

Correspondence

Undergraduate curriculum reform in Saudi Medical Schools

Dear Sir,

I have read with much interest the review article by Abdulsalam Al-Sulaiman, et al titled "Undergraduate curriculum reform in Saudi Medical Schools".¹ In fact, we are living in a changing world of medical education with the advances in technology which raise the expectations and needs of patients. Accepting such facts, the curriculum should be developed and reformed continuously in a way to meet these challenges. As we already know, assessment of curriculum continues to be a challenge for all concerned in its practice. Yet the improvement in reforming the curriculum is going slowly. The authors of this article, highlighted concisely and precisely most of the current problems and focused on hot issues. I agree entirely with the authors that there is a pressing need, now, for appraisal and review of the curriculum of schools of medicine. The article addressed: The problem of today's curriculum and summarized the problem broadly in; content of curriculum, instructional methods of teaching, evaluation processes and utilization of resources. They reflect their awareness of curriculum problems and they indicate the direction of the reform by stating the indicators for that by responding to current problems and future demands. In addition to the excellent suggestions of the authors for reforming the curriculum, I strongly believe that dichotomy between the basic and clinical sciences and departmentalization is one of the major problems of today's curriculum. Another important issue which should be looked at seriously is the repetitious and overcrowded curriculum. I believe that adoption of the structure of a 5 year innovative curriculum based on community oriented problem-based/solve approach with integration, should be the main feature of any reform curriculum. Another important strategy for the success of the curriculum, is the value of implementing the student-centered rather than the teacher centered approach. To support this strategy, there should be a room for electives and self-learning to be stated clearly in the timetable.

Finally and most importantly is the commitment of the administration and the educators to the educational process, and to the new concept of reform of the curriculum with a continuous program evaluation process, including student assessment. Also short term courses in medical education for all faculties is mandatory for a successful program. Last but not least, reform of the curriculum and

methodology of teaching nowadays is the hallmark of educational process and future prospect.

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Reply from the Author

We appreciate the learned and thoughtful comments of Professor Elfaki. Indeed curriculum design and implementation issues including innovative curriculum, based on community orientation, problem-based learning with emphasis on learner (student) centered rather than facilitator (teacher) centered are required. We would like to invite educators to participate in discussing curriculum reform as well as other issues such as the need for reforming medical school admission and selection criteria and implementing innovative curricula. These could be either at the national level or on individual institutional basis. In addition, there is a need for versatile and active medical education research that addresses various problems specifically related to community needs.¹ To quote Sir John Harvyjohns "Without change nothing is possible; not to change is a sure sign of imminent extinction".² Such a change should be forged from consensus decisions on various aspects of medical education associated with community needs available resources and currently achieved international standards.

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2. Al-Sulaiman A. Saudi Medical Education: Challenges in the New Millennium. J Fam Commun Med 2000; 7: 5-20.
3. Weitekamp MR, Thorndyke LE, Everts M. Strategic Planning for Academic Health Centers. Am J Med 1996; 101: 309-315.

Neonatal salmonella meningitis

Sir,

With reference to the article by Mathew and Chandran,¹ I have 2 points, which need clarification. 1. How old was the infant? The title read "Neonatal Salmonella" while the description read a 3-month-old female infant? 2. What was the unit used for white blood cell count (WBC) count. Is it different for blood and cerebrospinal fluid (CSF)? K/microlitre (for blood WBC), cu.mm (for CSF WBC) (Refer to paragraph 3).

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Reply from the Author

We fully agree with Dr. Shabih Manzar's astute observation that since the infant was 3 months old, as per definition, she cannot be called a neonate. We are highly indebted to Dr. Manzar for having pointed out this error. Secondly, the blood WBC count was expressed in K/ul. This was because all blood counts carried out in our laboratory in the Automated hematology analyzer (Cell Dyne) are expressed in K/ul. Undoubtedly, we agree that SI units should have been used.

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References

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