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Twelve Tips for applying change models to curriculum design, development and delivery

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Abstract

Drawing primarily from business and management literature and the authors’ experience, these 12 tips provide guidance to organisations, teams and individuals involved in curriculum or programme development at undergraduate, postgraduate and continuing education levels. The tips are based around change models and approaches and can help underpin successful curriculum review, development and delivery, as well as fostering appropriate educational innovation. A range of tools exist to support systematic programme development and review, but even relatively simple changes need to take account of many factors, including the complexity of the environment, stakeholder engagement, cultural and psychological aspects, and the importance of followers.

Introduction

Many educators and administrators are involved in curriculum or course development, its’ review, implementation and evaluation at undergraduate, postgraduate and continuing education levels. However, the term ‘curriculum’ has many definitions, and how development and implementation is undertaken will be determined by how those involved perceive it, and the cultural context in which it is being delivered. The formal, explicit or intended curriculum defines and sets out the course of study (the Latin ‘currere’ means ‘to run’) and enables learning and teaching to take place. It should be underpinned by a clear
educational philosophy. The curriculum is also a dynamic, complex process which is continually being constructed and mediated through the interaction between teachers, students, the external world, and knowledge (Knight 2001; Prideaux 2007). Alongside the formal curriculum are extra-curricular activities (often led by learners) and the ‘hidden’ and ‘informal’ curricula (Bilbao et al. 2008; Kelly 2009). The curriculum is also a contested space, a ‘jungle’ (Bolman and Gallos 2011) where power struggles between different tribes and territories play out and which leads to topics or perspectives being included or excluded from the curriculum (Becher and Trowler 1991). Given the multifaceted nature of the ‘curriculum’, educators need practical strategies and tools to help them work within this complexity. This article describes change models (ranging from relatively simple, ‘linear’ models useful for project planning and delivery, through to those suitable for complex environments or systems) which can be used in curriculum development, implementation and evaluation.

Tip 1

*Identify the purpose and scope of change*

Before embarking on any change, it is important to identify the scope and purpose of the change. Many curriculum changes are part of routine quality assurance (QA), quality improvement (QI) or quality enhancement (QE) activities and are incremental or developmental. They change small parts of the programme and often result from internal evaluation (e.g. by external examiners) or external requirements. Here, models such as the PDSA cycle (Plan, Do, Study, Act) or more extensive QI frameworks utilising both quantitative and qualitative methods can be used (Elasy 2015). Care must be taken however to ensure that such changes do not impact on other parts of the curriculum adversely and that elements of the changed curriculum remain aligned (Biggs 2014), see Table 1.

When moving from an ‘old’ to a ‘new’ curriculum, there will be a period of transition which must be planned for in practical terms i.e. how long will the transition take? What programmes will the ‘old’ and ‘new’ students take? Will some elements of the ‘new’ course be introduced before the full programme? Even with simple linear changes within a complex system there is often a ‘ripple effect’ which can lead to unintended consequences.
A major curriculum change (e.g. towards an integrated or case-based model) is a transformational change which typically stems from diffusion of innovation: it has relative advantage; it is compatible with existing values and practices; arises from peer-to-peer networks and conversations, and has observable (possibly measurable) results (Rogers 2003). It is a radical change, not only of curriculum design and structure, but may also involve shifting educational philosophies (e.g. towards a different approach such as more learner-centred) and changes to common practices (e.g. reduction in lectures, shift to small group learning). In health professions’ education, such changes typically stem from an accumulation of ‘best evidence’ (e.g. the BEME collaboration, see www.bemecollaboration.org) which leads to a ‘tipping point’ from which a different way of seeing the world is established as the ‘new order’. Examples of this include the global implementation of the OSCE as a key way of assessing practical clinical skills (Harden and Gleeson 1979) or the more recent introduction of the longitudinal integrated clinical clerkship (Hirsch and Walters 2017).

Major change involves a shift in assumptions by the organisation and its members, many of whom may be resistant to the planned change. Lewin’s ‘forcefield analysis’ (1947) reminds us to proactively consider the drivers (pushing for the change) and resistors (against the change). He suggests that it is more effective to work with the resistors than to simply push more drivers (even if the key driver is an external body such as a regulator). Think of it as a wedge holding a door closed, the more you push on it the tighter it becomes. You have to go round the door and remove it to open the door. In the same way, those pushing for the change need to understand who is resisting and why, then work out how best to change perceptions and involve them.

