The medical curriculum through the lens of complex adaptive systems

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Abstract

“In systems theory, responsibility for outcomes and the quality of the final product is shared and partially dependent on compliance with planned procedures and processes as well as the systems provisions of critical support” Bowe & Armstrong (2016)

Any curriculum is a complex system with many moving parts all working towards a common goal. Bowe & Armstrong (2016) assert that the achievement of better results in any system is strongly influenced by “…planned coordination of system components in the system design”. This assumes that there is a system design that is activated through coordinated activities. They further assert that effective communication pathways and feedback channels are crucial elements for the achievement of desired outcomes of a system. A key systems principle they elevate is “…that the outcome of a system represents more than just the simple sum of its individual parts”. Complex adaptive systems are highly dependent on human behavior and a delicate balance needs to be reached. The ability of medical educators and managers to provide centralized structure as well as autonomy within the system to reach the desired goal is pertinent. To accomplish this, systems thinking key in recognizing the impact of the complex and dynamic inter-relationships on situational context that feed up to the “final product”.

Objectives.

Describe the management of an undergraduate medical curriculum as a complex adaptive system in the quest of meeting internal and external mandates.

Outcomes

• An appreciation of shared responsibility and collaborative effort in implementing the curriculum.
• Fulfillment of the college’s strategic priority of successfully running 1 college 3 campuses.
• Being in good standing for accreditation.

References


Learning Environment

Cleveland campus  Athens campus  Dublin campus

Curriculum – Complex Adaptive System