

A Review of Enhancing Learning Outcomes in Medical Education through Innovative Curriculum Designs

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Abstract:

This review critically assesses the influence of curriculum structure on learning outcomes in medical education, specifically comparing integrated and traditional approaches. It explores how these methods impact students' understanding, retention, and application of medical knowledge. Drawing from extensive research and educational literature, the review offers valuable insights into effective pedagogical strategies for medical schools. Integrated curricula, seamlessly blending basic and clinical sciences, prove advantageous in fostering a comprehensive understanding of medical concepts. Conversely, traditional curricula, with distinct preclinical and clinical phases, may lead to compartmentalized learning. The review emphasizes the importance of clinical exposure and hands-on practice in reinforcing theoretical knowledge, advocating for a balanced curriculum. In conclusion, this review contributes significantly to ongoing discussions on curriculum development in medical education. It provides evidence-based guidance for institutions aiming to enhance learning outcomes and better prepare future healthcare professionals for the dynamic healthcare landscape.

Keywords: Medical education, Curriculum structure, Integrated curriculum, Traditional curriculum, Learning outcomes.



1. Introduction:

The landscape of medical education is characterized by its dynamic nature, consistently undergoing revisions to enhance the acquisition of knowledge and adequately equip prospective healthcare professionals for their forthcoming careers. This adaptability is crucial in a field that is perpetually shaped by new discoveries and evolving technologies, ensuring graduates are well-prepared to navigate the ever-changing terrain of healthcare (Novak et al., 2022). The design of the curriculum plays a pivotal role in this progress, serving as the cornerstone for medical education programs. The decision between integrated and traditional formats holds substantial importance for educational institutions. It dictates how subjects are structured and delivered, ultimately shaping the learning experience for students. Integrated curricula seamlessly blend various disciplines, providing a holistic understanding, while traditional curricula follow a more segmented approach. This choice has far-reaching implications, influencing how students engage with and internalize medical knowledge. Therefore, it is a decision that warrants careful consideration and aligning with the institution's overarching educational goals and philosophies. (Obi et al., 2022).

The integration of diverse fields in medical education promotes a comprehensive understanding, while traditional curricula compartmentalize subjects. This has prompted ongoing debates on which approach leads to more effective learning outcomes, including comprehension, retention, and practical application of medical knowledge. Integrated curricula offer a seamless flow of knowledge, highlighting interconnections between concepts. In contrast, traditional models provide structured, sequential learning. Evaluating their effectiveness necessitates a thorough examination of their impact on students' overall comprehension and clinical application of knowledge. This ongoing discussion emphasizes the critical role of curriculum design in shaping the educational journey and, ultimately, the proficiency of future healthcare practitioners (Al Ansari et al., 2021).



This analysis critically evaluates the current body of academic literature, investigating the advantages and disadvantages of integrated and traditional curricula. A specific emphasis is placed on how these curricula affect the development of medical knowledge and clinical proficiency in students.

2. Pedagogical Basis for Evaluating Curriculum Structure

2.1 Relevance of Curriculum Design in Medical Education

Curriculum design assumes an eminent position within the realm of medical education. It is of utmost importance to cultivate proficient curricula that adeptly cater to the ever-changing requisites of learners (Schneiderhan et al., 2019). The implementation of design thinking in medical education has the potential to uncover and cultivate solutions for the unmet requirements of learners (Gottlieb et al., 2017).

Furthermore, the development and integration of the core curriculum hold significant importance within the realm of medical education, as they serve as a means to ensure the attainment of meaningful knowledge and the acquisition of clinical competencies (Yamani & Rahimi, 2016). Curriculum designers must possess the comprehension and foresight to apprehend and foresee forthcoming alterations in their role, as there has been a transformation in the position of students from passive recipients to engaged co-generators of knowledge (van Zyl et al., 2020). Consequently, an instructional design framework has the potential to enhance the efficiency of imparting medical procedures, thereby guaranteeing a standardized learning encounter for every learner (Cheung, 2016).