**Tip 2**

*Create the vision, aligned to mission*

The mission is the overarching purpose: what are we here for and what are we trying to do? Collins and Porras (2005) call this the ‘core ideology’, it defines what an organisation stands for and why it exists, it is unchanging. In health professions’ education, this can be summarised as: ‘we are here to provide the best quality, relevant education we can, to produce and prepare competent, confident, safe, compassionate health workers for the different contexts in which they might practice’.
Our vision is the imagined future: how do we see our organisation, curriculum, students, teachers and impact on healthcare once the change is fully implemented? And how do we want others to describe us? This where the mission is translated into something that is specific to certain organisations, times, and cultures. In medical education for example, we can see the influence of educational trends on current curricula, including: Flexner’s (1911) apprenticeship and university based model; the SPICES model (Student centred, Problem based, Integrated, Community oriented, core and Electives, Systematic, Harden 1984); PRISMS (Practice based, Relevant, Interprofessional and interdisciplinary, Shorter courses in smaller units, Multisite locations, Symbiotic, Bligh et al 2001); competence-based education (Hodges 2012); longitudinal clinical clerkships (Worley et al 2016), and interprofessional learning (Reeves et al 2016), see Table 2. Collins and Porras (2005) note that the envisioned future requires significant effort to attain, and progress towards it needs to be continually reviewed: at heart however, we must always preserve the core purpose and values enshrined in the mission. This reminds us to always keep coming back to why we are doing what we are doing, and helps us to avoid being over-reactive to educational fads or trends.

**Tip 3**

**Develop a strategy for change involving key stakeholders**
Once the high level mission and vision are clear, the next step is to translate this into a strategy which will provide the template for implementing the change. Kotter (1996) calls the key stakeholders the ‘guiding coalition’. The guiding coalition needs to be representative of all those who will be affected by the change in order to establish ownership and help manage resistance. Whilst we have here referred to a strategy as a ‘plan’, it can also be seen as a ploy (to compete with others for students or placements); a pattern (a way of doing things that is successful); a position (in the marketplace, e.g. a graduate entry curriculum) or a perspective (reflecting the organisational culture, e.g. welcoming risk-taking and innovation, or risk-averse) (Mintzberg 1987). A collaborative leadership approach is required here in order to ensure all the key ‘players’ are involved and minimise potential disconnect between formal and informal activities and the various organisations, teams and professional groups involved (McKimm and Swanwick 2017; Levine et al 2016; Albashiry et al 2016).

**Tip 4**

**Quick visible wins and communication are vital**
Kotter suggests that change leaders need to establish and communicate a ‘sense of urgency’ as a key driver for change (1996). This ‘urgency’ might stem, for example, from the requirements of regulatory or accreditation bodies; the curriculum looks outdated in comparison with others; university imperatives; student numbers are increasing, or responses to the ‘professionalism’ agenda are needed. Defining the sense of urgency helps to provide a mandate and timeframe for the change, whereas an understanding of organisational resources and the external environment and educational trends will help you to develop a meaningful and realistic strategy (Schwartzstein et al. 2008). Kotter also suggests that it is essential to generate and communicate ‘quick visible wins’ (1996), such as a positive experience of learners on the new curriculum or a new collaboration between a university and healthcare provider.

A communications strategy is an essential part of the overall change strategy and should include the aims and objectives; key audiences and stakeholders; messages; activities and events; resources needed, and timescales. Formal communications should include a curriculum statement which addresses the needs of all those involved in learning: health practitioners, teachers, students, universities, colleges and regulatory bodies. This is often part of the documentation required for validation, approval or accreditation. Whilst it might seem time-consuming, bringing all the information together about the curriculum in one place provides an invaluable resource for communications, planning and evaluating learning, teaching and assessment. It also ensures consistent messages are being delivered in presentations and newsletters or at meetings.

