

<b>Access this article online</b>
Quick Response Code:

Website: <a href="http://www.jehp.net">www.jehp.net</a>
DOI: 10.4103/jehp.jehp_103_15

# Evaluation of educational program in the Master of Medical Education by Eisner's educational connoisseurship and criticism model

Fariba Khanipoor, Mitra Amini, Laila Bazrafcan

## Abstract:

**INTRODUCTION:** To be more successful in medical education and identify the strengths and weaknesses of the curriculum in this field, assessment of the students' views, graduates, professors, and experts is essential. The aim of this qualitative assessment was to identify the strengths and weaknesses of the medical education curriculum.

**SUBJECTS AND METHODS:** This research is a qualitative study using the Eisner's educational connoisseurship and criticism model that was conducted in Shiraz Medical Sciences University in 2014. In this research, graduate medical education curriculum was criticized by a team of educational experts. Fifteen professors in the first stage of the focus group meeting addressed the three stages of educational criticism. In the second stage, several interviews were conducted with the above-mentioned people. In the third phase, the implementation of video recordings from the focus group meeting was performed in written form. In the fourth stage, conventional content analysis was used to analyze the qualitative data.

**RESULTS:** This curriculum has advantages and disadvantages in the constituent elements of the program. Its weaknesses include lack of written a guide for practical courses, lack of consideration of joint practical exercise to make integrate between lessons, lack of sufficient attention to aspects of practical and functional knowledge in this field, lack of attention to performance evaluation and development, and lack of routine review of the curriculum. On the other hand, the strengths of this study include the suitability of this field for professors and its positive impact on professors and students performance in the classroom.

**CONCLUSION:** As medical education is partly an emerging field in Iran and considering the weaknesses, reviewing the curriculum based on the main part of program, the outcomes, curriculum content, teaching strategies, student assessment, and course management are recommended.

## Keywords:

Connoisseurship and criticism, curriculum, Eisner's model, medical education

## Introduction

Medical education is a new emerging and established field of medical science universities in Iran which has about 20 years' experience.<sup>[1]</sup> The mission of medical education is that with the selection and recruitment of faculty members, talented and professionals interested in

the issues of medical education, training some graduates that have the ability to identify educational problems, offer logical solutions, and assistance in the planning and management of educational issues and transfer of appropriate technologies and methods.<sup>[2]</sup> They are also able to play their roles to identify the universities' strengths and weaknesses and recognize the progress and development of the universities in

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

For reprints contact: [reprints@medknow.com](mailto:reprints@medknow.com)

**How to cite this article:** Khanipoor F, Amini M, Bazrafcan L. Evaluation of educational program in the Master of Medical Education by Eisner's educational connoisseurship and criticism model. *J Edu Health Promot* 2017;6:55.

Department of Medical Education, Faculty of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran

## Address for correspondence:

Dr. Laila Bazrafcan,  
Education Development Center of Shiraz University of Medical Sciences, 3<sup>rd</sup> Floor, Sina Sadra Halls tComplex, Neshat Ave, Shiraz, Iran.  
E-mail: [bazrafcan@gmail.com](mailto:bazrafcan@gmail.com)

the world to promote the status of Medical Sciences University in Iran.<sup>[3]</sup> Educational managers are trying to create a set of knowledge, thinking, attitude, and skills in graduates.<sup>[4]</sup> All changes in the behavior of learners occur through a comprehensive curriculum including both formal and informal content, content processes and explicit, and hidden training and learner attainment.<sup>[5]</sup> Accordingly, the aim of developing a curriculum must be training qualified graduates who have the necessary knowledge and sufficient ability to apply these skills to improve the effectiveness of their system. Effectiveness of teaching and curriculum has a high importance and sensitivity since training manpower will be subject to it.<sup>[6]</sup>