2.2 The Key Function of Curriculum in Learning Outcomes

The curriculum assumes a crucial function in the achievement of educational results. It functions as a mechanism for planning, regulating, monitoring, and evaluating, thereby directing the pedagogical process to enhance the learning outcomes of students (Harahap et al., 2023). Efficient curriculum mapping holds utmost importance in order to precisely gauge the results and optimize performance (Alam & Benaida, 2022). Moreover, curriculum design holds immense importance in cultivating sustainability skills and equipping students to become accountable agents of change (Fleacă et al., 2023). The Alignment of assessment with learning outcomes guarantees a consistent enhancement and sustains the excellence of the program (Mendoza et al., 2022). Additionally, the establishment of fundamental educational objectives within the scholastic syllabus holds significance in molding the scholastic persona of pupils (Yousif & Rizco, 2019). Therefore, the curriculum design, as a whole, must exhibit cohesiveness and alignment across various levels in order to address the demands of the professional domain.



3. Integrated Curriculum: A Comprehensive Approach

3.1 Definition and Characteristics

An integrated curriculum in the field of medical education denotes a comprehensive approach that amalgamates diverse subjects and disciplines to offer a thorough and all-encompassing learning encounter for students. This approach encompasses the amalgamation of content within a singular lecture, as well as the integration of an entire medical school's educational program. The defining characteristics of an integrated educational program encompass horizontal integration, whereby subjects are acquired simultaneously, and vertical integration, whereby fundamental principles are connected to clinical scenarios. Moreover, the curriculum places great emphasis on the significance of humanism, health population sciences, and interactive teaching methodologies. The ultimate aim is to align medical education with worldwide concepts and formulate a curriculum that fosters the acquisition of knowledge, skills, and attitudes in a coherent and unified manner (Akram et al., 2018; Iqbal, 2018; Kumar & Alkhathami, 2022).

3.2 Advantages in Nurturing Profound Comprehension

An integrated curriculum approach has been demonstrated to possess benefits in cultivating a comprehensive comprehension. This approach places its emphasis on facilitating genuine learning encounters and encouraging profound learning in pupils. It underscores the integration of diverse subjects and themes, thereby enabling pupils to establish associations and cultivate a comprehensive comprehension of the substance (Mpofu & Maphalala, 2018). Moreover, integrated curricula also strive to improve students' learning approaches and drive by presenting chances for self-governance, proficiency, and connectedness. (Marleni et al., 2022). In the realm of medical education, the implementation of an integrated curriculum serves to synchronize medical education with universal principles and fosters the cultivation of knowledge, abilities, and mindsets in a unified fashion (Akram et al., 2018). Overall, an all-encompassing educational strategy, an integrated curriculum approach, presents a comprehensive and interconnected framework for educational instruction and knowledge acquisition, thereby fostering a more profound comprehension of the given subject matter.

3.3 Potential Disadvantages and Difficulties

Implementing an integrated curriculum can pose potential drawbacks and challenges. One such challenge arises from the absence of adequate research and models for program-level curriculum planning (Tao et al., 2022). The utilization of theory or practical illustrations in teaching strategy poses an ongoing deliberation, constituting a noteworthy challenge that influences the efficiency of an integrated approach. Additionally, the attainment of interdisciplinary education necessitates the exertion of collaboration and coordination between instructors from STEM (science, technology, engineering, mathematics) and Humanities disciplines, presenting a formidable



obstacle to overcome (Chesley et al., 2018). Furthermore, the development of an integrated medical curriculum necessitates meticulous contemplation of the various modules encompassing information, proficiency, and dispositions. (Akram et al., 2018). Ultimately, the assessment of student teachers' proficiencies in implementing teaching methods within a comprehensive framework can be intricate and disconnected (Mpofu & Maphalala, 2018).