**Tip 5**

*Analyse the internal and external environment and culture*

Part of developing the strategy involves an analysis of the internal and external environments, so as to ensure the curriculum changes can be managed within organisational capacity (people, skills mix, teaching and learning spaces, funding) as well as aligned with external educational trends, expectations and requirements. Many useful management tools are available. For analysing the internal environment, two commonly used tools are a SWOT analysis, in which we ask: what are our own Strengths and Weaknesses? What Opportunities are available to us? What Threats exist?, and McKinsey’s 7S model (Peters and Waterman 1982). The latter is an integrated way of thinking about change. At its centre are ‘shared
values’, surrounded by other aspects of the organisation or curriculum: staff, skills, style [soft elements], systems, structure and strategy [hard elements]. Change in any one of these will have impact on other areas, e.g. if a new online content management ‘system’ is introduced, then more ‘staff’ may be needed, staff and students may have to learn new ‘skills’ and the way of working and learning might change (‘style’).

The internal environment can be analysed fairly objectively in terms of budgets, the people employed, numbers of students, and ways of delivering the curriculum. However, we also have to consider wider cultural influences including the basic assumptions and values that lie at the core of the organisation (Schein 2010); the ‘shadow side’ of the organisation (Howard 2017); the ‘organisational iceberg’ (French and Bell 1990) and the ‘hidden curriculum’ (Bilbao et al. 2008; Kelly 2009). These influences are not always negative, but they can have a powerful effect on how change processes are perceived and responded to. Johnson and Scholes (2009) describe the ‘cultural web’ which has at its centre ‘the paradigm’ (in this case the curriculum and its values). Around this lie control systems; organisational structures (the more formal elements of the culture) and power structures (which can be overt or hidden) and the stories, rituals and routines and symbols that represent the curriculum or organisation (Mossop et al. 2013). Schein (2010) suggests such ‘artefacts’ are underpinned by ‘espoused values’: conscious goals, strategies and philosophies that are easy to see, but often hard to understand.

It is important to acknowledge existing parts of the ‘cultural web’, however as part of the change process (particularly if this is a major curriculum review or new programme) it is essential to formally and overtly identify and create meaningful symbolic representations, rituals and routines with which people can identify. These might include symbols e.g. rebranding of marketing materials, art work and statues, or new buildings; rituals and routines e.g. welcome events, graduation ceremonies or prize-giving; and new stories about staff and students. Over time, more symbolic representations, rituals and routines will emerge from the interplay between the formal, explicit curriculum and extra-curricular activities, the informal and the implicit curriculum.

Bolman and Deal (2017) suggest that change leaders need to step back and take different perspectives or ‘reframe’, so as to help them see the organisation or change process from different people’s points of view. Similar to Morgan’s (2016) ‘organisational metaphors’, the
four frames are structural, human resource, political and symbolic. Reframing can help explain why things are happening as they are and help leaders devise new ways of working by ‘looking through different lenses’ to view what is happening.

Tip 6

Consider the external environment, cultural contexts and political influences

Mintzberg (1998) suggests that it is better to focus on external concerns and trends than be pushed by internal concepts. Change leaders therefore need to scan the horizon and be very aware of external agendas and change drivers, so the curriculum is as future-proofed as possible. In health professions’ education, this means considering professional bodies’ requirements and standards; shifting policy agendas; expectations from students, employers and healthcare organisations, and international curriculum trends. Many changes are triggered by political influences, often underpinned by economic considerations. A change leader therefore needs to be not only aware of these influences but be able to ‘translate’ or interpret national or organisational policies and strategies in the light of local circumstances and the vision. For example, a university that is very proactive and well-served in e-learning will be more responsive to developing new distance learning programmes than one which has a more traditional campus-based approach. A government that takes a restrictive approach to immigration may put policies in place that discourage students, academics and health workers to study and work. For an organisation that relies on or wants to encourage more overseas students and staff, this can lead to difficulties in recruitment and retention, which in turn might lead to being unable to provide planned courses. A useful tool for analysing the external environment is PESTLE (sometimes called PEST or PESTEL), see Table 3. Using a number of different tools will provide a rich picture of the context in which the change is being planned, identify ways forward and discover things that are not possible (see Useful Resources).

From a more global perspective, achieving meaningful curriculum change in different socio-cultural contexts can be very challenging. This is often due to differing power relations, cultural norms, stakeholder expectations and traditions (Brown et al 2017). Those leading the change must have good cultural sensitivity and intelligence, be willing to compromise, listen
to those impacted by the change and be attentive to formal and informal structures and systems (Gibbs et al 2017).