Evaluation of training programs is as part of the educational system and one of the four essential components of any curriculum that seeks to identify the problems and shortcomings; because despite their shortcomings and lack of identification, the results will be suboptimal, and elimination of shortcomings will follow the promotion of an educational program.<sup>[1,2,7]</sup> Curriculum evaluation is a procedure done to decide about acceptance, change, and elimination of the program and has gone in different ways, such as goal-oriented model, context evaluation, input evaluation, process evaluation, product evaluation model, Stake's case study model, and Scriven's consumer-oriented model. One of the recent methods for evaluation of training programs is reviewing their effectiveness by Eisner's educational connoisseurship and criticism model.<sup>[8,9]</sup> The word "connoisseurship" comes from the Latin word *cognoscere* (Eisner 98,6).<sup>[9,10]</sup> These include the ability to see, not just look up. It must be able to provide a wide range of information. You should also be able to put the experiences and perceptions in a wider context and connect them with our commitment and values. Connoisseurship is something that we need to use. It is the art of criticism and assessment. In each area that characteristics importance or valuable objects, opportunities and functions can be considered to exemplify and changing educational performance (Eisner 98,63).<sup>[9,10]</sup>

Connoisseurship and criticism model are two basic and original concepts of criticism and educational expertise model. Criticism means the art of revealing quality of events or objects. To share professional knowledge, expertise criticism is necessary. Contrary to common sense, criticism that is offering negative views refers to rebuilding our understanding from a thing.<sup>[11,12]</sup> Educational criticism has three important aspects: describe, interpret, and evaluate what we see.<sup>[13]</sup> In other words, this model is based on three aspects that reflect the three qualitative activities. These aspects include<sup>[11,12]</sup> descriptive aspect of educational criticism which is to describe the current state of the curriculum

and interpretative aspect which is related to the attempts for understanding the significance of many activities that occur in a social setting. The last aspect of educational criticism is assessment and evaluation. In the dimension of the importance and impact of activities, interpreted experiments can be evaluated. During this process, the criteria for judging educational experience are required. Several studies have been conducted with this approach which are briefly mentioned here.<sup>[12]</sup>

Hosseini Shahidi *et al.* conducted an evaluation study in the nursing and midwifery school of Mashhad in 2013 to assess the effective educational components in professional identity of nursing students, using the criticism and expertise model of Eisner. The mentioned model was used for the quality assessment of nursing education system. The results of the evaluation by this model show that it is necessary to revise the educational content in a manner that is consistent with the students' needs and is useful for the introduction of this field.<sup>[14]</sup>

A study was conducted by Yuksel in 2010 entitled, "How can we direct the program qualitative evaluation in the light of the criticism and educational expertise model of Eisner?" - to investigate how qualitative assessment of the programs is done according to the evaluation model of Eisner. The results state that using criticism and expertise model of Eisner, the evaluation of educational programs can achieve a quality status, and as a result, process and product of curriculum will be reviewed from a broader perspective and without dependency on the number of restrictions.<sup>[12]</sup>

Mahram also in a case study at Ferdowsi University of Mashhad in 2008 entitled, "The role of curriculum components in religious identity of students" assessed the impact of each curriculum's components in reducing religious identity by utilizing the expertise and criticism method of Eisner and using observation and interviews. Content, student, professor, teaching methods, and regulations' components were the elements of the curriculum whose role in the loss of religious identity in students was explored. The results showed a significant decrease in religious identity among students.<sup>[12]</sup> In another case, the research was done by Mahram and Farokhzade; the evaluation was done through the Eisner's model; in this study, the role of teacher, students, teaching methods, evaluation methods, contents, physical environment, rules and regulations, and the timing was examined as the eight components of the curriculum.<sup>[15]</sup>

Educational assessment intends to improve the quality of education as their definitive goal. According to the subjects expressed, this qualitative study aimed to evaluate the curriculum in Master of Medical Education

and used Eisner's method of criticism and expertise, to identify possible shortcomings in the program, and provided practical suggestions for improving the present situation.

This study was performed by a full professor who had passed the postgraduate medical education courses and was a lecturer of this field, and also a PhD medical education student who taught these courses, and she was an educational assistant of Research and Development Centre of Shiraz University of Medical Sciences, Shiraz, Iran, with 30 years of experience in medical education and the corresponding authors of this article and also with a postgraduate student in medical education (to prepare a thesis).

### Subjects and Methods

This paper is an applied evaluation, and qualitative was used as the suitable design to allow all of the participants to describe their experiences by connoisseurship and criticism Model to improve the curriculum of Master of Medical Education.

