Curriculum Revision

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Disclosures

- Only include this slide on the very first presentation on the first day - for ALL presenters

Objectives

Upon completion of this presentation, the participant will be able to:
1. Identify resources for effective curriculum review
2. Plan and implement a curriculum development project (revision)
3. Anticipate planning and implementation potential obstacles
Define “Curriculum”

The planned and unplanned experiences that students have while taking part in an educational program.

Curricular Foundations

• In PA education, curriculum may be derived from:
  – ARC-PA Standards (primarily section B)
  – Core Competencies for PA Profession
  – NCCPA Blueprint
  – Clinical Experience of Educators and Physician Partners
  – Educational Theories

Curricular (influence) v.
1. to affect the nature, development, or condition of;

• Intentional
  – Institutional (School) Mission, Goals & Policies
  – Program Mission and Goals
  – Service area (local, regional, national)
  – Self-study
• Unintentional
  – Personal experiences of educators
  – Resources
  – External forces, including practice environment
Components of Intentional Curriculum

• Raw Material – willing student with prerequisite knowledge, skills and attitudes
• Curriculum Package
  – Goals
  – Courses
  – Sequence
  – Facilitators (teachers)
  – Syllabi
  – Lesson Plans
  – Evaluation Instruments
  – Physical Resources (desks, chairs, computers etc.)

Where Are You in the Revision Process?

• Tinkering at the margins
• Major overhaul needed

Assumptions

• You know what your finished product looks like (role delineation or core competencies)
• You understand institutional requirements for course/curriculum revisions
• Changes are consistent with your Program’s mission
• Overarching Program Essentials
  – Sequencing
  – Content and Objectives
  – Delivery
  – What others require (Institution, ARC, et al.)
Review the Basics

SEQUENCING

- Clinical Medicine before Pharmacology
- Pharmacology before Clinical Medicine
- Clinical Medicine with Pharmacology

CURRICULUM DELIVERY

• Form
  - Lecture OR Lab
  - Small Group or TBL
  - Experiential

• Technology (simulators, SPs)

• Distance (synchronous vs. asynchronous)

• Blended Learning/Hybrid

Curriculum Mapping

<table>
<thead>
<tr>
<th>Subject/System</th>
<th>Topic</th>
<th>Subtopic(s)</th>
<th>Course/Term</th>
<th>Content Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>CHF</td>
<td>Acute</td>
<td>PA-600/F1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chronic</td>
<td>PA-600</td>
<td>1</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Infections</td>
<td>Bacterial: cellulitis, furuncles,…</td>
<td>PA-601/Sp1</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>Examination</td>
<td>Lesion morphology</td>
<td>Adult Peds</td>
<td>1 lec 1 lab</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Geriatric</td>
<td></td>
</tr>
</tbody>
</table>

Curriculum mapping helps faculty understand what is planned for instruction, there are several models available.
### Assessment of...

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Content</td>
</tr>
<tr>
<td>- Theory and Principles</td>
<td>- Methods and Mechanics</td>
</tr>
<tr>
<td>Skills</td>
<td>Instructors</td>
</tr>
<tr>
<td>- Practical Abilities</td>
<td>- Resources</td>
</tr>
<tr>
<td>Integration/Appication</td>
<td>Satisfaction</td>
</tr>
<tr>
<td>- Patient Management</td>
<td>Impact</td>
</tr>
<tr>
<td>- Team/System interactions</td>
<td>Outcomes</td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
</tr>
</tbody>
</table>

### A word about the unintended (or “hidden”) curriculum....

- What Influences Student Learning?
  - culture of the program
  - faculty modeling
  - peer interactions
  - extra-curricular events (planned and unplanned)
- These interactions can be as powerful (if not more) than the formal curriculum components.

### Curriculum Truisms

- Listen to all voices to determine reality (triangulation)
- Listen over time
- Some will always criticize the curriculum
- Everyone will tell you what is needed (or not)
- It will **never** be perfect
CURRICULUM STAKEHOLDERS

Core faculty
Adjunct faculty
Faculty within the school
Dean
Curriculum experts
Graduates
Preceptors
Employers
STUDENTS!

Ongoing Quality Improvement vs. Curriculum Revision

• Curriculum evaluation is a continuous process
• Institutional definitions and/or decisions may dictate your actions

Major Revisions Needed

• Why?
  – What evidence suggests need for change?
  – Qualitative or Quantitative data are ok
  – Avoid knee jerk or only student driven decisions – use triangulation and longitudinal analysis
• When?
  – Consider phase-in and phase-out issues
  – Plan for university and ARC-PA approval processes
Major Revisions Needed

• What
  – Resources will be needed?
  – Are the trade-offs?
• Who
  – Has/Has not bought in?

Curriculum Revision

Scenario Presentations

Resources

• Kern, D. Curriculum Development for Medical Education A Six-Step Approach.
Acknowledgements

- Patrick Auth
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