**Tip 7**

*Choose the right combination of approaches to change*

Change leaders “need to balance their efforts across all three dimensions of change:
- Outcomes: developing and delivering clear outcomes
- Interests: mobilizing influence, authority and power
- Emotions: enabling people and culture to adapt” (Cameron and Green 2015, p. 5)

Change leaders also need to consider the type of change being envisaged (see Tip 1) as their role and strategy will need to be different. For changes that are simple and straightforward, or which affect the whole organisation (e.g. producing course materials to a common format set by the university) then they may be directive. The more complex or complicated the change process, they may need to facilitate emergent change, seek new ideas or devolve responsibility to others, accepting that the change may be enacted differently in different contexts. An example of this would be setting a broad set of learning outcomes to be achieved by students in clinical settings, acknowledging that the way these will be taught and learned will be very different.

The change leaders also need to think about their followers: those who need to be brought into and engage with the curriculum development process. Leaders and followers ‘are two sides of one process, two parts of a whole’ (Chaleff 2009 p. 2) with the role of the ‘leader’ being to facilitate and reward followers’ self-management; critical thinking; team spirit; positive attitude; meaningful contributions; competences, and ethical stance (Raffo 2013). Leadership and followership is a dynamic process, individuals will step up and lead some activities (e.g. the design of a particular curriculum component or chairing a committee) whereas for others, they may play a followership role.Whilst leader and follower roles are interdependent, one is not inferior to the other, effective leadership needs skilful leadership and active followership (and good management). An effective curriculum leader will therefore understand their team’s skills and interests and work with them to identify activities and tasks that best fit their capabilities, interests and career aspirations.
Tip 8

**Use project management techniques for operational planning and implementation**

The ‘new’ curriculum needs to be locked into a cycle of needs assessment, curriculum design, delivery, review and evaluation which will result in a curriculum that keeps pace with the evolving needs of all stakeholders. Constructive alignment of aims, learning outcomes, competences, teaching and learning approaches and assessment methods supports effective student learning (Biggs 2014). Once the broad elements and structure of the curriculum have been agreed, then the detailed planning and implementation stages begin. Linear models of change are therefore the most appropriate for planning and operational aspects, such as Lewin’s ‘freeze/unfreeze’ model (Lewin 1951; Cummings et al. 2016) which divides the change process into three steps: current state (unfreeze the current curriculum) – transitional state (run modified course) – desired state (refreeze: the new curriculum is fully in place).

Planning and implementation of a new curriculum or major change requires a project management approach and mind set. This sees the activity as a temporary endeavour; as non-routine; composed of interdependent activities; carried out by people who do not normally work together; with a defined start and end date; involves uncertainties, and is designed to achieve a specific outcome (JISC 2017). Many project management approaches exist (such as PRINCE2™), however a project plan and PID (Project initiation document) should all include the following: the business case; key actions and deliverables; responsibilities; timeframe and schedule; budgets and costings; physical and human resources; risk mitigation; stakeholder management; communications; closing and handing over the project, and review (Gardner 2017; JISC 2017). Tools such as GANTT charts; critical path analysis; options appraisal; risk and stakeholder analysis, are all useful and readily available online.

Tip 9

**Acknowledge the psychological impact of change**

There are numerous reasons why people resist change; because of self-interest; misunderstanding; a low tolerance of change or a different assessment of the situation (Kotter and Schlesinger 1979). All change (even a positive change such as moving house) involves loss, and this must be acknowledged. The psychological response to change has been described as similar to the stages in the loss-grief cycle: immobilisation or denial (though fear
of threat); frustration, guilt or disillusionment (as people do not feel part of the change or deskilled); relief that something is happening and gradual acceptance; engagement, development, application and completion (Fisher 2005; Hay 2011). In the excitement of designing and planning a new curriculum, it can be very easy to forget that a number of those involved will not want to change what they might have been teaching for many years, or may feel they do not have the skills to adopt new teaching/learning methods. This can lead to an underestimation of possible resistance to or disengagement with the change. The change leader must therefore work empathically and with emotional intelligence (Mayer et al. 2004) to really listen to and address people’s worries and concerns, seek ways to tap into their motivation, and ensure that their ‘followers’ feel engaged in the development process. This ‘people work’ all takes time and may require dealing with conflict at times. It is however essential for a major curriculum change, as long term sustainability will not be provided by a select few ‘champions’, but by a large team of academics, clinicians and administrators, all of whom need to be on board.