Therefore, this qualitative study was designed in Shiraz University of Medical Sciences in 2014 based on the Eisner's educational connoisseurship and criticism model (including three phases, description, interpretation, and evaluation) about the curriculum of MS Medical Education discipline. The participants in this research included 15 professors of medical education and educational scholars of medical universities in Brigade, one of the countries who implemented senior medical education programs or passed it and had not participated in similar studies were selected by purposive sampling, and complete by theoretical sampling to conduct the research. Eisner's connoisseurship and criticism model was carried out in four steps: convene Delphi meeting in focus groups method with five professors of medical education and ten educational experts of the country (total 15), the first step was done in the describe, interpret, and evaluate curriculum phases. Before starting the research, the professors and educational experts were informed about the research and the confidentiality of the received information, and they were given a consent form. The meeting was timed and managed by a professor of medical education in three stages (description, interpretation, and evaluation of curriculum). At the beginning of the meeting, the professors and experts of medical education described (first step of criticism) the strengths and weaknesses of medical education curriculum in nominal group technique. For example, the professors were asked: What do you think about the goals of postgraduate course of medical education? All of them responded in written form, and their comments were written on the board. Again, the participants were

asked to be aware of other comments, and according to them adjust their responses, this lasted for three rounds. Then, the interpretation (the second stage of criticism) of the curriculum's strengths and weaknesses was on the agenda of the meeting, and snowballing technique was used for this section to the extent that interpretations were discussed first in pairs and then in larger groups. Finally, at the evaluation stage (the third stage of review) of the curriculum's strengths and weaknesses, two groups were formed by the participants, and the interpretations of previous stage were evaluated, and the correlation between the two groups was assessed about 80%. During the session, all the meeting times were videotaped by camera. In the second phase, 15 interviews were done individually with the medical education professors and educational experts of the country as a targeted sampling and the data were recorded in written form. The participants were sure about the confidentiality of the information. Participants were quite free to respond or not respond all or part of the questions. To ensure, the accuracy of data was used some methods such as rigor check member, researcher credibility, prolonged engagement with participants (with profound and prolonged interviews), and peer debriefing. Second, the researcher implemented all the video recordings of the focus group sessions in written form. In the fourth stage, the qualitative content analysis which is a study method for the subjective interpretation of the textual data content through a systematic classifying process, coding, and design themes or known patterns was used to analyze the data.<sup>[16]</sup> The applied qualitative content analysis was the conventional type. Conventional content analysis is usually applied for studied projects and its purpose is the description of a phenomenon. This type of project is most appropriate when the existing theories or research literature about the studied phenomenon is limited. In this case, the researchers avoided from using preconceived categories, and they made an order that the categories will be induced from data, instead. In this case, the researchers were floating themselves on the waves of the data until they reached a new understanding.<sup>[17]</sup> Therefore, by categories will emerge from the data by induction. The information gathered through focus groups and interviews was analyzed by means of meaning association. That is, data analysis began by reading them repeatedly to obtain a thorough understanding of them. Based on her own perception and understanding of the text being read, the researcher began to write the initial analysis to create the backgrounds for the emergence of codes. This led to the planning of passwords emerging from the text. In other words, we determined the meaning unit and compressed it to specify the codes [Table 1]. Then, the initial codes were 446, and the codes were categorized based on the similarities and differences. This categorization was created by the organization and grouping of passwords

**Table 1: Examples of the units of meaning, compressed meaning, and the codes**

Meaning unit	Compressed meaning unit	Code
Practical courses, in accordance with the mentioned capabilities, are not arranged for students	Lack of fitness in practical courses layout with the capabilities forecast	Inappropriateness of practical courses with the forecast capabilities
What is anticipated in the curriculum cannot help the individuals in the actual position	Curriculum does not help the person in the real environment	Curriculum is theoretical

in a meaningful clusters form. Then, according to the quality of communication between subcategories, the researcher was able to convert them to a smaller number of categories by combining and organizing the subcategories. In other words, the overall concept that was the resulting sum of these categories (themes) was obtained. To maintain the reliability, content review was done in two stages, one after categories were completed between 10% and 50% and the other one at the end of the work. Then, researcher according to the obtained themes compiled the report about the strengths and weaknesses of the curriculum [Table 2].