4. Traditional Curriculum: Separation for Specialization

4. 1 Specification and Characteristics

The conventional approaches employed in medical education to instruct fundamental scientific subjects are known as traditional curriculum. These subjects are generally imparted in the initial stages of a medical program. The perspectives of students regarding the instruction of fundamental science in medical education differ, as a few assert that the content of the curriculum is satisfactory and pertinent, while others contend that the curriculum's objectives are lucid (Yamani & Rahimi, 2016).

However, the existing obstacles in medical education have necessitated the requirement for a complete overhaul and modifications in the practices of designing the curriculum. Illustrations of these alterations involve the establishment and merging of core curriculum, which strive to tackle the escalating abundance of information, the call for hands-on and clinical proficiencies, and the significance of substantial learning (Wittert et al., 2009). The primary objective is to establish core curriculum that adequately equips students with the necessary skills and empathy to excel as proficient and empathetic healthcare practitioners (Yamani & Rahimi, 2016).

4.2 Advantages in Profound Subject Mastery

Mastery-based learning, as evidenced by studies (Harsy & Hoofnagle, 2020), has shown positive effects on students' perspectives, academic performance, and persistence in tertiary education. This approach emphasizes the importance of students mastering subject matter, leading to improved academic achievements, knowledge retention, and higher levels of attainment (BATDI, 2016). Traditional curriculum models, reliant on subjective evaluations and a bell-curve grading distribution, have proven ineffective in ensuring patient-centered care by healthcare professionals. Proficiency in learning has been consistently linked to improved performance in assessments across diverse educational settings. It enhances students' expertise acquisition, reduces complications in medical procedures, boosts self-confidence, shortens skill acquisition time, enhances knowledge, and refines communication abilities (Phelan, 2006).



Simulation-based mastery learning (SBML) has gained prominence, especially in procedural tasks like gastrointestinal endoscopy. This method allows trainees to iteratively practice core skills, receive expert feedback, and gradually enhance their proficiency towards achieving mastery (Takashiki et al., 2023). Furthermore, a multi-stage hybrid mastery learning educational program, integrating simulation-based training and assessment, has demonstrated notable enhancements in clinical proficiency and self-efficacy when attending to patients experiencing acute chest pain 26[Maulahela 2022]. Additionally, intelligent tutoring systems employing mastery learning aim to provide tailored instruction to students, ensuring they acquire the precise level of understanding needed to excel in assessments (Shamsi & Dorri, 2019).

5. Contrastive Study: Learning Outcomes in Integrated vs. Traditional Curricula

5.1 Mastery of Medical Concepts

The understanding of medical concepts plays a vital role in both clinical reasoning and the educational process. It is a common challenge for medical students to grapple with grasping complex physiological and genetic ideas, potentially impeding their educational progress. Nonetheless, there is evidence to suggest that interactive learning techniques, exemplified by Peer Instruction (PI), can significantly bolster comprehension. In a comparative study evaluating PI against Self-explanation (SE), PI emerged as the more efficacious method for enhancing the grasp of physiological concepts (Versteeg et al., 2019).

Furthermore, an examination of students' grasp of fundamental genetic principles revealed a prevalent misconception among prospective educators and healthcare practitioners (Infante-malachias et al., 2010). These results underscore the significance of deploying efficient instructional approaches and interventions aimed at enhancing the comprehension of medical concepts among both students and professionals.

5.2 Retention and Long-lasting Knowledge Assimilation

In a study, it was observed that the methods of instruction did not exert a significant influence on the long-term retention of dermatologic knowledge, although students expressed a preference for interactive teaching modalities (Chen & Allison, 2019). Likewise, a prospective cohort investigation involving three-dimensional printed heart models (3DPHM) revealed no substantial disparity in immediate knowledge acquisition and enduring retention between cohorts that utilized 3DPHM and those that did not (Lau & Sun, 2022). An exploration of a portable otoscopy simulator demonstrated that both self-regulated learning (SRL) curricula led to enhance knowledge scores, with no noteworthy distinctions, albeit the group employing a discovery-oriented approach followed by instruction exhibited heightened comfort and engagement with the simulator (Xu et al., 2018). Lastly, a longitudinal inquiry into integrated curricula exhibited a high level of acceptance among students and yielded favorable outcomes in



terms of readiness for subsequent training and sustained retention of fundamental scientific knowledge (Almeida et al., 2015).

