Translating Curricular Values into Decision Making Principles for Curricular Transformation

Kirsten Broadfoot PhD, Jonathan Bowser MS, PA-C, Jacqueline Sivahop EdD, PA-C University of Colorado, Anschutz Medical Campus

PURPOSE

- Curricular values are fundamental to the construction of meaningful learning environments, program activities and goals, and processes of shared curricular decision making.
- Discussions of how curricular values are operationalized during curricular transformation is scarce in medical education, with most discussions focused on structural or content elements, and values left as vague, idealistic statements within larger change models. 1-5
- Many established PA programs are engaged in or contemplating curricular change.
- This poster describes how an established PA program undergoing large-scale curriculum transformation created and translated valuesguided curricular design into practice.

THE DESIGN JOURNEY

2013-**VISIONING AND** CREATION

2015 -**OPERATIONALIZATION**

2018 -**CONSOLIDATION** AND TRANSLATION

- Cognitive overload, concerns for student wellbeing
- Appreciative Inquiry exercise, discussion, and review of educational literature
- First 5 values created: integrated, learnercentered, competencybased, clinical, and creative.
- Recreated current nomenclature for values, added descriptive statements and examples.
- Dialectical tensions in values
- Added sustainability as a sixth value.
- Final 6 curricular values of integration, learnercenteredness, competencybased, contextualized learning, adaptability and sustainability.
- Posters of the values exist in key decision-making venues and guide faculty decisions.

EVOLVING OUTCOMES & MEASUREMENT Thread and Learning mirrors practice - basic and clinical sciences and block case discussions, 3-Integration skills combined with professionalism and dimensional clinicianship. curriculum mapping Active learning An optimized learning ratios, time environment and philosophy Learnercreated with the learner in constrained Centered mind and grounded in learning materials evidence-based education dedicated time for theory and practice. study Clear competency As learners progress through milestones, the curriculum, each curricular assessments component contributes to learner performance of directly linked to professional competencies competencies, expected for clinical practice. curricular map Case based All learning occurs in the discussions, sim context of clinical practice, **Contextualized** utilizing active learning modalities, early Learning classroom approaches and clinical rotations, clinical rotations. clinical reflections Multidimensiona Innovative and dynamic, program of grounded in educational best evaluation, CQI practices of technology and **Adaptability** experience, with changes and diverse educational improvements continuously technologies, faculty expected. development and holarship Designed to accomplish Time set aside for learning goals within an learner reflection, environment that encourages regular faculty workload reflection, monitoring and models, roster of support of stakeholder wellcommunity PAs,

campus partners

being and development.



DISCUSSION

- Translating values into practice is time and labor intensive.
- Primary values for curricular design and rollout = integration and learner-centeredness
- Values currently under refinement in application = contextualized learning and competency based.
- Creating internal and external processes, messages and practices of accountability and quality assurance enables a dynamic dialogue between curricular values and partners.
- Values often come into conflict when proposing changes or making decision
- Sustainability has become an 'uber-value' to innovate dynamically and feasibly.

NEXT STEPS

- 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 both new and developing programs.
- 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.
- Objective measures for each value domain are the next step of construction to assure a values driven curriculum.

REFERENCES

- 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
- 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.
- 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.