

Proposal: Poster

Title: Translating Curricular Values into Decision Making Principles for Curricular Transformation

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Abstract: Curricular values are fundamental to the construction of meaningful learning environments, program activities and goals, and processes of shared curricular decision making. However, discussions of how curricular values are operationalized during curricular transformation is scarce in medical education, with most discussions of curricular change focused on structural or content elements, and values left as vague, idealistic statements within larger change management models¹⁻⁵. In 2013, longstanding student evaluations demonstrating cognitive overload, lack of preparation in critical clinical tasks and concerns for student wellbeing, drove the program on a five-year journey to curricular transformation. To achieve a complete overhaul of their curriculum, the faculty translated curricular values into clear operating principles and decision-making criteria.

Design: Faculty initially developed five curricular values based on a review of the educational literature and iterative discussion - integrated, learner-centered, competency-based, clinical, and creative. In 2015, a review of the curricular values alongside descriptive statements and examples, consolidated the final six curricular values of integration, learner-centeredness, competency-based, contextualized learning, adaptability and sustainability. In 2018, the values were refined further and codified into the mnemonic LICENSE, for internal and external stakeholders. Posters of the values exist in key decision-making venues and guide faculty decisions when curricular changes are proposed.

Outcomes: In 2018, two primary values— learner-centeredness and integration were operationalized into the new curriculum. In 2019, the values of competency-based and contextualized learning are in operationalization. Sustainability has emerged as a holistic ‘supervalue’, while adaptability speaks to future innovation as values stabilize.

Discussion: Translating values into practice is time and labor intensive. Creating internal and external processes and messages alongside practices of accountability and quality assurance enables a dynamic dialogue between curricular values and partners. As coordinating and orienting mechanisms for curricular change, values provide a common vocabulary and set of goals which can sustain curricular, program and faculty coherence and cohesion.

Session Description for Final Program: This poster session will describe a process of values-guided curriculum design at an established PA program undergoing large-scale curriculum transformation. The faculty at this program created a set of guiding curricular design-principles ("curricular values") that is used to guide the design and evaluation of all curricular innovations.

Learning Objectives for Final Program: After attending this poster session, the attendee will be able to:

- *Describe the process of creating specific curricular values as a framework for curriculum reform.
- *Create a set of curricular values for use in small or large-scale change.
- *Apply principles of curricular values design to evaluate educational practices.

Relevance to PA Educators: Many established PA programs are either actively engaged in or seriously contemplating curricular change. New or developing programs have the latitude to envision major curricular innovations. In either case, there is tremendous potential for efficiency and coherence in

creating a set of guiding principles (curricular values) to use as a lens through which to consider all potential innovations. In this poster, we describe one program's success in using a curricular values approach to guide large-scale curricular revision.

Statement of Qualifications: The presenters have more than 40 years combined experience in PA and medical education. They have served as faculty for regional and national workshops; are active members of the Academy of Medical Educators; presented at international, national and regional organizations and conferences; and worked on national committees for medical education, clinical education, program evaluation, curriculum design, student assessment, and competency-based education.

Citations:

1. Bland CJ, Starnahan S, Wersal L, Moorhead-Rosenberg L, Zonia S, and Henry R. Curricular change in medical schools: How to succeed. *Academic Medicine*. 2000; 75(6): 575-594.
2. Ennis CD. Curriculum theory as practiced: Case studies of operationalized value orientation. *Journal of Teaching in Physical Education*. 1992; 11: 358-375.
3. Genn JM. AMEE Medical Education Guide 23: Curriculum, environment, climate, quality and change in medical education – a unifying perspective. *Medical Teacher*. 2001; 23(5): 445-455.
4. Davis MH and Harden RM. Planning and implementing an undergraduate medical curriculum: The lessons learned. *Medical Teacher*. 2003; 25(6): 596- 608.
5. Loeser, H, O'Sullivan P, Irby DM. Leadership lessons from curricular change at the University of California, San Francisco, School of Medicine. *Acad Med*. 2007; 82(4):324-30.