5.3 Implementation of Knowledge in Clinical Practice

The practical utilization of knowledge in clinical settings can be significantly enhanced through the amalgamation of established scientific and clinical fields, coupled with a forward-looking and uninterrupted evaluation process. This approach fosters a robust foundation in fundamental principles and cultivates the proficiency to convey information and navigate challenges (Wittert et al., 2009). Furthermore, the inclusion of diverse academic domains in pharmacy education further amplifies graduates' ability to effectively apply their knowledge in addressing intricate problems (Sivapragasam, 2016). In summation, the integration of knowledge spanning various disciplines within both medical and pharmacy curricula holds the potential to elevate the practical application of knowledge in clinical practice.

6. Factors to Consider When Implementing Effective Curriculum Frameworks

6.1 Aligning Curriculum with Educational Objectives and Institutional Context

Tailoring the curriculum to fit the educational objectives and institutional environment in medical education holds pivotal importance in ensuring effective learning and the cultivation of proficient healthcare practitioners. It is imperative that learning objectives harmonize seamlessly with the methods of instruction and evaluation for curriculum modifications to yield successful outcomes (Karami et al., 2021). Present trends in medical education encompass the introduction of forward-thinking models, such as the abbreviated 3-year Doctor of Medicine (MD) program, with the intent of alleviating student financial burdens and augmenting the presence of physicians in underserved regions (Stamy et al., 2018). An assessment of curriculum reforms, considering factors like teaching methodology, educational backdrop, and knowledge currency, serves as a means to assess their appropriateness and efficacy (Iedema et al., 2009). Furthermore, the integration of conventional scientific and clinical disciplines in tandem with progressive evaluation techniques can facilitate the realization of educational aims and the perpetuity of training (Wittert et al., 2009).

6.2 Embracing Progressive Teaching Techniques

Incorporating innovative pedagogical approaches stands as a crucial endeavor in the establishment of effective curriculum frameworks within medical education (King et al., 2023). The implementation of artistic and inventive learning methodologies has been identified as a potent means to enrich the learning experience and optimize student contentment in anatomy education (Id et al., 2018). These methods serve to cultivate vital skills such as keen observation, vivid visualization, and proficient visuospatial acumen, all of which are integral for medical



students' adept comprehension of anatomy and related life sciences (Godley et al., 2020). Moreover, it is imperative for medical school curricula to acknowledge and address the impact of structural factors, including instances of racism, on health outcomes and accessibility to healthcare [4]. Equipping medical students with the requisite knowledge, skills, and attitudes to provide patient-centered care to diverse demographic groups emerges as a paramount objective (Dankner et al., 2018).

Furthermore, the integration of public health principles with clinical education, the application of epidemiological methodologies, and the discerning evaluation of medical literature are increasingly acknowledged as pivotal components in medical education. Through the refinement of the curriculum to encompass these proficiencies, medical institutions can better equip students for their forthcoming roles as healthcare practitioners.

6.3 Evaluating and Modifying Curriculum in Response to Student Input

Evaluating and modifying the curriculum based on input from students constitutes a vital component of medical education. Student feedback assumes a substantial role in refining instructional approaches and elevating the educational encounter. It serves as a mechanism for pinpointing areas warranting enhancement and facilitates pertinent modifications to the curriculum. To be most effective, feedback should be constructive, specific, and directed towards behavior rather than a generalized assessment of performance (Saed, 2022). Moreover, it is imperative that feedback be provided at a mutually agreed upon time and setting, with both educator and student collaborating as a unified team towards shared objectives (Author, 2021).

