

Undergraduate Medical Curriculum: Integrated versus Traditional Curriculum: Teaching Staff Perspectives, Al-Baha Medical School, Saudi Arabia.

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Abstract.

Introduction: Over the past two decades, there has been a significant global shift in undergraduate medical curriculum structure. The integrated medical curriculum has been increasingly growing as a modern educational model replacing the traditional curriculum; therefore, it is crucial to assess the teaching staff's point of view on this emerging medical model. **Methodology:** This is a cross-sectional descriptive study design using a structured, self-administered electronic questionnaire to assess Al-Baha Medical School teaching staff perspectives regarding the integrated curriculum adopted by the faculty. **Results:** Most of the faculty members reported that the integrated curriculum is more effective in enhancing clinical reasoning (56.2%), student engagement (76.7%), and the integration of basic and clinical sciences (80.8) compared with the traditional curriculum. It was also viewed as better aligned with modern medical education (75.3%) and active learning approaches (86.3%). **Conclusion:** Overall, the faculty perspective suggests that while the integrated curriculum offers substantial educational benefits, such as enhancing clinical reasoning, student engagement, better integration of basic and clinical sciences, and better supports modern medical education outcomes, successful implementation requires continuous institutional support, faculty training, and ongoing curriculum evaluation and refinement.

Keywords: Integrated, curriculum, traditional, teaching, staff, clinical, sciences

1. Introduction

Over the past two decades, undergraduate medical education has experienced a significant global shift in curriculum structure. The integrated medical curricula have been increasingly growing, replacing or supplementing the traditional models (1-2). The traditional curriculum is typically characterized by discipline-based teaching, where departments or subject specialists organize their teaching without consideration of other subjects or disciplines (3), which leads to isolation and fragmented learning experiences, making it difficult for students to see the relevance of their studies to clinical practice due to the presence of a structural gap between basic science and clinical practice (4-5). Moreover, the traditional curriculum is teacher-centered and lecture-based. This approach mainly depends on rote learning of the basic sciences, paying little to no attention to the practical applications of the acquired knowledge. Traditional lectures and other passive learning techniques, such as reading, video, and demonstration, cause students to become less engaged and pay less attention in class (6).

Integrated curricula promote both horizontal and vertical integration of the curriculum content. Horizontal integration refers to the integration across parallel disciplines, such as anatomy, physiology, and biochemistry, or medicine, surgery, and therapeutics, which are traditionally

taught in the same curricular phase. Whereas vertical integration is between disciplines that were traditionally taught in different phases of the curriculum. It can occur throughout the curriculum, with the basic medical and clinical sciences beginning together in the early years of the curriculum and continuing until the later years (7, 8). By executing Problem-Based Learning (PBL) within system-oriented modules, the vertical integration of basic and clinical sciences was appropriately achieved. Furthermore, the integrated model reduces the fragmentation of knowledge, enhances collaborative efforts among teaching staff, and elevates student engagement and motivation (9). These changes aim to better align medical education with the evolving demands of healthcare systems and competency-based frameworks.

In Saudi Arabia, this curricular evolution has been particularly evident, with many medical schools (including Al-Baha Medical School) adopting or transitioning toward the integrated models (10, 11). Nevertheless, despite widespread adoption, debates remain about the effectiveness, practicality, and acceptability of integrated curricula, especially from the perspective of faculty members who are primarily responsible for curriculum delivery (12). Understanding teaching staff perception about the curriculum is crucial for the success of curricular reform, since teachers, especially basic faculty, face challenges in dealing with curricular changes (13).

This study is guided by Harden's principles of curriculum integration. These principles emphasize enhancing contextual learning, encouraging interdisciplinary collaboration, and improving students' ability to apply knowledge in clinical settings. The study also draws on key concepts of curriculum integration theory, including interdisciplinary learning, horizontal and vertical integration, and student-centered learning. Based on these principles and theories, the study aims to explore and compare the perceptions of teaching staff at Al-Baha Medical School regarding integrated and traditional undergraduate medical curricula. It seeks to identify the perceived strengths, weaknesses, and challenges associated with each curriculum model. Furthermore, the study aims to provide evidence-based recommendations to support curriculum development and faculty development initiatives in similar educational settings.