Tip 10

Plan for transition and loss of competence

One aspect of implementing a new curriculum that is often underestimated is that there is a huge loss of competency during transition. This is partly due to psychological responses to change (Tip 9) but is also due to practical issues, such as running a number of different curricula at the same time for various groups of students. From a practical perspective, this is where a detailed project plan including a critical path analysis (which identifies the sequence and timings of the stages of curriculum development and implementation, and which elements are dependent on others) is very useful.

Bridges (2004) describes the transition model which has three zones (similar to Lewin’s 1951 ‘freeze-unfreeze’ model): ending, losing and letting go; the neutral zone, the new beginning. The change leader needs to work differently with people in each of the zones to help them cope with the transition, remembering that people cope with change very differently (Kralik et al. 2006). Some ‘early adopters’ (Rogers 2003) will race towards the new beginning, offering to take lead roles in planning and design, whereas others (‘laggards’) may struggle to let go of the ‘old’ curriculum. In stage one, the leaders need to acknowledge the loss through listening, empathy and validation of contributions, but also emphasise that there is a need to
let go and move on to the new programme. The neutral zone is all about providing consistent information and communicating widely to all stakeholders so that people understand the change and what it might mean to them. It is also about providing a clear structure (of the curriculum and the project plan) so people can see where they fit in and can start to make choices about what to get involved in. When the new curriculum is near to implementation, people can move forward, although faculty still need support in their new roles, successes need to be celebrated and people can slip back into old ways if they feel the change is not working.

**Tip 11**

*Don’t underestimate the complexity*

In one sense a curriculum is a complicated, ‘hard’ system that has clear boundaries, can be written down, and its many different elements identified and understood, however it also has ‘soft’ elements, including the people involved and the customs, rituals and stories it encompasses. In this sense, it is a complex adaptive system in that there are many ‘actors’ involved who have ‘agency’, that is, freedom to act in ways that are not always predictable and that are interconnected “so that change in the context of one element changes the context for all the others” (Kernick and Swanwick 2017 p. 33). This helps explain the differences between the explicit, formal curriculum and the implicit or hidden curriculum. For example, you may have decided to exclude the skill of using a handheld ultrasound device to locate central lines from the undergraduate curriculum, feeling this is more appropriate at postgraduate level. However, your students disagree, and set up their own weekend training programme with a doctor in training. After a couple of years, and much discussion, it is decided that it will be included in the final year clinical skills course.

Bolman and Gallos talk about an academic leader needing to be “an analyst and social architect who can craft a high-functioning institution where all parts contribute to the whole, a political leader who can forge necessary alliances and partnerships in service of the mission, a prophet and an artist who can envision a better college or university and inspire others to heed its call, and a servant, both to the institution and to the larger goals of higher education and society” (2010 p. 220). Leaders of curriculum development and implementation need to utilise ‘cognitive complexity’ to help them fully understand the organisation, curriculum and stakeholders. This requires leaders to think in multiple
dimensions and relationships; deal well with ambiguity; use systems thinking; connect people, processes and tools to meet goals, and simplify complexity for those they lead (Thornton 2013). Research models such as action research and participatory action research (PAR) are useful in complex change contexts (Lingard et al 2008), although they can be time-consuming. However, by taking into account the specific cultural and organisational context and group dynamics (structural, individual and relational) in designing an educational intervention and evaluating its intended outcomes (Wallerstein, Duran 2010), the eventual ‘success’ (e.g. acceptance and smooth implementation) of the intervention is more likely. Through involvement of communities and multiple stakeholders as equal participants, policies, practices, capacity and readiness for the change can be assessed and appropriate strategies identified which can guide meaningful curriculum change in a specific context (Wallerstein, Duran 2010).