In addition to soliciting feedback from students, the direct input of patients has been demonstrated to enhance communication competencies in medical trainees (Hac, 2021). Ensuring the ongoing evaluation and adaptation of the curriculum, with active participation from both faculty and students, is imperative for the triumph of competency-driven medical education (Nicole et al., 2019). This iterative process not only accommodates the evolving needs of learners but also fortifies the overall efficacy and relevance of the educational program.

7. Future Directions: Progressing Medical Education via Enhanced Curriculum Design

7.1 Evolving Trends in Curriculum Development

Contemporary advancements in curriculum design within medical education encompass Competency-Based Medical Education (CBME) (Alsayed & Omer, 2022), Simulation-Based Medical Education (SBME) (Obi et al., 2022), and the incorporation of cutting-edge



technologies like Augmented Reality (AR) and Virtual Reality (VR)(Merchant & Academy, 2021). CBME emphasizes the assessment and cultivation of proficiencies in medical students, whereas SBME provides a platform for learners to acquire clinical skills through simulated scenarios (Gottlieb et al., 2017). These progressive approaches are geared towards augmenting the instructional and learning experience, elevating students' scholastic and professional progression, and effectively addressing the prevalent challenges encountered in medical education.

7.2 Ramifications for Improving Learning Outcomes in Medical Education

The integration of augmented reality (AR) into medical education holds promise for elevating learning outcomes through the provision of an immersive and highly engaging learning environment (Dhar et al., 2021). Teaching programs founded on AR can streamline the delivery of intricate information, fostering heightened comprehension and proficiency in medical students, thereby enhancing their knowledge, practical skills, and interpersonal aptitude (Gruppen, 2012).

Furthermore, the integration of precision medicine (PM) into medical education represents a transformative approach to further enhance learning outcomes. By tailoring treatments based on individual patient data, PM holds the potential to render healthcare interventions more effective and personalized, ultimately leading to improved learning outcomes in medical education.

8. Conclusion:

In conclusion, the pursuit of innovative curriculum paradigms in medical education holds significant potential for markedly augmenting learning outcomes. By customizing educational methodologies to align with the intricate and dynamic landscape of medical practice, students are better poised to grasp, retain, and proficiently apply vital knowledge and skills. The amalgamation of diverse pedagogical approaches, collaborative learning environments, and the infusion of state-of-the-art technology collectively contribute to a more holistic and impactful educational milieu. Moreover, the ongoing scrutiny and assessment of these strategies remain imperative in continually honing and perfecting curriculum frameworks, ensuring that future healthcare professionals are aptly prepared to confront the challenges of an ever-progressing field.

Ethical approval

Not applicable.

Journal of Science and Management Research Vol. 12 Issue 2; October 2023 2600-738X



Consent

Not applicable.

Sources of funding

None of the authors has received specific funding for the work.

Author contribution

The authors were involved in drafting and reviewing the manuscript and have seen the final text. All of them contributed equally to the development of the manuscript.

Conflicts of interest disclosure

The authors have no conflicts of interest to declare regarding this article.

Acknowledgments

None.



