

The "How-To's" of Curriculum Development

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American College of Rheumatology

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Program Directors

- Limited/No Protected Time
 - Clinical Demands
 - Paperwork
 - Administration
 - Lack of support
- Time for teaching
- Salary support for faculty

Stage Theory of Dreyfus

Competence: The competent individual knows the rules of his/her field and can apply them appropriately, however, problem finding and solving is effortful

Mastery

Expertise

Proficiency

Competence

Advanced Beginner

Novice

If “COMPETENCE” is our goal then our fellows need

- 1. Opportunities for guided practice with feedback**
- 2. Direct instruction**
- 3. Role modeling**
- 4. Encouraged reflection**

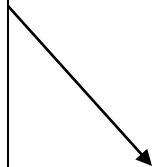
If “PROFICIENCY” is our goal then our fellows need:

- 1. Opportunities for practice and feedback**
- 2. Encouraged reflection and discussion**
- 3. Reinforcing role models**

At the fellowship level, we should expect fellows be invested in the process of improving performance. Clear objectives and benchmarks should act as guides to continuing self assessment and improvement planning

Curricular Design Template

Identify Needs, Required Content & Gaps

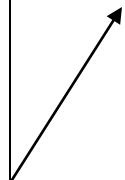


Identify Fellowship Goals & Performance Markers

Select Content and Develop Methods of Acquisition

Design & Pilot Assessment and Evaluation

Consider Characteristics of Incoming Fellows



Identify Needs, Required Content & Gaps

Rheumatologist is a:

- Provider of specialized care for complex, often chronic health problems
- A Consultant to primary care providers (GIM, FP, Peds)

Training Requirements

- ACR Core Curriculum (41 pages)
- ACGME Program Requirements

Need an “Organizational Model” to manage requirements

Consider Characteristics of Incoming Fellows

Who is your “Learner” and what do they need?

- GIM graduate - type of program & hospital – (match or miss-match??)

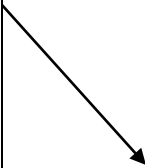
➤ Successfully attained 6 core competencies

- So... For MK, PC, there will be much to learn (21/41 pages)
- But for... PBLI, ICS, SBP and PF where do you want to focus your efforts???

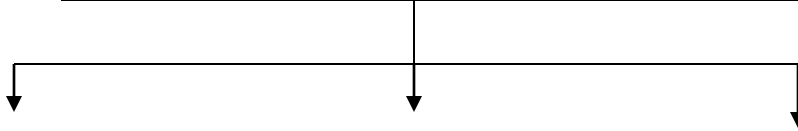
- Incoming fellow’s ability to reflect on his/her own performance
- Ability as a teacher

Curricular Design Template

Identify Needs, Required Content & Gaps



Instructional Alignment

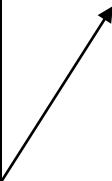


Identify Fellowship Goals & Performance Markers

Select Content and Develop Methods of Acquisition

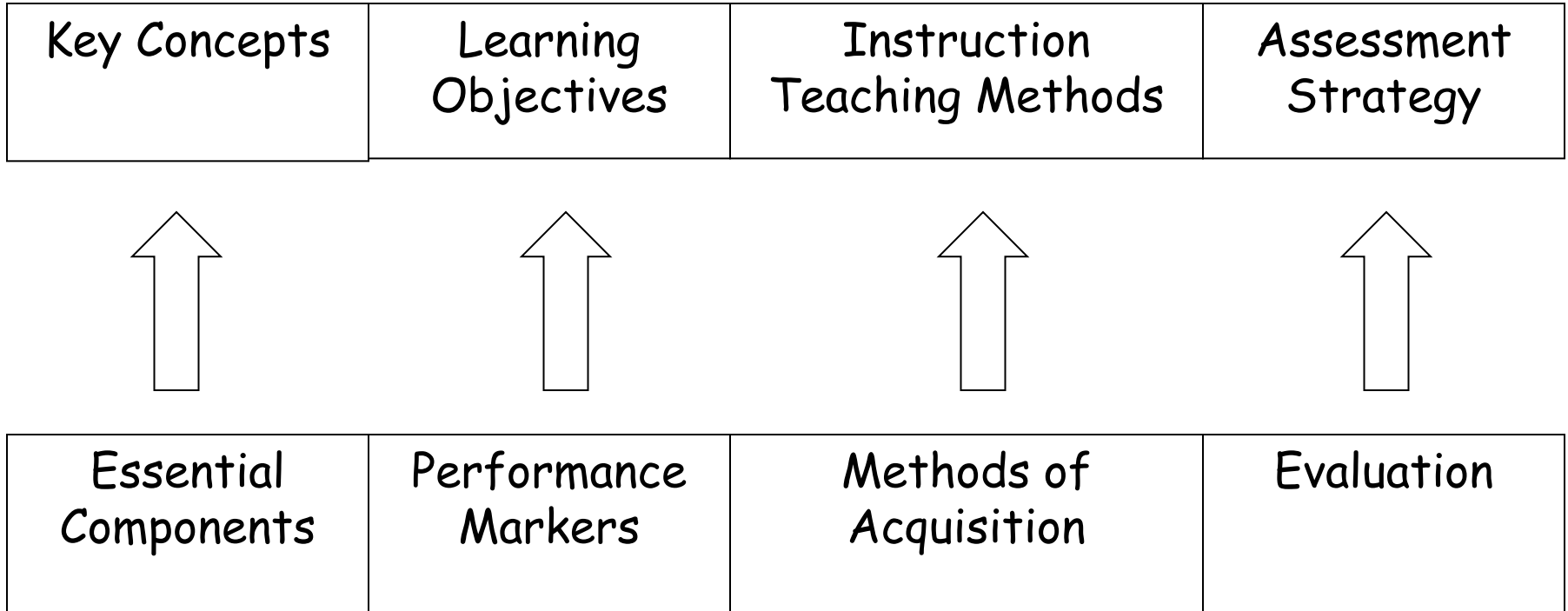
Design & Pilot Assessment and Evaluation