Sample questions of interview: "Given your experience in working with students, which stage is a major weakness of these people?" Part of the answers of interviewee was: "I see that a graduate student in this field, who pass n units, is unable to write a good short essay (inability to writing an article)." I told him write a short article. He was also inefficient in doing undergraduate educational tasks (inability to perform duties). They cannot analyze the problems, and the professors complain that they know the theory but are not competent at the level of problem-solving (inability to analyze problems). Probably, it is because teachers paid less attention to practical aspects and the ability to analyze of problems (lack of attention to the practical aspects of the course).

### Ethical considerations

This study was approved by the Ethics Committee of Shiraz University of Medical Sciences, Shiraz, Iran.

## Results

The results of the study on each of the educational program's elements in conducted training program are provided below, separately. Based on the preliminary coding, 446 codes were obtained. These codes were classified based on the conceptual similarities and differences and then summarized. Finally, the criticism and expertise of the educational program emerged in three main themes including ideals, shortcomings, and how to compensate [Table 3].

### Ideals

According to the results from descriptive, interpretative, and evaluation aspects of interviews, the ideals of this program refer to the factors such as curriculum goals

**Table 2: Examples of codes, categories, and subcategories and a theme**

Theme	Categories	Subcategories	Code
Education	Practical education	Lack of practical ability in graduates Insufficient attention to the practical aspects of courses	Inappropriateness of practical courses with the forecast capabilities Curriculum is theoretical

**Table 3: Main themes and subthemes of connoisseurship and criticism in the educational program**

Row	Themes	Subthemes
1	Ideals	Curriculum goals Suitable practical training
2	Shortcomings	Theoretical program Unclear practical position in the field of medical sciences Lack of practical abilities of graduates, in clinical teaching Lack of define and allocated appropriate employment
3	How to compensation	Administrative tasks Importance of the interaction E-learning and mix method of teaching Curriculum management

and plan, suitable practical training and the expected capabilities, and professional tasks of graduates. This means that the objectives outlined in the curriculum are described well, and practical training refers to the condition that encourages the teachers to participate in courses are very suitable and can enhance their capabilities because teachers can apply the theories discussed in class and observe the results. The expected capabilities and professional tasks of graduates such as each of the expected capabilities, roles, and responsibilities of professional graduates are presented in detail, specifically and practically. One of the participants with the emphasis on the necessity of the existence of specific behavioral objective for students' learns and teachers' teaching said: "The ideal educational curriculum should be objective and specific enough for both teachers and students using the study guide and this curriculum" (code 4).

### Shortcomings

This theme reflects the factors related to the process of training and describing MS Medical Education curriculum weaknesses. Experts believe in some points

such as: the theoretical program, unclear practical position in the field of medical sciences, lack of practical abilities of the graduates, inappropriateness of educational environment with some teaching methods, lack of skilled teachers and instructors, inadequate attention to the practical aspects of the course, failure to assess the practical abilities of students, and lack of definite and allocated appropriate employment place of graduates.

In the description of the strengths of the MS Medical Education curriculum, some issues were raised: planning based on real needs, richness of content and application of theoretical content, the suitability of predictive capabilities for the graduates' knowledge, promoting the empowerment of professors in the course, and strictly speaking of the characteristics of the courses. About the lack of job position allocation and its impact on the ability of graduates, a professor said that: "...We must first determine their job position; when someone laboured and this period has not improved his career, how can we attract talented people for the future of this profession?" I recommended one of my friends to choose this field; he answered: "Why should I choose it? What benefit does it have for me?" Many people have this comment. Moreover, one of the graduate students criticized the use of the traditional teaching methods and she stated: "New teaching methods such as e-learning should be used in the curriculum and these courses should be taught with modern and up to date resources" (code 2).

