# **Curriculum Basics**

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### FELLOWSHIP FUNDAMENTALS

A Workshop for New Program Administrators
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# Session objectives

- Understand the program administrator's role
- Learn the language and required elements of a comprehensive cardiovascular disease fellowship curriculum
- Sourcing content
- Staying compliant

# The Program Administrator's Role





A rigorous core scientific and clinical curriculum A comprehensive clinical skill-building program

Opportunities to engage in complex clinical reasoning

- IV.A The curriculum must contain the following educational components:
  - IV.A.1 Overall educational goals for the program, which the program must make available to fellows and faculty
  - IV.A.1 A set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates
    - IV.A.1.a) The program's aims must be made available to program applicant's, fellows and faculty members
    - IV.A.1.b) A program with additional ACGME recognition status must demonstrate how requirements associated with such recognition are integrated into the curriculum.



- IV.A The curriculum must contain the following educational components:
  - IV.A.2 Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to fellows and faculty at least annually, in either written or electronic form
  - IV.A.2 Competency-based goals and objectives for each education experience designed to promote progress on a trajectory to practice without supervision in their subspecialty. These must be distributed, reviewed and available to fellows and faculty members



Goals

Serve as criteria against which the selection of various curricular components can be assessed.

Broad concept Teacher focused Not quantifiable

Objectives

Describes what the learner can expect to achieve by the end of the rotation or session.

Focused and specific
Contribute meaning to the goal
Learner focused
Measurable

The goal is where we want to be.

The **objectives** are the steps needed to get there.



Advantages to developing effective goals and objectives:

- Directs the curricular content choices and prioritizes components
- Clearly communicates performance expectations
- Identifies most-effective learning methods
- Suggests potential evaluation methods
- Permits demonstration of curriculum effectiveness
- Communicates what the program hopes to achieve

Clearly defined objectives become the foundation for evaluations!

- IV.A The curriculum must contain the following educational components:
  - IV.A.3 Regularly scheduled didactic sessions
  - IV.A.3 Delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of fellows over the continuum of the program; and,



- IV.A The curriculum must contain the following educational components:
  - IV.A.4 Delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of fellows over the continuum of the program; and,
  - IV.A.4 Structured educational activities beyond direct patient care
    - Previously "didactic sessions"
    - Examples: M&M conferences, tumor boards, case discussions, etc.



- IV.A The curriculum must contain the following educational components:
  - IV.A.5 ACGME Competencies: The program must integrate the following ACGME competencies into the curriculum
  - IV.B ACGME Competencies
    - IV.B.1. The program must integrate the following ACGME Competencies, including sub-competencies associated with additional ACGME recognition status, into the curriculum:



### **ACGME Core Competencies**

**IV.B.1.a) Professionalism** – must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### P - How to act or behave

IV.B.1.b) Patient Care and Procedural Skills – that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health; must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice

PC - What you do or how you use the knowledge

### **ACGME Core Competencies**

**IV.B.1.C) Medical Knowledge** – about established and evolving biomedical, clinical and epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

MK - What you know

IV.B.1.d) Practice-based Learning and Improvement – demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

PBLI – How you get better

### **ACGME Core Competencies**

IV.B.1.e) - Interpersonal and Communication Skills - must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

PBLI - How you get better

IV.B.1.f) System-based Practice – demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care.

SBP - How you work within the system

## Competent

- o In possession of knowledge or skill adequate for the purpose
- Capable
- Appropriately qualified

Novice	Beginner	Competent	Proficient	Expert	Master
		/			

## Competence

Implies adequacy of performance; does <u>not</u> require substantial mastery

Generic Development	Clinical Development		
Novice	M3 Student		
Advanced Beginner	Intern		
Competent	Completing Resident		
Advanced Competency	Completing Fellow		
Proficient	Attending		
Expert	Professor/Chief		

## Competency

ACGME definition: Specific knowledge, skills, behaviors, attitudes and the appropriate educational experiences required of residents to complete GME programs







**ACGME Program Requirements** 

**ACC COCATS 4 Training Statements** 

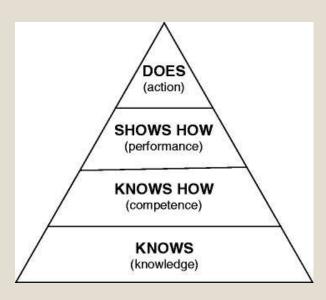
American Board of Internal Medicine

**ACGME IM Subspecialty Milestones** 

Institutional/Site Specific Requirements

## Curriculum - Other Inclusions

- Methods of Assessment
  - Direct observation
  - Global (post-rotation)
  - 360-degree (multi-source)
  - Procedure logs
  - Patient surveys
  - Patient outcome data
  - Chart review
- Supplemental Education Materials
  - Reading lists
  - Videos/webinars
  - Simulation
  - Modeling
- Learning Activities (didactics)
  - Fellow/Faculty conferences
  - Direct patient care
  - Clinic
  - Teaching rounds
  - Supervised procedures

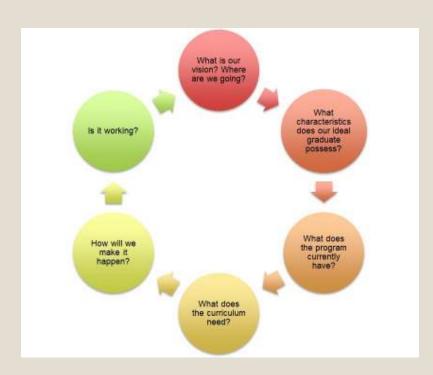


- Annual Program Review (APE)
  - Required
  - Document date of review
  - Major changes in WebADS
  - Semi-Annual
    - Include updates
    - Change faculty, rotation details
    - Supervising attendings review for technical/clinical changes
  - Review by others
    - PD/APD
    - Current/Incoming Chief Fellow
    - Colleagues
    - GME office



# Curriculum conclusions

- What is "our" part in the process?
- Knowledge of the elements and importance of each within the curricular framework of a comprehensive cardiovascular disease fellowship curriculum
- Development
- Avoiding AFIs



An effective curriculum is one that is never completed; it is constantly under review, updated, discussed and implemented by all stakeholders.