The general aim is to compare teaching staff perceptions of the effectiveness of integrated versus traditional medical curricula in undergraduate education. The specific objectives are:

1. To assess the perceived advantages and disadvantages of the integrated curriculum compared to the traditional curriculum from the teaching staff's point of view.
2. To explore the level of satisfaction and comfort among teaching staff when delivering content in each curriculum model.
3. To identify challenges faced by teaching staff in adapting to or implementing integrated curriculum approaches.
4. To examine how the curriculum model (integrated vs. traditional) influences teaching methods, content delivery, and assessment strategies.
5. To evaluate the teaching staff's perception of student engagement and learning outcomes under both curriculum models.
6. To determine the support and training needs of teaching staff for effective participation in an integrated curriculum

2. Methodology

This is a cross-sectional descriptive study design using a structured, self-administered electronic questionnaire to collect data from teaching staff at Al-Baha Medical School. The study was conducted at Al-Baha Medical School, a Saudi Arabian institution currently implementing an integrated undergraduate medical curriculum. The target population includes all teaching staff (basic and clinical sciences) involved in undergraduate medical education at Al-Baha Medical School. This included assistant, associate, and full professors.

The inclusion criteria were faculty members who have taught under the traditional curriculum, integrated curriculum, or both, and faculty members who are currently involved in teaching undergraduate medical students at Al-Baha University. The exclusion criteria were teaching staff not currently engaged in undergraduate teaching at Al-Baha University (Scholarship faculty member) and those who have never taught under either curriculum model.

A census sampling technique was intended to target the entire teaching staff, which comprises 87 members. However, about 73 Staff members responded by filling out the questionnaire, which represents a response rate of 83.9%. All academic departments were represented in the sample.

Data Collection Tool

The data was collected using a structured questionnaire that was developed by a literature review and expert consultation. It included the following aspects:

- Demographic data (age, gender, rank, experience, department)
- Likert-scale, Multiple-choice, and yes/no questions assessing 8 domains:
 - ✓ Perceptions of both curricula's effectiveness (5 questions).
 - ✓ Advantages and Disadvantages of both curricula. (8 questions).
 - ✓ Satisfaction and Comfort (3 questions).
 - ✓ Implementation Challenges (4 questions).
 - ✓ Teaching Methods and Assessment (3 questions).
 - ✓ Student Engagement and Learning Outcomes (3 questions).
 - ✓ Training and Support Needs (4 questions).
 - ✓ Future Recommendations (3 questions, one of them is an open-ended question).

The questionnaire was designed on Google Forms, with the link distributed to the teaching staff through their official institutional email and the faculty's official WhatsApp group.

Validation and Pilot Testing

The questionnaire underwent face and content validity: checks by experts from the medical education unit of Al-Baha Faculty of Medicine. A pilot test with 10 faculty members to refine clarity and reliability. Reliability testing using Cronbach's alpha (acceptable threshold: $\alpha \geq 0.70$)

Data Analysis:

Quantitative data were analyzed using Microsoft Excel and the Statistical Package for Social Sciences (SPSS) version 25. We obtained descriptive statistics (means, SDs, frequencies), inferential statistical tests (Chi-square test) to explore differences based on teaching experience, rank, and department and reliability analysis for the questionnaire.

Ethical Considerations

The study was approved by the Institutional Review Board (IRB) of the Faculty of Medicine, Al-Baha University, under the N : IRB/PEA/BU-FM/2024/185. Participation was voluntary after signing informed consent. Data were treated with confidentiality and anonymity and used solely for research purposes.

3. Results

Approximately 73 staff members responded to the questionnaire, which represents a response rate of 83.9%. The socio-academic characteristics of the respondents are presented in table 1. Regarding the departments of the participants, the surgery departments represent about one quarter, followed by medicine, pediatrics, and physiology. The participants' perspectives on the perceived effectiveness of both curricula showed that most, 41 (56.2%), thought the integrated

curriculum better enhances students' clinical reasoning skills and prepares them for clinical practice. Additionally, 20 (27.4%) reported that it provides a stronger foundation in basic sciences, and 59 (80.8%) believed that it helps them make better connections between basic and clinical sciences and promotes interdisciplinary collaboration. Furthermore, 49 (67.1%) of the staff thought that the integrated curriculum promotes more student-centered learning when compared with the traditional curriculum.

Table 1. The socio-academic characteristics of the respondents.