In the interpretation of curriculum's weaknesses, the participants stated that the view of curriculum should be expressed more clearly and with more careful planning for future job in medical education areas. Job prospects in this field are dim and ambiguous due to the lack of allocated business line. Most graduates have served in positions, nonproportional to their academic fields. Expressing doubts about the future of employment really in practice, the graduates do not achieve the overall objectives of the curriculum with practical and concrete strength training concept. Although the goals outlined in the curriculum are appropriate targets, they are not run exactly like a computer. On the one hand, the specific objectives intended for some courses should be reviewed, including e-learning and computer, and on the other hand, the simple theoretical advice without value to the actual performance of students, of course, he or she was not an expert in their field of training. Finally, the list of courses should be reviewed and revised since there is a good resource that can be used to restore the resources and references.

### How to compensate

This theme highlights the importance and effectiveness of the action related to this curriculum and what is possible

and what is impossible in similar educational conditions. The results revealed four main effective themes for correct the problematic aspect of medical education curriculum were: importance of the interaction, use of mix method of teaching, e-learning and traditional methods, and curriculum management and administrative tasks.

On correction of roles and tasks of faculty members, students, and workforce in an educational context, at first given the importance of the interaction, it is necessary to improve it. The importance of interaction in teaching and learning is that even in remote and electronic learning, issue of interaction and its different types (education, communication, computer, social, and cognitive psychology) is considered, and some measures are taken to simplify them. The purpose of the program is that graduates will be teacher of teachers. One of the teachers in this relation said: "...Unfortunately, in practice this does not happen! Why? One of the reasons, teachers are invited to these students become the teacher of teachers! But is there really a master teacher and be able to teach teachers being. Unfortunately, some of the professors have their own problems in being a teacher, let alone seeing the teacher to train teachers..." (code 2).

This subtheme reflects characteristics and roles of occupational status, and career position is defined. This subcategory includes elements, such as available expert and skilled academic staff in this area, providing a cooperative atmosphere in the online class, improving the ability of the academic staff to manage the teaching and learning strategy, motivating the students for practical work and study, having convenient access to academic staff, and using relevant and appropriate methods to evaluate the students. One of the participants regarding the expectations from the staff in an efficient learning environment said: "The staff should do their responsibility well, communicate and behave well with the students, guide the students and help them to solve their problems" (code 4).

Projects and administrative tasks of learners are weak, and these cases which should engage students in practical and strong tasks and sometimes unimportant, and despite its importance, little prices will pay for it. Training should be an integral part of the curriculum since the practical work is effective for performance of the graduates. Practical courses provided in the curriculum accordance with the above-mentioned capabilities are not arranged for graduates. In the program review requires that according to the abilities expected of graduates, practical courses will be more highlighted and executive.

Given the importance of the interaction, it is necessary to improve it. The importance of interaction in teaching and learning is that even in remote and electronic learning,

issue of interaction and its different types (education, communication, computer, social, and cognitive psychology) is considered, and some measures are taken to simplify them. One of the students said: "...The purpose of this course is that graduates will be teachers. Unfortunately, this purpose does not happen in practice! Why? One of the reasons is that teachers are invited to these students become the teacher of teachers! But is there really a master teacher and be able to teach teachers being. Unfortunately, some of the professors have their own problems in being a teacher, let alone seeing the teacher to train teachers..." (code 2).

Although for graduates, a desirable occupational status and career row are not defined very well as expert and students point of views. None of the graduates, who work at the University, serve in a reserved place. Education in this field should lead to the raising student job promotion while it is not. One of the graduate students said: "...When I started studying in medical education, I focused just on future job and its marketing; I would like to job and academic honour after graduation..." (code 9).

Evaluation is not real in the field and despite the nature of this field that evaluation must be a principled evaluation. There are only a theoretical assessment and fewer pay attention to the performance appraisal. One of these proposed interpretations was: "...Due to the failure in the assessment of practical ability of students, a person who was at the end of training course wouldn't have necessary efficiency and effectiveness for work environment and faculty cannot give any help and advice. So this lack of evaluation in addition to the train system with regard to costs incurred..." (code 11). Despite this fact will have bad effect on faculty group too and the graduated student also will notice a gap in a job environment between what they know and objective reality and it will cause the lack of interest to his work as well as reduce his or her self-esteem.

