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**Curriculum Template**

|  |  |
| --- | --- |
| **Course Title:** |  |
| **Course Author/s**  |  |
| ***Brief* description of the curriculum:** |   |
| **New/Updated/****Modified?**  | **New** **Curriculum** [ ]  | **Updated** **Curriculum** [ ]  | **Modified** **Curriculum** [ ]  | **Date:**  |
| **Industry Sponsored Course?** | YesNo | [ ] [ ]  | 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.  |
|  |  |
| **DELIVERY AND IMPLEMENTATION OF EFFECTIVE EDUCATION** |
| **Faculty / staff involved with course** | **Name**  | **Department** | **UTCAMS Orientation complete?****Yes No** |
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
|  |  |  |[ ] [ ]
| **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.  |
|  |    |
| **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.  |
|  |   |
|  |
| **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 |