Item	Category	N (%)
Gender	Male	57 (78.1%)
	Female	16 (21.9%)
Age	≥50 Years	35 (47.9)
	40–49 Years	31 (42.5%)
	30–39 years	7 (9.6%)
Academic Ranking	Professor	7 (9.6%)
	Associate Professor	18 (24.7%)
	Assistant Professor	48 (65.7%)
Years of Experience	< 5 Years	8 (11%)
	5–10 Years	18 (24.7%)
	11–15 Years	15 (20.5%)
	>15 Years	32 (43.8%)
The teacher's undergraduate curriculum	Integrated curriculum only	15 (20.5%)
	Traditional curriculum only	49 (67.1%)
	Mixed curriculum	9 (12.3%)
Experience in teaching undergraduate curriculum	Integrated curriculum only	19 (26%)
	Traditional curriculum only	3 (4.1%)
	Both	51 (69.9%)

On addressing the advantages and disadvantages of both curricula, 40(54.8%) of the staff thought that the traditional curriculum allows for more in-depth coverage of individual subjects, and 48(65.8%) thought that it is easier to manage. whereas three-quarters of the respondents thought that the integrated curriculum improves student motivation and engagement, and it aligns better with modern medical education standards. Comparing the two curricula regarding the teaching methods, the vast majority of the respondents (86.3%) think that the integrated curriculum encourages more active teaching methods like PBL or TBL (table 2).

Table 2. Comparison between integrated and traditional curricula regarding perceived effectiveness, advantages, disadvantages, and teaching methods.

Question	Integrated N (%)	Traditional N (%)	Both N (%)	Neither N (%)	Not sure N (%)
Perceived Effectiveness					
Which curriculum do you think better enhances clinical reasoning skills effectively?	41(56.2)	16(21.9)	10 (13.7)	1 (1.4)	5(6.8)
Which curriculum provides a stronger foundation in basic	20(27.4)	46(63)	4(5.5)	0(0)	3(4.1)

sciences?					
In your opinion, which curriculum better prepares students for clinical practice?	41(56.2)	18(24.7)	12(16.4)	0(0)	2(2.7)
Which curriculum seems to promote more student-centered learning?	49 (67.1)	9(12.3)	11(15.1)	0(0)	4(5.5)
Advantages and Disadvantages					
In your opinion, which curriculum allows for more in-depth coverage of individual subjects?	26(35.6)	40(54.8)	7(9.6)	0(0)	0(0)
In your opinion, which curriculum improves student motivation and engagement?	56(76.7)	9(12.3)	7(9.6)	0(0)	1(1.4)
From a teaching perspective, which curriculum is easier to manage?	18(24.7)	48(65.8)	7(9.6)	0(0)	0(0)
Which curriculum do you feel aligns better with modern medical education standards?	55(75.3)	4(5.5)	12(16.4)	0(0)	2(2.7)
Teaching Methods					
Which curriculum encourages more active teaching methods like PBL or TBL	63 (86.3)	1(1.4)	9(12.3)	0(0)	0(0)

Assessing the staff's view about the students' assessment showed that two-thirds believed that the assessment strategies are more holistic in the integrated curriculum than traditional ones. Regarding the staff training, about one-third (35.6%) of the participants reported that they had received formal training in integrated curriculum delivery, 27.4% had received partial training, and 37% didn't receive any training. Of the total respondents, 80.8% think that more workshops or training are needed to enhance faculty preparedness for integrated teaching. Regarding staff satisfaction with the implementation of the integrated curriculum, nearly three-quarters were satisfied with the implementation of the integrated curriculum at Al-Baha Medical School, while 21% were not satisfied. More than half of the teaching staff thought that there should be modifications or revisions in the current implementation method of the integrated curriculum (table 3).

Table 3. Comparison between integrated and traditional curricula regarding implementation challenges, teaching and assessment methods, staff training, and satisfaction.

Question	Response	N (%)
Perceived Effectiveness		
Do you believe the integrated curriculum helps students make better connections between basic and clinical sciences?	Yes	59 (80.8)
	No	14(19.2)
Do you believe the integrated curriculum promotes interdisciplinary collaboration?	Yes	59 (80.8)
	No	6(8.2)
	Not sure	8(11)
Implementation Challenges		
Does implementing an integrated curriculum require major adaptation of your teaching materials (lectures, etc ...)	Yes	55(75.3)
	No	12(16.4)