Expert assessment of the strengths and weaknesses of the curriculum in three ranges of desirable, acceptable, and unacceptable was as follows: curriculum goals, the content of the curriculum, strategies curriculum, implementing strategies (general education strategies), methods and techniques of teaching (teaching methods), program management, and theoretical evaluation are in the acceptable range. Expected abilities from graduates and characteristics of courses are in desirable range, and professional duties of graduates, career status of graduates, educational environment, practical training, practical evaluation, and experiences of graduates are placed in unacceptable area. For example, one of academic member states that: "...Given that graduates actually will not meet the anticipated capabilities in the curriculum, virtually confront with weakness in the real environment. So evaluation of 'the capabilities of

expected of graduates' item would not be placed at an acceptable level..." (code 11).

Needs assessment and measurement should be done, and a real need in this field is determined based on program objectives, and educational content and assessment methods should be determined. If the graduates' real needs, then the actual position and the quality of their learning increase their satisfaction and also real needs and evaluating the implementation of the action plan. One of the professors said "...The discipline on our university as well as private practice has not any position, so this discipline does not attract students because its employment is low" (code 5).

## Discussion

The overall goal of this study was to evaluate the quality of the curriculum in Master of Medical Education through the Eisner's educational connoisseurship and criticism model. The evaluation was carried out by thirty professors, graduates, and students about the elements of the curriculum; the following curriculum review in the field of medical education from researchers' views is debatable in Iran:

The outlook of curriculum should express clearer and in more detailed planning and providing a more complete view. The strict implementation of the proposed objectives and appropriate curriculum as Dundee University defined quality assurance standards for medical education and achievement of objectives to be reviewed periodically in schools whether the program is implemented properly or not. Content should be more useful and with a more pragmatic view to creating the expected capabilities in graduate. Content should be in the form of core and noncore.

Special skills should be mentioned, and course references must be revised, and applied reference should be introduced. With the combination of theory and practice with each other and strengthen, the practical and functional aspects can achieve expected capabilities from MA students in medical education.

Educational strategies are moved more toward the practical application of knowledge, to transfer the functional nature of the field. The program strategy should be such that achievement of the overall curriculum objectives makes possible and achievable, in other words, guidelines and consider strategies curriculum, which led to the bold objectives and lead theoretical training to practical training.

The rank and job status of graduates in this field determine exactly to witness provides a more realistic performance

of the graduates. In the entrance examinations for graduate students, including PhD should be considered a condition of passing the language test (e.g., Ministry of Science Research and Technology (MSRT) or Ministry of Health Language Exam (MHLE)) for individual to have a minimum for reading and scientific references. Teaching models in which the needs and abilities of students are important given price. It is better to use educational methods of debate and group discussion, rather than lecture method and create space so that students can use those methods.

Formative assessment and evaluation of student performance appears highlighted. Meanwhile, the condition of passing at least two and a maximum period of 5 years from the implementation of the program should evaluate, and curriculum as foreign universities' curriculum, including Dundee, regularly reviewed and revised.

For curriculum, the "impact" should be specified, and the impact of education in the promotion of medical education should be determined.

For practical courses, manuals be written and for integration between courses should regard joint practical exercises intended to pay more attention practical aspects and practical lessons. For problems of graduates, the assessments of needs, and surveys, the views should be done.

Research and review content in the areas of curriculum, effective teaching methods, and interaction with students help to increase the effectiveness of medical education curriculum.

Fathi Vajargah in a research by the title to evaluate the quality of the curriculum of academic concluded that the curriculum from the perspective of the attitudes and skills of graduates is well equipped, but in the field of specialized knowledge, is faced with problems. In contrast, employers believe that graduates are good at the knowledge and awareness of specialized field and related attitude, but they are not suitable in skills and ability. Thing to note is that most employers expect graduates have practical and applied knowledge required to perform special tasks in the organization.<sup>[18]</sup>

The study results of Ranjbar *et al.* to updating the curriculum of the PhD research (MPhil) in Iran showed that due to the dynamic nature of the environment, education, and research, there is a need to review and reform period, according to the requirements in the coming years.<sup>[19]</sup>

