

# Teaching Health Center Planning and Development (THCPD) Annual Meeting



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A partnership between



# Disclosures



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# Curricular Resources for THCGME: Define, Design, Develop Curriculum

Introduction: Ernie Yoder, MD



# Objectives

- Attendees will be able to discuss:
- Definition of curriculum
- Phases of program design, development, and implementation
- Concepts of assessment and evaluation
- THC and RRPD resources



# Curriculum

- The plans, goals, objectives, resources, instruction, media-methods, assessments/evaluation, required for the successful implementation and maintenance of an educational experience.
- Includes the plan and resources for ongoing program/curriculum maintenance and enhancement
- Complex concept, well beyond the scope of this one hour session: **a session of appetizers rather than the whole meal!**



# Phases of Curriculum Implementation

- **CREATE CONTINUOUS EDUCATIONAL IMPROVEMENT** - iterative
- Needs Assessment or Program Evaluation (APE)
- Measurable Objectives: Competencies, EPAs, Milestones
- Assessments and Program Evaluation Plan (feedback plan)
- Design and Develop Instruction (Program Structure) – Plan for mapping of objectives, instruction, assessment
- Identify and Acquire Resources for Program (Faculty, Clinical Sites, Instructional Materials, Methods/Media, Faculty Development)
- Pilot Program (Formative Evaluation) or Expert Review
- Implement and Evaluate Program

# Curriculum Design, Development, Implementation



- Sources: Specialty Board(s), Specialty Associations, ACGME, AAMC, AOA, AACOM, local medical school, experts/consultants
- ACGME Common, Sponsoring Institution, Specialty Requirements
- Instructional/Curriculum Design Expertise
- Engagement of Faculty, including faculty curriculum champion
- THCGME/RRPD Toolboxes: Community Engagement, Institutional Sponsorship, Program Accreditation, Program Design and Development, Program Implementation

**Table 2. Van Melle Framework for Competency-Based Medical Education<sup>1</sup>**

Component	Description
<b>An Outcomes-Based Competency Framework</b>	<ul style="list-style-type: none"><li>• Desired outcomes of training are identified based on societal needs</li><li>• Outcomes are paramount so that the graduate functions as an effective health professional</li></ul>
<b>Progressive Sequencing of Competencies</b>	<ul style="list-style-type: none"><li>• In CBME, competencies and their developmental markers must be explicitly sequenced to support learner progression from novice to master clinician</li><li>• Sequencing must consider that some competencies form building blocks for the development of further competence</li><li>• Progression is not always a smooth, predictable curve</li></ul>
<b>Learning Experiences Tailored to Competencies in CBME</b>	<ul style="list-style-type: none"><li>• Time is a resource, not a driver or criterion</li><li>• Learning experiences should be sequenced in a way that supports the progression of competence</li><li>• There must be flexibility to accommodate variation in individual learner progression</li><li>• Learning experiences should resemble the practice environment</li><li>• Learning experiences should be carefully selected to enable acquisition of one or many abilities</li><li>• Most learning experiences should be tied to an essential graduate ability</li></ul>
<b>Teaching Tailored to Competencies</b>	<ul style="list-style-type: none"><li>• Clinical teaching emphasizes learning through experience and application, not just knowledge acquisition</li><li>• Teachers use coaching techniques to diagnose a learner in clinical situations and give actionable feedback</li><li>• Teaching is responsive to individual learner needs</li><li>• Learners are actively engaged in determining their learning needs</li><li>• Teachers and learners co-produce learning</li></ul>
<b>Programmatic Assessment (i.e., Program of Assessment)</b>	<ul style="list-style-type: none"><li>• There are multiple points and methods for data collection</li><li>• Methods for data collection match the quality of the competency being assessed</li><li>• Emphasis is on workplace-based assessment</li><li>• Emphasis is on providing personalized, timely, meaningful feedback</li><li>• Progression is based on entrustment</li><li>• There is a robust system for decision-making</li><li>• Good assessment requires attention to issues of implicit and explicit bias that can adversely affect the assessment process.</li></ul>