	Not sure	6(8.2)
Is coordinating with other departments more challenging in an integrated curriculum	Yes	51(69.9)
	No	
Have you faced any logistical difficulties (e.g., scheduling, assessment) when teaching in the integrated curriculum	Yes	33(45.2)
	No	15(20.5)
Do you think the integrated curriculum demands more preparation time from faculty members?	Occasionally	25(34.2)
	Yes	65(89)
	No	8(11)
Teaching Methods and Assessment		
Is the traditional curriculum more reliant on lecture-based teaching	Yes	54(74)
	No	6(8.2)
	To some extent	13(17.8)
Are assessment strategies more holistic in the integrated curriculum than traditional ones?	Yes	47(64.4)
	No	6(8.2)
	About the same	13(17.8)
	Not sure	7(9.6)
Training and Support Needs		
Have you received any formal training in integrated curriculum delivery	Yes	26(35.6)
	No	27(37)
	Partially	20(27.4)
Do you think more workshops or training are needed to enhance faculty preparedness for integrated teaching	Yes	59(80.8)
	No	8(11)
	Not sure	6(8.2)
Is the administrative and logistical support in your institute sufficient for implementing integrated teaching?	Yes	40(54.8)
	No	13(17.8)
	To some extent	20(27.4)
Recommendations and Satisfaction		
Are you satisfied with the implementation of the integrated curriculum at Al-Baha Medical School?	Yes	52(71.2)
	No	21(28.8)
In your opinion, should there be modifications or revisions in the current integrated curriculum?	Yes	41(56.2)
	No	15(20.5)
	Not sure	17(23.3)

About two-thirds (66%) of the staff feel comfortable teaching the integrated curriculum, 27% were neutral, and only 7% disagreed. 57.5% of the staff feel confident in delivering content in the integrated curriculum, 28.8% responded neutrally, whereas only 13.7% disagreed. While 60.3% of the staff found it easier to align their teaching goals with the integrated curriculum, 22% showed a neutral response, whereas only 18% disagreed with this. Staff views on learning outcomes achievement, nearly half of the participants thought that the traditional curriculum yields better retention of theoretical knowledge, one quarter showed a neutral response, and one quarter didn't think so. On the other side, 68.4% believe that the integrated curriculum improves students' ability to link theory to practice, 23.3% showed a neutral response, and 8.2% disagreed with it (table 4).

Studying the correlation between the sociodemographic factors and other dependent factors showed a statistically significant association (P -value = 0.004) between staff members' undergraduate curriculum background and their opinion regarding whether the integrated curriculum promotes more student-centered learning, i.e opinions differ significantly according to the type of curriculum the faculty members experienced during their own undergraduate education (table 5).

Table 4. Comparison between integrated and traditional curricula regarding student engagement and achievement of learning outcomes.

Question	Strongly Agree N (%)	Agree N (%)	Neutral N (%)	disagree N (%)	Strongly disagree N (%)
Satisfaction and Comfort					
I feel comfortable teaching the integrated curriculum.	19(26)	29(39.7)	20(27.4)	2(2.7)	3(4.1)
I feel confident in delivering content in the traditional curriculum.	16(21.9)	26(35.6)	21(28.8)	6(8.2)	4(5.5)
I find it easier to align my teaching goals with the integrated curriculum.	14(19.2)	30(41.1)	13(17.8)	10(13.7)	6(8.2)
Student Engagement and Learning Outcomes					
Students appear more engaged in the integrated curriculum than the traditional curriculum.	19(26)	24(32.9)	20(27.4)	5(6.8)	5(6.8)
The traditional curriculum yields better retention of theoretical knowledge.	11(15.1)	26(35.6)	19(26)	13(17.8)	4(5.5)
The integrated curriculum improves students' ability to link theory to practice	15(20.5)	35(47.9)	17(23.3)	1(1.4)	5(6.8)

Table 5. Correlation between Sociodemographic and other independent factors.

Academic Rank	Professor	Associate Professor	Assistant Professor	Teaching Assistant	P-Value	
Which curriculum do you think better enhances clinical reasoning skills effectively?	Integrated	5	9	26	0.39	
	Traditional	1	4	11		
	Both equally	1	4	4		
	Neither	0	1	0		
	Not sure	0	0	4		
In your opinion, which curriculum better prepares students for clinical practice	Integrated	4	10	25	0.52	
	Traditional	1	5	12		
	Both equally	2	3	7		
	Not sure	0	0	1		
Years of Teaching Experience						
Which curriculum seems to promote more student-centered learning	<5 Years	6	9	13	0.178	
	5–10 Years	0	3	2		
	11–15 Yrs	1	4	0		
	>15 Yrs	1	2	0		
Which curriculum allows for more in-depth coverage of individual subjects	Department	Traditional curriculum	Integrated curriculum	Both equally	Not sure	0.445
	Basic	8	9	1	0	
	Pre-clinical	11	3	0	0	
	Clinical	21	14	6	0	