Montazeri *et al.* in a research carried out a comparative study of curriculum of medical education MA in Iran and other countries of the world and concluded that

according to the results of the implementation of the training program with three universities, Dundee, Calgary, and Maastricht, it seems to address its shortcomings and improve things such as "revised objectives and strategies of education, offering courses in both virtual and face to face, the admission from undergraduate, suggesting compensatory courses under another name, such as prerequisite courses, and greater emphasis on research methods course in education;" the curriculum should be reviewed and revised.<sup>[20]</sup>

Majidi *et al.* in a study entitled assessment of the need to review and existing challenges in the medical nanotechnology MA curriculum, concluded that due to the fact that in recent years, changes in the set out objectives of the medical nanotechnology field examiner board and evaluation of this field and the headquarters of nanotechnology development as custodians of education and promotion of medicine nanotechnology in the country are not done. According to the collective opinion of educational department, discussion of rewriting the curriculum was canceled, and curriculum revision was proposed. Among the various aspects of the review, the priority of Executive Committee of reviewing the curriculum was to revise instructional materials and evaluation of students.<sup>[21]</sup>

A critic's duty is not an impartial observation (a role impossible in any case), nor a fair-minded interpretation. Critic uses of what he sees and interprets to achieve results on training work features and recovery it. Although stated that training expertise can make what is experienced and understood, its own subject is to describe what educational criticism training is. Undoubtedly, the role of criticism is recognizing criticism contacts and how to do criticism. Conscious educational criticism to the teachers offers a vision of education that never exists before. The purpose of restructuring concepts criticism and good training criticism, such as criticism in other areas, training criticism should help them to see and hear better than criticism.<sup>[13]</sup>

Reference sufficient of educational criticism is characterized by examining the phenomenon and receiving what critics have described. Criticism is useful when reveal hidden features of teaching and learning. When this hidden education aspect becomes apparent, teacher, supervisor, manager, or the board can judge about it. Thus, criticism education, educational policy, and finer aspects of educational decision-making offer using more sophisticated knowledge can be based on the exploration and meditation.<sup>[13]</sup>

At the end, it is essential that the necessary to note that curricular activities and its realization are in operation.<sup>[22]</sup> It is hoped that by creating the conditions

and a favorable environment, remove and repair the ravages and shortcomings and will happen full, impeccable implementation of its objectives of graduate medical education training program.

Lack of access to educational experts, difficulty in accessing graduates to complete questionnaires, and the lack of similar studies in this context were this study limitation.

## Conclusion

With regard that the field of medical education is partly an emerging field in Iran and with respect to the issues mentioned, it is recommended that curriculum' revised is based on the main application both of these outcomes, educational content, teaching strategies, teaching space, evaluation of students and courses, course management, and faculty members. The results of this study that obtained using the experts' ideas in discussed fields and comments of individuals associated with the program, such as faculty members, students, and graduates, can help editors and modifiers of the curriculum in medical education and other similar fields in Iran to take action in a broader view of development, revising and reforming the curriculum and selecting the most appropriate objectives, content, teaching methods, evaluation, and other elements of the program.

## Acknowledgment

This article is the result of the research project and extracted from Thesis Mrs. Fariba Khani Poor with the 7233 code was adopted on September 15, 2014. In this way, we appreciate Shiraz University of Medical Sciences, Shiraz, Iran, for supplying research finances. Furthermore, we acknowledge the education development center, faculty members, medical education students, and others who helped us to perform this study.

## Financial support and sponsorship

The present study is derived from the results of a master of medical education student's thesis. This article is financed by Shiraz University of Medical Sciences and is affiliated to Quality Improvement in Clinical Education Research Center of Shiraz University of Medical Sciences, Shiraz, Iran. This thesis is approved by Ethics Committee of Shiraz University of Medical Sciences, Shiraz, Iran by the code of EC-9373-7233.

## Conflicts of interest

There are no conflicts of interest.