References

- Akram, A., Rizwan, F., Sattar, K., Hadi, J. I. S., & Meo, S. A. (2018). An approach for developing integrated undergraduate medical curriculum. *Pakistan Journal of Medical Sciences*, 34(4), 804–810. https://doi.org/10.12669/pjms.344.14565
- Al Ansari, M., Al Bshabshe, A., Al Otair, H., Layqah, L., Al-Roqi, A., Masuadi, E., Alkharashi, N., & Baharoon, S. (2021). Knowledge and Confidence of Final-Year Medical Students Regarding Critical Care Core-Concepts, a Comparison between Problem-Based Learning and a Traditional Curriculum. *Journal of Medical Education and Curricular Development*, 8, 238212052199966. https://doi.org/10.1177/2382120521999669
- Alam, T., & Benaida, M. (2022). Smart Curriculum Mapping and Its Role in Outcome-based Education. *Informatica (Slovenia)*, 46(4), 557–566. https://doi.org/10.31449/inf.v46i4.3717
- Almeida, J., Armando, P., Jorge, A., João, M., Maria, C., Ferreira, A., & Sousa, N. (2015). Longitudinal evaluation, acceptability and long-term retention of knowledge on a horizontally integrated organic and functional systems course. 191–195. https://doi.org/10.1007/s40037-015-0195-7
- Alsayed, B. A., & Omer, A. A. (2022). Curriculum Mapping for Curriculum Development: The Notion of "Curriculum Barcoding" in View of the Saudi Medical Education Directives Framework (SaudiMEDs). 14(10). https://doi.org/10.7759/cureus.29886
- Author, S. K. S. M. B. B. S. C. (2021). PERCEPTION OF MEDICAL STUDENTS ON FEEDBACK IN MEDICAL EDUCATION Dr. Prof. B V Sreedevi. 16–18.
- BATDI, V. (2016). A Meta-Analytic Comparison of Mastery Model and Traditional Methods? Effects on Academic Success, Retention, Achievement and Attitude. *Mehmet Akif Ersoy Üniversitesi Eğitim Fakültesi Dergisi*, 1(40), 125–135. https://doi.org/10.21764/efd.18899
- Chen, E., & Allison, R. (2019). Interactive teaching and repeat exposure maximize medical student satisfaction but do not promote long-term retention of dermatologic knowledge. https://doi.org/10.5070/D3259045507
- Chesley, A., Parupudi, T., Holtan, A., Farrington, S., & Eden, C. (2018). Interdisciplinary Pedagogy, Integrated Curriculum, and Professional Development. *ASEE IL-IN Section Conference*, 4. https://docs.lib.purdue.edu/aseeil-insectionconference/2018/pedagogy/4
- Cheung, L. (2016). Using an Instructional Design Model to Teach Medical Procedures. *Medical Science Educator*, 26(1), 175–180. https://doi.org/10.1007/s40670-016-0228-9
- Dankner, R., Gabbay, U., Leibovici, L., Sadeh, M., & Sadetzki, S. (2018). *Implementation of a competency-based medical education approach in public health and epidemiology training of medical students*. 1–8. https://doi.org/10.1186/s13584-017-0194-8
- Dhar, P., Rocks, T., Samarasinghe, R. M., Stephenson, G., & Smith, C. (2021). Augmented reality in medical education: students ' experiences and learning outcomes. *Medical Education Online*, 26(1). https://doi.org/10.1080/10872981.2021.1953953