Which curriculum provides a stronger foundation in basic sciences	Basic	11	6	1	0	0.733	
	Pre-clinical	11	2	1	0		
	Clinical	24	12	2	3		
Which curriculum seems to promote more student-centered learning							
		Traditional curriculum	Integrated curriculum	Both equally	Not sure		
Staff background undergraduate curriculum	Traditional only	3	34	9	3	0.004	
	Integrated only	1	12	1	1		
	Mixed	5	3	1	0		
Have you received any formal training in integrated curriculum delivery	I feel comfortable teaching in the integrated curriculum					P-Value	
		Strongly agree	Agree	Neutral	disagree		Strongly disagree
	Yes	10	7	7	2		0
	No	7	13	5	0		2
	Partially	2	9	8	0		1

4. Discussion

Al-Baha University is one of the recently established universities in Saudi Arabia. The Faculty of Medicine adopts an integrated curriculum. The present study provides a comprehensive evaluation of staff perceptions regarding the implementation of an integrated curriculum compared to a traditional curriculum at Al-Baha Medical School. The high response rate (83.9%) and the demographic profile of the respondents, i.e., predominantly senior faculty (65.7% Assistant Professors, 43.8% with >15 years of experience), enhance the credibility and contextual relevance of the perspectives obtained, although it does not eliminate the possibility of response bias. Crucially, 69.9% of the staff possess experience teaching in both curriculum models, placing them in a unique position to offer a balanced, comparative perspective based on practical experience rather than theoretical bias.

Faculty members perceived the integrated curriculum to be more effective in fostering higher-order cognitive skills. A significant majority (80.8%) believed it facilitates connections between basic and clinical sciences, and 56.2% felt it enhances clinical reasoning. This aligns with Harden's integration ladder concept, which suggests that breaking down subject silos allows students to view clinical problems holistically (3). It is also consistent with the findings of two studies done in the Medical College at Islamabad (14), in which the participants indicated that using an integrated approach enhances contextual, practical learning and supports stronger clinical reasoning. As well as another study in Peshawar, which reported that the integrated curriculum was associated with a statistically significant advantage in preserving interpretation-based clinical reasoning (15). This perception may reflect the emphasis of the integrated curriculum on linking theoretical concepts with authentic clinical scenarios, thereby encouraging analytical thinking rather than rote memorization. However, faculty members' familiarity with the integrated curriculum and their active involvement in its implementation may also have influenced these favorable perceptions.

A 67.1% of the staff thought that the integrated curriculum promotes more student-centered learning and enhances student engagement in the educational process, which is aligned with the findings of Waqar, who reported that the learner became more engaged in the educational environment and assumed more responsibility for managing their own education (16). However, the success of student-centered learning relies not only on curriculum design but also on faculty

readiness, institutional support, and students' engagement with active learning. In the absence of these factors, its intended benefits may be limited.

Three-quarters of the participants thought that the integrated curriculum aligns better with modern medical education standards than the traditional curriculum. This supports what the authors agreed upon that the Flexner model (traditional model), which effectively supported medical education throughout much of the 20th century, needs to evolve in order to foster excellence in 21st-century medical education (17). This alignment with recent educational standards is an important strength; it does not guarantee improved educational outcomes. Successful implementation requires adequate faculty development, continuous curriculum evaluation, and sufficient institutional resources.

The vast majority of the respondents (86.3%) agreed that the integrated curriculum encourages more active teaching methods like PBL, SDL, and TBL, which is consistent with what Arshad et al who reported that the integrated curriculum, compared with the traditional curriculum, enhances motivation and promotes self-directed as well as problem-based learning (18). However, the quality and consistency of these teaching methods may vary according to faculty expertise and available educational infrastructure.

According to the teaching staff surveyed, it was found that the traditional curriculum is superior to the integrated curriculum in providing a strong foundation in basic sciences, which supports Elmekawy's finding, who reported that the traditional curriculum provides a strong foundation in scientific knowledge in the pre-clinical years (19).