Consider Characteristics of Incoming Fellows



Instructional Alignment

COMPETENCY



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Learning Objectives Performance Markers

Now it gets "tricky" depending on where you are starting....

- ACR Curriculum has approx. 80+ Performance Markers
- ACGME Program Requirements for Rheumatology
- Existing goals and objectives that are not organized by competency

Core Curriculum

Interpersonal and Communication Skills

Performance Markers

Gathering information: the fellow should be able to:

- Use effective verbal, non-verbal, listening, questioning and explanatory skills to obtain a complete and accurate history
- ...
- ...

ICS – 1 M

AMB- 1M

Providing Information - The fellow should be able to:...

- Write clear and effective consultations in the medical record and in letters to referring physicians
- Clearly explain benefits and risks of treatment

ICS- 1N

ICS-2 N

ICS= Inpatient Consult service

AMB= Ambulatory Clinic

Model "C"

Organized by Rotation, Competency and Level with "Alignment Blueprint"

AMBULATORY EXPERIENCE

PATIENT CARE Months 1-12		
Performance Markers:	Teaching Methods	Assessment Strategy
By the end of the Outpatient Experience the FIRST YEAR FELLOW will be able to:		
1. Obtain a clinical history, relevant review of systems, and assess functional status of patients with common rheumatic disease symptoms		
2. Perform the examinations of the structure and function of all axial and peripheral joints, peri-articular structures, and peripheral nerves and muscles and interpret findings with assistance.		

Methods of Acquisition

What are you
already doing well?

How can you
formalize, or adapt
it to document
learning?

Teaching Rounds

Case-based
Chalk Board Talks

Chart Audits

Learning Portfolios

Case Conferences

Video taping

M & M Conference

Reflective Projects

Didactics

Model “C”

Organized by Rotation, Competency and Level with “Alignment Blueprint”

Ambulatory Clinic

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Performance Markers:	Methods of Acquisition	Assessment Strategy
By the end of the Outpatient Experience the FIRST YEAR FELLOW will be able to:		
Perform the examinations of the structure and function of all axial and peripheral joints, peri-articular structures, and peripheral nerves and muscles and interpret findings with assistance.	Clinical Performance Feedback Simulators Standardized Patients Videotapes Physical diagnosis lab Independent Learning Modules	

Fellow Assessment

1. Review the objective / look for cues to assessment
2. Review the ACGME Assessment Toolbox
3. Consider Formative and Summative Assessment /
4. “Close the Loop” on assessment (learning plan)

Model “C”

Organized by Rotation, Competency and Level with “Alignment Blueprint”

Ambulatory Clinic

PATIENT CARE Months 1-12		
Performance Markers:	Methods of Acquisition	Assessment Strategy
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Summary and Tips

1. A competency-based dynamic curriculum is the foundation for a strong education program
2. Create and model a reflective learning environment
3. Know your learner/baseline data
4. Focus your instruction on new skills and monitor existing skills
5. Use all the resources that are available/ Don't be a "martyr" or the "lone ranger"
6. Crucial to include the fellows in the process
7. Hire, cherish and challenge your excellent coordinator
8. Build on your strengths
9. Know the ACGME requirements and use their website
10. "Close the loop" on Assessment