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**Curriculum Template**

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| **Course Title:** |  | | | | | | | | | | | | | | |
| **Course Author/s** |  | | | | | | | | | | | | | | |
| ***Brief* description of the curriculum:** |  | | | | | | | | | | | | | | |
| **New/Updated/**  **Modified?** | **New**  **Curriculum** | | | | | **Updated**  **Curriculum** | | **Modified**  **Curriculum** | | | | | **Date:** | | |
| **Industry Sponsored Course?** | Yes  No | | |  | Sponsor Name | | | | | | | | | | |
| **IRB:**  Will you be using any portion of this course for research or publication? | Yes  No  If yes, have you submitted an IRB application? Yes  No  If yes, have you received IRB approval or exemption? Yes  No | | | | | | | | | | | | | | |
| **Will this course provide CME/CEU’s** |  | | CME | | | Provider Name and Number | | | | | | | | | |
|  | | CEU | | |
| **DEMOGRAPHICS / LOGISTICS** | | | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Learners**  (X all appropriate boxes) | **Learners** | | **# of Learners** | **Department** | |  | Medical Students |  |  | |  | Residents/Fellows |  |  | |  | Allied Heath Students |  |  | |  | Practicing Healthcare Professionals (type: MD/DO, Nursing, RRT, EMT, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | | | | | | | | | | | | | | | |
| **ASSESSMENT OF NEEDS** | | | | | | | | | | | | | | | |
| **Curriculum addresses a Professional Practice Gap identified by:** |  | | New Procedure for Learner | | | | |  | | | Hospital QI information | | | | |
|  | | New medication (s) indication (s) | | | | |  | | | External requirements (ACGME, JCAHO, OSHA) | | | | |
|  | | New methods of diagnosis and/or treatment | | | | |  | | | National Patient Safety Goals | | | | |
|  | | Development of new technology | | | | |  | | | Research Findings | | | | |
|  | | New hospital policy and procedure | | | | |  | | | Expert opinion of faculty (*cannot be only source)* | | | | |
|  | | Standard of Care | | | | |  | | | Other (please specify) – | | | | |
|  | | | | | | | | | | | | | | | |
| **This is a practice gap/educational need of:** |  | | Knowledge | | | | |  | | | Competence | | | | |
|  | | Performance | | | | |  | | | Patient Outcomes | | | | |
|  | | | | | | | | | | | | | | | |
| **Prerequisite Knowledge related to this course** | Describe the knowledge and skills that the *learners should have* prior to beginning this course. | | | | | | | | | | | | | | |
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| **DELIVERY AND IMPLEMENTATION OF EFFECTIVE EDUCATION** | | | | | | | | | | | | | | | |
| **Faculty / staff involved with course** | **Name** | | | | | **Department** | | | | | | | | **UTCAMS Orientation complete?**  **Yes No** | |
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| **Faculty Training** | Will there need to be faculty training on simulation equipment/models prior to the first scheduled class? | | | | | | | | | | | | | | |
|  | Yes  No | | | | | | | | | | | | | | |
| **Scenario Run-through** | *ALL* simulation scenarios require a complete run-through prior to first class.  Have you scheduled the scenario run-through? | | | | | | | | | | | | | | |
|  | Yes  No | | | | | | | | | | | | | | |
| **DEVELOPMENT OF GOALS AND OBJECTIVES** | | | | | | | | | | | | | | | |
| **Course goals:** | Describe your learning goals for this course. These are broad and generalized and focus on the learner. | | | | | | | | | | | | | | |
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| **Learning objectives:** | Describe in precise, measurable terms what you expect learners to be able to demonstrate upon training completion. Objectives connect the identified gap/need with the desired result. [Link to Blooms Taxonomy](https://www.utica.edu/academic/Assessment/new/Blooms%20Taxonomy%20-%20Best.pdf) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **SELECTION / CREATION OF INSTRUCTIONAL METHODS** | | | | | | | | | | | | | | | |
| **Content** | **Course outline or agenda:** | | | | | | | | | | | | | | |
| **Didactic**: *Please attach Power Point presentation, URL’s, or other materials to be presented*.  **Total time:** | | | | | | | | | | | | | | |
| **Skills Lab**: Number of Stations\_\_\_\_\_\_  Procedure Steps: \_\_\_\_\_\_(*may attach as a separate form*)  **Total time**: | | | | | | | | | | | | | | |
| **Scenario**: *Please attach scenario form.*  **Total Time**: | | | | | | | | | | | | | | |
| **Debrief**: *Please attach Debrief Questions or Template* | | | | | | | | | | | | | | |
| **Pre-Course Preparation:** (Insert *Assigned* Readings or Videos): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **References**: Must have at least 3 current references. A faculty expert can be one of the references. | | | | | | | | | | | | | | |