Most of the participants, 41 (56.2%), thought that the integrated curriculum better prepares them for clinical practice. This is aligned with Patel et al., who reported that Horizontal and vertical integration enable students to gain meaningful and relevant knowledge that enhances effective clinical practice (20).

These findings expose the central compromise of the integrated curriculum. Faculty clearly observe that the integrated model enhances clinical readiness but does so at the expense of the foundation of basic sciences. In an integrated format, basic science concepts are often dispersed across organ-system blocks, which can fragment the systematic, linear understanding traditionally offered by standalone disciplines like anatomy or biochemistry. This introduces a significant risk of creating "superficially competent" students who can navigate routine clinical algorithms but lack the deep, foundational scientific mechanisms required to troubleshoot atypical or highly complex medical anomalies. Striking an optimal equilibrium remains a delicate challenge for curriculum planners.

Ninety-five (80.8%) believed that it helps them make better connections between basic and clinical sciences and promotes interdisciplinary collaboration, which is consistent with the findings reported by Kasarla et al., who reported that an integrated model combines disciplines by identifying shared skills, concepts, and attitudes across them, encouraging the recognition of connections and communications between disciplines through an interdisciplinary approach (21).

Nearly half of the participants agreed that the traditional curriculum yields better retention of theoretical knowledge. This contradicts the findings of Fernando, who found that the knowledge retention among the average and high-performing students following the integrated curriculum was also better (22).

This perception may be influenced by assessment methods. When examinations prioritize memorization of discrete facts, traditional curricula may appear superior, whereas lower retention in integrated curricula may reflect a mismatch between process-based teaching approaches and fact-focused assessments rather than actual failure of student memory.

In the current study, 68.4% of the teaching staff believe that the integrated curriculum improves students' ability to link theory to practice. This is similar to what had been reported by Atwa and Gouda that Integration promotes the acquisition of knowledge that is both meaningful and applicable to clinical practice (23). It also supported the findings of Shaban et al., who admitted that early clinical exposure within an integrated curriculum enhances students' medical knowledge by increasing their motivation to learn and bridging the gap between theory and real-world medical practice (24).

In our study, two-thirds believed that the assessment strategies are more holistic in the integrated curriculum than traditional ones, this aligns with the findings of a review study that identified diverse assessment strategies as one of the benefits of an integrated curriculum (25), as well as another review article that admitted a more comprehensive approach to an integrated curriculum in assessment than traditional methods (26).

In this study, 71.2% of the teaching staff acknowledged that they are satisfied with the implementation of the integrated curriculum at Al-Baha Medical School. This satisfaction rate is higher when compared with Sharkas et al., who reported only a 44.2% satisfaction rate among the participating staff (27). However, this high satisfaction rate must be interpreted cautiously since most of the participants were senior faculty with extensive teaching experience. These educators have witnessed the systemic limitations of traditional models over decades and are likely more appreciative of this educational modernization that integration represents. The substantial proportion of dissatisfied staff (~29%) underscores the need for ongoing faculty development and institutional support to ensure the long-term sustainability of the integrated curriculum.

This study also has some limitations. This study is a cross-sectional, perception-based design that limits causal inference and may be subject to social desirability and recall biases. Therefore, we recommend that future studies incorporate objective educational outcome measures and longitudinal comparative designs to provide a more comprehensive evaluation of curriculum effectiveness.

5. Conclusions

- This study illustrated that the integrated medical curriculum is generally perceived by teaching staff at Al-Baha Medical School more positively than the traditional curriculum. Most participants believed that it enhances clinical reasoning skills, better prepares students for clinical practice, promotes student-centered learning, and strengthens the connection between basic and clinical sciences. In addition, the majority agreed that it encourages interdisciplinary collaboration, improves student motivation and engagement, and aligns more closely with modern medical education standards. They also perceived that it supports active teaching approaches such as PBL and TBL.
- Despite these advantages, most of the staff thought the traditional curriculum was still viewed as superior in providing deeper coverage of individual subjects and being easier to manage and organize. According to the faculty views, several challenges face the implementation of the integrated curriculum, including difficulties in interdepartmental coordination, logistical issues related to scheduling and assessment, and insufficient formal training in integrated curriculum delivery.

- Most participants emphasized the need for additional workshops and development programs. Although most staff members expressed satisfaction with the implementation of the integrated curriculum and felt comfortable teaching within it, more than half recommended further modifications and revisions to improve its effectiveness.

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Data and material Availability: All data associated with this study are present in the paper.

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