- Fleacă, B., Fleacă, E., & Maiduc, S. (2023). Fostering Skills for Sustainability Lessons Learnt from Curriculum Design and Learning Outcomes. *European Journal of Sustainable Development*, 12(1), 69. https://doi.org/10.14207/ejsd.2023.v12n1p69
- Godley, B. A., Dayal, D., Manekin, E., & Estroff, S. E. (2020). Toward an Anti-Racist Curriculum : Incorporating Art into Medical Education to Improve Empathy and Structural Competency. https://doi.org/10.1177/2382120520965246
- Gottlieb, M., Wagner, E., Wagner, A., & Chan, T. (2017). Applying Design Thinking Principles to Curricular Development in Medical Education. *AEM Education and Training*, 1(1), 21–26. https://doi.org/10.1002/aet2.10003
- Gruppen, L. D. (2012). Outcome-Based Medical Education : Implications, Opportunities, and Challenges. 281–285.
- Hac, A. (2021). Evaluation of Competency Based Medical Education Curriculum *. 17(3), 0–2. https://doi.org/10.29329/ijpe.2021.346.10
- Harahap, R. K., Sihotang, H., Natali, R., & Romauli, P. (2023). The Role of K 13 in Improving Student Learning Outcomes Peranan K 13 dalam Peningkatan Hasil Belajar Siswa. 1(5), 275–290.
- Harsy, A., & Hoofnagle, A. (2020). International Journal for the Scholarship of Teaching and Learning Comparing Mastery-based Testing with Traditional Testing in Calculus II Comparing Mastery-based Testing with Traditional Testing in Calculus II. 14(2).
- Id, K., Hutchinson, J., Bell, K., Keenan, I. D., Hutchinson, J., & Bell, K. (2018). *Twelve tips for implementing artistic learning approaches in anatomy education*. 6(2), 1–13.
- Iedema, R., Degeling, P., Braithwaite, J., Kam, D., Chan, Y., Iedema, R., Degeling, P., Braithwaite, J., Kam, D., & Chan, Y. (2009). *Medical Education and Curriculum Reform : Putting Reform Proposals in Context*. 2981. https://doi.org/10.3402/meo.v9i.4368
- Infante-malachias, M. E., Queiroz, I., Padilha, D. M., Artes, E. De, Humanidades, C., & Paulo, U. D. S. (2010). *Comprehension of basic genetic concepts by brazilian undergraduate students*. *9*, 657–668.
- Iqbal, T. (2018). EDITORIAL INTEGRATED MEDICAL CURRICULUM: A REVIEW OF UNIVERSITY OF HEALTH SCIENCES CURRICULUM. 14(3), 1–2. https://doi.org/10.4137/JMECD.S18920
- Karami, M., Hashemi, N., & Merrienboer, J. (2021). *Medical educators ' beliefs about learning goals , teaching , and assessment in the context of curriculum changes : a qualitative study conducted at an Iranian medical.* 1–9.
- King, S., Wu, E. Y., Lin, C., Labriola, M., & Nickolich, M. (2023). Considerations for Designing and Implementing a Multi - institution Undergraduate Medical Education Experience. *Journal of Cancer Education*, 0123456789. https://doi.org/10.1007/s13187-023-02315-7



- Kumar, A., & Alkhathami, M. (2022). Customized Curriculum and Learning Approach Recommendation Techniques in Application of Virtual Reality in Medical Education. 28(9), 949–966. https://doi.org/10.3897/jucs.94161
- Lau, I., & Sun, Z. (2022). The role of 3D printed heart models in immediate and long-term knowledge acquisition in medical education. 23(1), 1–9.
- Marleni, M., Jaya, A., & Hidayad, F. (2022). Integrated Curriculum Used in Learning English. *Esteem Journal of English Education Study Programme*, 5(2), 304–308. https://doi.org/10.31851/esteem.v5i2.8592
- Mendoza, W., Ramírez, G. M., González, C., & Moreira, F. (2022). Assessment of Curriculum Design by Learning Outcomes (LO). *Education Sciences*, *12*(8). https://doi.org/10.3390/educsci12080541
- Merchant, P., & Academy, M. (2021). INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY: APPLIED The Role of Emerging Trends in Education. 2(10), 909–913. https://doi.org/10.11594/ijmaber.02.10.07
- Mpofu, N., & Maphalala, M. C. (2018). A comprehensive model for assessing student teachers' professional competence through an integrated curriculum approach. *The Journal for Transdisciplinary Research in Southern Africa*, 14(2), 1–9. https://doi.org/10.4102/td.v14i2.486
- Nicole, M., Matthew, M., & Dubosh, N. M. (2019). Western Journal of Emergency Medicine : Integrating Emergency Care with Population Health A Multimodal Curriculum With Patient Feedback to Improve Medical Student Communication : Pilot Study. https://doi.org/10.5811/westjem.2018.11.44318
- Novak, M., Drummond, K., & Kumar, A. (2022). Healthcare professionals' experiences with education in short term medical missions: an inductive thematic analysis. *BMC Public Health*, 22(1), 1–12. https://doi.org/10.1186/s12889-022-13349-9
- Obi, C. O., Onosogbe, M., Ehimen, A. G., Olamide, O., Toluwalase, T. V., Esther, O., Joshua, D. O., & Aborode, A. T. (2022). Comparison of the integrated organ/systems-based curriculum with the traditional subjects-based medical curriculum: Short communication. *Annals of Medicine and Surgery*, 73(November 2021), 103116. https://doi.org/10.1016/j.amsu.2021.103116
- Phelan, J. (2006). *Review of Adaptive Testing*, *Mastery-based Learning and their Educational Applications*.
- Saed, A. (2022). A Systematic Review of the Medical Student Feedback on Undergraduate Surgical Education During the Pandemic. 14(10). https://doi.org/10.7759/cureus.30440
- Schneiderhan, J., Guetterman, T. C., & Dobson, M. L. (2019). Curriculum development: A how to primer. *Family Medicine and Community Health*, 7(2). https://doi.org/10.1136/fmch-2018-000046