Stacey’s (2001) ‘certainty agreement matrix’ describes four domains: simple, complicated, complex and chaotic. He suggests that the higher the uncertainty or disagreement about something, the more likely we are to be working in the zone of complexity. If we want to make changes, then we need to work with followers to create certainty and achieve agreement. Adaptive leadership is the most helpful when working in the complex zone, recognising that systems have inherent challenges and political dimensions (Heifetz et al. 2009). The leader’s role is to set boundaries and simple rules, and create the conditions where the curriculum and the people involved can ‘thrive’. Depending on the organisation and its circumstances, ‘thriving’ may include: financial efficiency; meeting the needs of students, the university, employers, patients, communities; demonstrating core values, or delivering excellent education or patient care. Consideration must also be given to the idea that if certainty and agreement are in place then the sense of urgency may not be there to ‘drive’ the change process initially. This balance is sometimes difficult to achieve.

**Tip 12**

**Celebrate success and the shift from project to ‘new reality’**

It is essential to maintain motivation of those involved in the change, especially if this takes a number of years. Celebrating early ‘quick visible wins’ (Kotter 1996), is important throughout, as is holding a formal launch of the new curriculum or programme which should involve all key stakeholders. Activities such as developing a new imprint or ‘brand’ can help make the changes to a new reality more visible and permanent. There should be a conscious
move from a project management approach to embedding the new curriculum into the organisational structure and culture. Of course, this needs to be a living curriculum, flexible and agile enough to respond to internal and external opportunities, feedback and requirements, but it has to be emphasised that the new curriculum is now ‘the way we do things round here’.

Conclusions

These 12 tips provide different strategies, models and frameworks within which educators, managers and administrators can utilise change models to design, develop and deliver curricula and programmes more effectively and efficiently. These, and other, change management principles can be applied at all stages of design and implementation. Thinking ahead and planning with a consideration of the complexity of curriculum change can help identify possible pitfalls and deliver the organisation’s vision.

Useful resources

Businessballs has free resources for self, career and organisational development: www.businessballs.com (accessed 4 August 2017)

MindTools has many open resources and tools for organisational, self and team development: www.mindtools.com (accessed 4 August 2017)

Skillsyouneed has many free resources for self-development: www.skillsyouneed.com (accessed 4 August 2017)

References


Harden RM, Gleeson FA. 1979. Assessment of clinical competence using an objective structured clinical examination (OSCE). Medical Education. 13(1), 41-54.


www.jisc.ac.uk/guides/project-management.


Knight PT. 2001. Complexity and Curriculum: A process approach to curriculum-making, Teaching in Higher Education. 6 (3); 369-381.


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### Table 1  Elements of the curriculum

**Core elements**
- Aims
- Learning outcomes/objectives/competences
- Course content
- Learning and teaching methods
- Assessment
- Evaluation

**Supporting elements**
- Learning resources: teachers, support staff, funding, library and IT support, teaching rooms, learning spaces
- Monitoring and evaluation procedures and management systems
- Work placement activities
- Recruitment and selection procedures and promotional materials
- Student support and guidance mechanisms
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<tr>
<th>Table 2</th>
<th>Principles of curriculum design and course planning</th>
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<tr>
<td>• The curriculum should be clearly linked to organisational goals and employment needs</td>
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<tr>
<td>• It should clearly define aims, outcomes, competences and standards</td>
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<td>• Align teaching, learning and assessment methods</td>
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<tr>
<td>• Define essential information and content (syllabus)</td>
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<td>• Consider the process of learning as well as the product or outcomes</td>
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<td>• Utilise appropriate learning resources and modalities</td>
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<td>• <strong>Ensure faculty/teacher workload is manageable</strong></td>
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<td>• Control and rationalise student workload</td>
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<td>• Emphasise vocational relevance</td>
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<td>• Be designed to encourage reinforcement of learning</td>
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<td>• Include and reward opportunities for reflection and opportunistic learning</td>
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<td>Table 3     PESTLE model</td>
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<td><strong>Political</strong> – national, regional, community events, trends</td>
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<td><strong>Economic</strong>  – world, national and local trends/situations</td>
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<tr>
<td><strong>Socio-cultural</strong> – developments in society, cultures, behaviour, expectations, demographics</td>
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<tr>
<td><strong>Technological</strong>  – IT applications, materials, products, processes, medical devices, simulation</td>
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<td><strong>Legal</strong> – international, EU, national, legislation changes, prospects</td>
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<tr>
<td><strong>Environmental</strong> – global, EU, national, local, pressures, constraints</td>
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