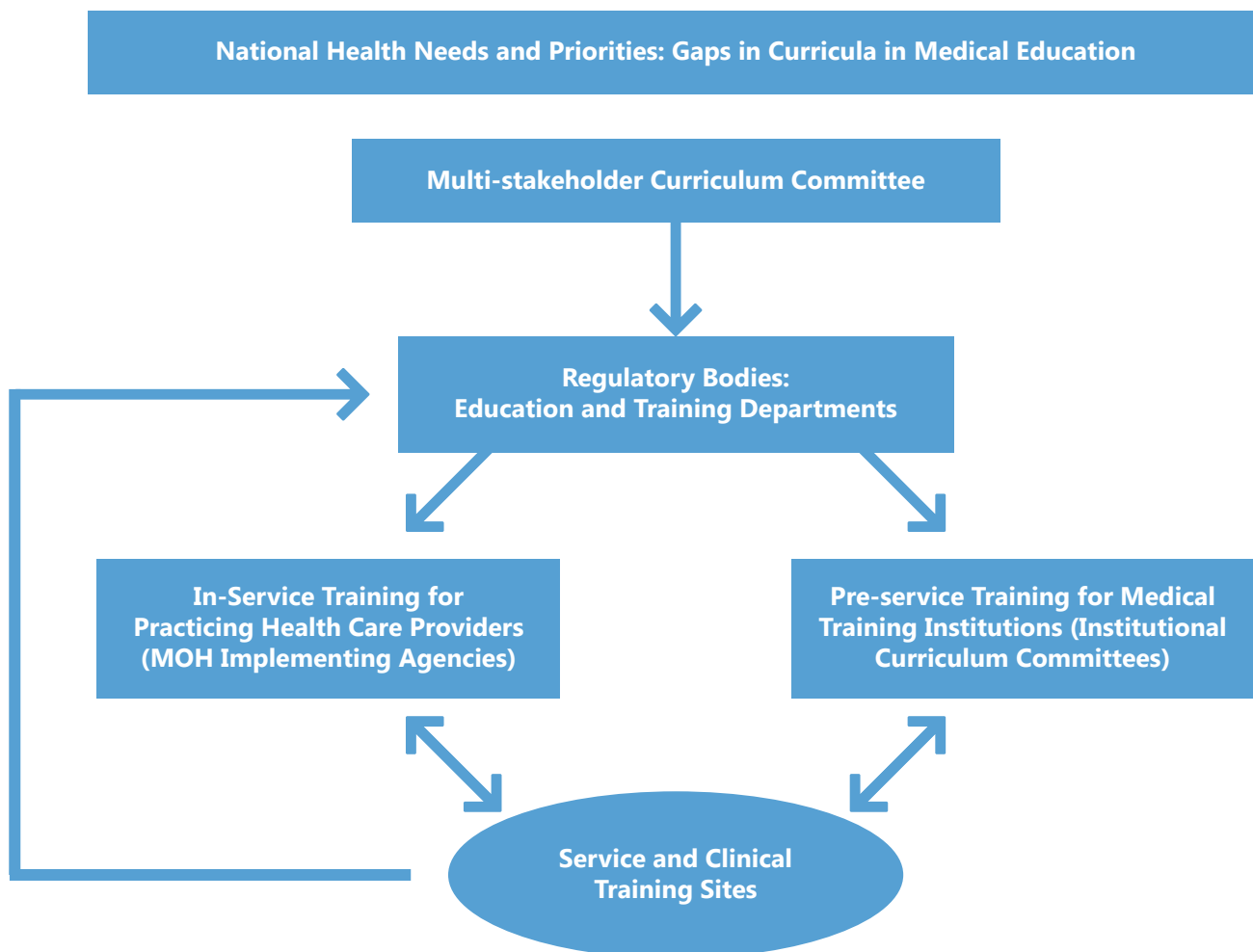
developing terms of reference for curriculum committees, curriculum policy, and work plans. The functions of the curriculum committees to close the gaps identified in the assessment included the following:

- Strengthen management of curriculum processes; i.e., needs assessment, design, development, implementation, and review of curricula
- Develop curriculum policies
- Build capacity of faculty in curriculum development and instructional design
- Align curricula to standards set by regulators
- Develop curriculum implementation tools
- Respond to external audits by regulators and other parties.

### Development of curriculum governance and management multi-stakeholder committee at the national level

FUNZOKenya developed a framework for curriculum governance and management to guide the establishment of a national multi-stakeholder committee and other levels of curriculum management (Figure 2). The framework envisions the multi-stakeholder committee as the highest organ to oversee curriculum-related work, to be housed within existing statutory regulatory bodies such as the CUE, Technical Vocational Education Training (TVET) system, or the professional bodies. The framework includes development of structures to facilitate the interaction of institutional-level curriculum committees with the national system to obtain guidance from regulators and feedback on improvement from clinical sites. The multi-stakeholder committee membership would comprise the Ministry of Health (MOH), Ministry of Education, regulatory bodies, representatives of training institutions, and the private sector. At the training institutions, curriculum committees would provide management oversight to curriculum work. The MOH technical departments and units would provide requisite oversight to in-service curriculum work.

**Figure 2: Framework for Curriculum Governance and Management**



## CAPACITY STRENGTHENING ACHIEVEMENTS

A total of 17 medical training institutions constituted curriculum committees with clear terms of reference and work plans for managing their curriculum work. The training committees, once formed, quickly took charge of curriculum management oversight including curriculum development and review cycles at the institutional level. For example, the curriculum committees began conducting needs assessments and/or gap identification processes for new curricula under development and for existing curricula under review; and constituting teams comprising faculty, clinical instructors, practitioners, and MOH policy-makers to support the curriculum development or review processes. The curriculum committees developed curriculum implementation tools for effective teaching, learning of clinical skills, and administration of the curriculum, which included schemes of work, course outlines, lesson plans, log books, and standardized academic transcripts.

Seven of the 17 institutions developed new courses, which included a Bachelor of Science in midwifery, two diploma programs in clinical medicine, two perioperative nursing courses, critical care nursing, and a phlebotomy in-service training program. In addition to developing new courses, training institutions had four of their former courses accredited by the respective professional regulators.

The committees developed curriculum policy guidelines to provide guidance on management of different aspects of curricula in line with regulatory requirements in Kenya. Training institutions also invested in faculty development with one of the 17 institutions enrolling faculty in a professional teaching course conducted by a technical teachers college.

## CONCLUSIONS

It is feasible to establish curriculum committees in medical training institutions in Kenya. Establishment of these committees has numerous benefits for the institutions including effective management of the academic calendar, improved teaching of both theory and practice, and improved student outcomes.

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