## References

1. Hosseinpour M, Behdad A, Samii H. Assessment of medical interns opinion about education in surgery courses in Isfahan University of Medical Sciences. *Iran J Med Educ* 2001;1:30-5.
2. Bazrafkan L, Haghani F, Shokrpour N. The summer school students' viewpoints about important factors in learning, Shiraz University of Medical Sciences. *J Adv Med Educ Prof* 2014;2:77-81.
3. The Top Council of Medical Sciences Planning. Master Degree of Medical Education Curriculum. Hygiene. Ministry of health and treatment and Medical Education. Tehran. Iran. Revised 2003. [In Persian].
4. Mirzabeygi A. Curriculum and Lesson Plans. Iran. 1<sup>st</sup> ed. Tehran: Yastoroon Publication; 2001. p. 15.
5. Kojuri J, Amini M, Karimian Z, Dehghani MR, Saber M, Bazrafkan L, et al. Needs assessment and evaluation of a short course to improve faculties teaching skills at a former World Health Organization regional teacher training center. *J Adv Med Educ Prof* 2015;3:1-8.
6. Torabi K, Bazrafkan L, Sepehri S, Hashemi M. The effect of logbook as a study guide in dentistry training. *J Adv Med Educ Prof* 2013;1:81-4.
7. Dent JA, Harden RM. A Practical Guide for Medical Teachers. 1<sup>st</sup> ed. Edinburgh: Churchill Livingstone; 2001.
8. Gay LR. Educational Evaluation and Measurement. Competencies for Analysis and Application. 2<sup>nd</sup> ed. U.S.A.; Published by Pearson; 1990. p. 6-16.
9. Smith MK. 'Elliot W. Eisner, Connoisseurship, Criticism and the Art of Education', *The Encyclopaedia of Informal Education*; 2005. Available from: <http://infed.org/mobi/elliot-w-eisner-connoisseurship-criticism-and-the-art-of-education/>. [Last accessed on 2017 Jan 28].
10. Eisner EW. *The Kind of Schools We Need: Personal Essays*. 1<sup>st</sup> ed. Portsmouth, NH: Heinemann; 1998.
11. Vars GF. Educational Connoisseurship, Criticism, and the Assessment of Integrative Studies. *Kent State University. Issues in Integrative Studies* 2002;20:65-76.
12. Yuksel I. How to conduct a qualitative program evaluation in the light of Eisner's educational connoisseurship and criticism model. *Turk Online J Qual Inq* 2010;1:78-84.
13. Eisner EW. Educational connoisseurship and criticism: Their form and functions in educational evaluation. *J Aesthetic Educ* 1976;10:135-50.
14. Hosseini Shahidi L, Vahidi M, Mahram B, Namdar Areshtanab H, Zarghi N. Professional identity development in nursing students: Eisner's evaluation model. *Res Dev Med Educ* 2014;3:37-43.
15. Mahram B, Farokhzade MH. The role of curriculum components on the evolution of students' entrepreneurial spirit. Mashhad: Qom. Publication of Imam Khomeini; 2009. p. 83-109. [In persian].
16. Hsieh HF, Shanon SE. Three approaches to content analysis. *Qual Health Res* 2005;15:1277-88.
17. Kondracki NL, Wellman NS. Content analysis: Review of methods and their applications in nutrition education. *J Nutr Educ Behav* 2002;34:224-30.
18. Vajargah F, Shafiei N. Evaluation of quality academic curriculum, Iran. *J Curriculum Stud* 2007;2:1-26. [In persian].
19. Mostafavi E, Haghdoost A, Siavashi M, Ranjbar H, Fasihi Harandi M. Updating the curriculum of Ph.D by research training courses in medical sciences in Iran. *Iran J Strides Dev Med Educ* 2013;10:358-68.
20. Karimi Moonaghi H, Montazeri R. A Comparative study of the curriculum of master's degree in medical education in Iran and some other countries, Iran. *J Strides Dev Med Educ* 2015;11:420-33.
21. Amani A, Rezayat M, Saboori Kashani A, Riazi S, Faridi Majidi R. Evaluation of necessity of revision and challenges of curriculum of medical nanotechnology in MSc level, Iran. *J Strides Dev Med Educ* 2014;10:494-7.
22. Ghafari R, Amini A, Yazdani SH, Alizadeh M, Salak Ranjbar Zade F, Hasanzade Salmasi S. The comparative study: Curriculum of undergraduate medical education in Iran and in a selected number of the world's renowned medical schools. *Iran J Med Educ* 2011;11:8-31.