# Mapping



EPA <sub>s</sub>	COMPETENCIES	SUB-COMP <sub>s</sub>	MILESTONES	CURRICULUM	ASSESSMENT
	Comp	Subcomp 1 Subcomp 2	M1 M2 M3		
EPA	Comp	Subcomp 1 Subcomp 2	M4 M5		
	Comp	Subcomp 1 Subcomp2	M1 M4 M6		

# Minimal Required Assessments



Competency	Assessment Options
Medical Knowledge for practice	In-training exams, Oral questioning, Direct observation, Assessment of Reasoning tool, Case/patient record reviews
Patient Care	Direct observation during care delivery, Multiple faculty and peer assessment, rating scales Standardized assessments/OSCE/simulation, Audit of clinical practice/quality; Case logs;
Professionalism	Informed self-assessment, Assessment from multiple faculty and peers, Multi-source feedback, such as a 360-degree evaluation (including staff, nurses, patients, families. et al.)
Interpersonal and Communication Skills	Multiple faculty and peer assessments, Direct observation/rating scales, Multisource feedback, such as a 360-degree assessment (including staff, nurses, patients, families. et al.) especially regarding interprofessional care
Practice-Based Learning and Improvement	Assessment of knowledge, skills, and attitudes from CQI/patient safety work, Audit of clinical practice, Rating scales, Reflective practice rubrics
Systems-Based Practice	Multiple faculty/peer assessment regarding ability to practice in a complex health care System, Rating scales, Multi-source feedback, such as a 360-degree evaluation, especially regarding interprofessional care

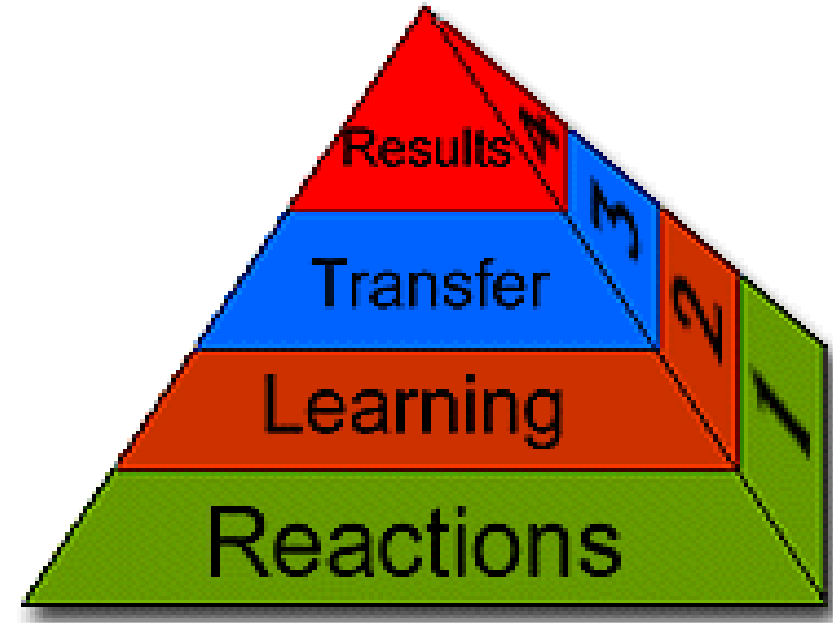


# Assessment Methods

- Global rating scales
- Direct observation/video recordings, video camera
- Oral questioning/discussions during patient care
- Informed self-assessments
- In-training examinations
- Simulation/OSCE
- Procedure and patient logs
- Multi Source (360) assessments – includes self and peer
- Practice-based quality/safety audits
- CQI/Patient safety projects
- Evidence-based medicine projects
- Case/chart reviews

# Kirkpatrick's Four Levels of Outcomes

1. Satisfaction/Reaction
2. Advance in knowledge, skills and attitudes
3. Skills used/applied in everyday environment of the learner
4. Outcomes/Impact
  - a. Effect on participants' "learners"
  - b. Effect on participants' career
  - c. Institutional improvements









# QUESTIONS

# Contact