- Shamsi, A., & Dorri, S. (2019). The Role of Mastery Learning in Clinical Education: A Systematic Review. Strides in Development of Medical Education, In Press(In Press). https://doi.org/10.5812/sdme.64075
- Sivapragasam, M. (2016). *A medical student experience*. 257–258. https://doi.org/10.1007/s40037-016-0290-4
- Stamy, C. D., Schwartz, C. C., Phillips, D. A., Ferguson, K. J., & Schwinn, D. A. (2018). *Time-variable medical education innovation in context*. 469–481.
- Takashiki, R., Komatsu, J., Nowicki, M., Moritoki, Y., Okazaki, M., Ohshima, S., Hasegawa, H., Nomura, K., Ouchi, G., Berg, B. W., Shirakawa, H., Nakayama, K., & Takahashi, N. (2023). Improving performance and self-efficacy of novice nurses using hybrid simulation-based mastery learning. *Japan Journal of Nursing Science*, 20(2), 1–10. https://doi.org/10.1111/jjns.12519
- Tao, M., Jiang, J., Wang, X., Zhou, J., & Xie, J. (2022). A Decision Support Framework for Curriculum Planning in Undergraduate Supply Chain Management Program: An Integrated Approach. *Mathematical Problems in Engineering*, 2022. https://doi.org/10.1155/2022/3494431
- van Zyl, H. M., Burger, Y., Carstens, L., & Geyser, M. (2020). Curriculum design as an enabler of student involvement and success in higher education. *South African Journal of Higher Education*, *35*(4), 177–191. https://doi.org/10.20853/34-5-4267
- Versteeg, M., Blankenstein, F. M. Van, Putter, H., & Steendijk, P. (2019). Peer instruction improves comprehension and transfer of physiological concepts : a randomized comparison with self - explanation. Advances in Health Sciences Education, 24(1), 151–165. https://doi.org/10.1007/s10459-018-9858-6
- Wittert, G. A., Nelson, A. J., & Medical, T. (2009). curriculum philosophy and design. 191(1), 35–37.
- Xu, J., Campisi, P., Forte, V., Carrillo, B., Vescan, A., & Brydges, R. (2018). *Effectiveness of discovery learning using a mobile otoscopy simulator on knowledge acquisition and retention in medical students : a randomized controlled trial.* 4, 1–8.
- Yamani, N., & Rahimi, M. (2016). The Core Curriculum and Integration in Medical Education. *Research and Development in Medical Education*, 5(2), 50–54. https://doi.org/10.15171/rdme.2016.011
- Yousif, S. Y., & Rizco, N. J. (2019). Role of the academic curriculum in the development of the basic learning outcomes (knowledge - skills - capabilities) of the architect using the method of currere. *Periodicals of Engineering and Natural Sciences*, 7(2), 834–842. https://doi.org/10.21533/pen.v7i2.514