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| **Educational Strategies and Modalities to be utilized for this course** | **Please X the types of teaching strategies and/or modalities you intend to use.** | | | | | | | | | | | | | | |
|  | | Presentation/ Lecture | | |  | Live Demonstration | |  | | | Partial task trainer | | | | | |
|  | | VR assisted instruction | | |  | Sim Scenario - includes pre-brief and debrief | |  | | | High Fidelity Manikin | | | | | |
|  | | Video Tutorial | | |  | Teleconference (Zoom/TEAMS) | |  | | | Other (Cadaver, SP’s) | | | | | |
| ***If utilizing a Sim Scenario*** | **Are opportunities for TeamSTEPPS techniques included?**  Yes  No | | | | | | | | |  | | | | | | |
| **ASSESSMENT OF LEARNERS** | | | | | | | | | | | | | | | |
| **Assessment Strategies** | **How will you assess learner Knowledge, Skills, and Attitudes based on your learning objectives?** | | | | | | | | | | | | | | |
| **A.** | | **Will you use a knowledge pre-post test?** | | | | | | | | | | | | |
|  | | Yes | | | | | | | | | | | | |
|  | | No | | | | | | | | | | | | |
| **B.** | | **Is there a previously published or researched assessment tool that applies to your curriculum?** | | | | | | | | | | | | |
|  | | Yes | | | | | | | | | | | | |
|  | | No | | | | | | | | | | | | |
| \* | | *If yes, provide copy of tool and/or URL link:* | | | | | | | | | | | | |
| C. | | **Will this assessment be summative or formative?** | | | | | | | | | | | | |
|  | | Summative | | | | | | | | | | | | |
|  | | Formative | | | | | | | | | | | | |
| **D.** | | **Which of the following will the assessment target? (check all that apply)** | | | | | | | | | | | | |
|  | | Knowledge/Cognitive | | | | | | | | | | | | |
|  | | Psychomotor/Technical Skills | | | | | | | | | | | | |
|  | | Affective | | | | | | | | | | | | |
|  | | Team Training | | | | | | | | | | | | |
| E. | | **What type of assessment tool will you use to conduct your assessment? (check all that apply**) | | | | | | | | | | | | |
|  | | Checklist | | | | | | | | | | | | |
|  | | Likert Scale | | | | | | | | | | | | |
|  | | Debriefing Template | | | | | | | | | | | | |
|  | | Other: | | | | | | | | | | | | |
| F. | | **Will you have a passing score?** | | | | | | | | | | | | |
|  | | Yes (*please provide scoring criteria* - *may attach as a separate document)* | | | | | | | | | | | | |
|  | | No | | | | | | | | | | | | |
| **ASSESSMENT OF SIMULATION BASED EDUCATION PROGRAM** | | | | | | | | | | | | | | | |
| **Course Evaluation**  **(Required)** | **A.** **Describe how you plan to assess the participants’ reaction to the course. Include how you will collect feedback on the quality of the faculty’s instruction e.g., interviews, surveys, questionnaires, etc.** | | | | | | | | | | | | | | |
|  | | I Will utilize the standard UTCAMS Course Evaluation Form | | | | | | | | | | | | |
|  | | I have other forms or methods of Course Evaluation: (*please list below and attach copies of forms to be used*) | | | | | | | | | | | | |
| **B. Will you use any of the following to assess outcomes/impact of the course? (check all that apply)** | | | | | | | | | | | | | | |
|  | Aggregate results of learners’ assessment to assess knowledge and skills gain | | | | | | | | | | | | | |
|  | Transfer of skills to the workplace through clinical departments’ feedback | | | | | | | | | | | | | |
|  | Patient and Healthcare outcomes through hospital registries | | | | | | | | | | | | | |
|  | None is currently feasible at my institution | | | | | | | | | | | | | |
| **RESOURCE AND EQUIPMENT NEEDS** | | | | | | | | | | | | | | | |
| **What Supplies and Equipment will be needed for this course?** | List ***all*** supplies needed for this course - ***please list each item and amounts separately***. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **What supplies and/or equipment will you be bringing for this course?** | UTCAMS may not have all supplies needed for this course. Please discuss with UTCAMS coordinator | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Audio-Visual Needs** | Select all audio-visual needs below: | | | | | | | | | | | | | | |
| Video Recording | | | | | Yes  No | |  | | | | | | | |
| Video Observation only | | | | | Yes  No | |  | | | | | | | |
| Video Teleconferencing | | | | | Yes  No | |  | | | | | | | |
| Powerpoint Presentation | | | | | Yes  No | |  | | | | | | | |
| Other | | | | | Describe: | | | | | | | | | |
| **Environment**  (What clinical environment would you like to simulate?) |  | | ER | | | | |  | | | Labor & Delivery | | | | |
|  | | OR | | | | |  | | | Inpatient Hospital Room | | | | |
|  | | Outpatient Exam Room(1-3) | | | | |  | | | CCU | | | | |
|  | | Skills Lab | | | | |  | | | Other | | | | |