Curriculum Template

Course Title:	
Course Author and contact info:	
***Brief* description of the curriculum:**	
New or Modified?	New Curriculum ☐ Modified Curriculum ☐
Modified Curriculum	Describe what modifications are being made to the original curriculum.
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 ☐

DEMOGRAPHICS / LOGISTICS

Frequency of program	☐ Annual ☐ Bi-annual ☐ Quarterly ☐ Monthly ☐ Weekly ☐ Other -prn
Number of Learners	Number of learners participating in course:

Learners
(X all appropriate boxes)

Trainees	Year of Study						Professionals	
Medical Students	1 ☐	2 ☐	3 ☐	4 ☐			Physician	☐
Residents	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐		Nursing	☐
Fellows	1 ☐	2 ☐	3 ☐	4 ☐			Other: _____	☐
Nursing Students	1 ☐	2 ☐	3 ☐	4 ☐				
Other: _____	1 ☐	2 ☐	3 ☐					

Course Accredited?

	Yes	No	Provider Name and #
CME ☐	☐	☐	
CEU ☐	☐	☐	

Departments
(Place an X next to each department that could utilize this curriculum)

☐ Anesthesiology	☐ Obstetrics/Gynecology
☐ Emergency Medicine	☐ Pediatrics
☐ Family Medicine	☐ Surgery ☐ Vascular ☐ Urology
☐ Radiology	☐ Urology
☐ Internal Medicine	☐ Other (explain)
☐ Nursing	

ASSESSMENT OF NEEDS

Curriculum addresses a Professional Practice Gap identified by:	☐ New Procedure	☐ 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	Describe the knowledge and skills that the *learners should have* prior to beginning course.

DELIVERY AND IMPLEMENTATION OF EFFECTIVE EDUCATION

Faculty / staff involved with training	Name / Dept	Role	Email	Prog. Director approval? Yes / No
				☐ ☐
				☐ ☐
				☐ ☐
				☐ ☐
				☐ ☐

Faculty Training	Will there need to be faculty training on simulation equipment prior to the first scheduled class?
	Yes ☐ No ☐
	ALL simulation scenarios require a complete run-through prior to first class. Have you scheduled the scenario run-through?
	Yes ☐ No ☐ Date scheduled:

DEVELOPMENT OF GOALS AND OBJECTIVES

Learning 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.

ACGME Core competencies:	
	☐ Medical Knowledge
	☐ Patient Care
	☐ Practice-Based Learning and Improvement
	☐ Interpersonal and Communications Skills
	☐ Professionalism
	☐ System-based practice
	☐ Other:

Milestones	List program specific ACGME Milestones that will be addressed with this simulation course:

SELECTION / CREATION OF INSTRUCTIONAL METHODS

Content	List the topics and ***describe the content*** to be covered by the curriculum.
	Course outline or agenda: Please include copies of any handouts *(note: handouts for participants should be copied prior to coming to the Simulation Center)*
	Procedure steps: <u>***Each step of the procedure you are teaching should be listed here***</u>. If you already have these steps written out in another document – just provide the document as an attachment. If you are modifying procedure steps from another source – provide the modified steps with new references.
	Assigned Readings or Videos:
	References: Must have at least 3 current references. A faculty expert can be one of the references.

Educational Strategies and Instructional Materials to be utilized for this course	Please X the types of teaching methods and or materials you intend to use.					
	☐	Group discussion	☐	Demonstration	☐	Partial task simulator
	☐	Presentation/Lecture	☐	Learner Role Play ([please download and include the Scenario Builder](#))	☐	Whole-body manikin
	☐	Case-based teaching	☐	Computer-assisted instruction	☐	Debriefing
	☐	Video	☐	Teleconference	☐	Other

ASSESSMENT OF LEARNERS

Assessment Strategies	Place an X next to the assessment method(s) you plan to use to determine the knowledge and skills the learners have gained from the curriculum program. <u>***Please include a copy of all assessment tools***</u>.
	Video review:
	☐ Subjective assessment
	☐ Objective assessment: *(Check all that apply)*
	☐ ☐ rubric or global ☐ checklist ☐ OSCE ☐ OSAT
	Direct observation
	☐ Subjective assessment
	☐ Objective assessment: *(Check all that apply)*
	☐ ☐ rubric or global ☐ checklist ☐ OSCE ☐ OSAT
	☐ Learner-generated simulation recall (Debrief)
	☐ Chart Review after course
	☐ Written Exam ☐ Pre ☐ Post
	☐ Oral Exam *(please provide exam questions)*
	☐ Standardized Patient Evaluation
	☐ Other (Explain):

ASSESSMENT OF SIMULATION BASED EDUCATION PROGRAM	
Course Evaluation (Required)	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.) *Note: Please attach copies of any additional forms to be utilized for course evaluation.*

☐	Will utilize standard UTCAMS Course Evaluation Form
☐	Additional Forms or Methods of evaluation: (please list)

RESOURCE AND EQUIPMENT NEEDS	
Supplies **(Includes disposables such as PPE, sutures, trays, etc.)**	List **all** supplies needed for this course - *please list each item separately*. Include biologic models here.
UTCAMS Equipment/Props	List facility equipment/props needed. For example: tables, chairs, beds, white boards, ultrasound machine, code cart, IV poles, etc.

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:	

Rooms
(X all needed, or type in # for multiple of one type)

☐	ER / ICU		☐	Labor & Delivery
☐	OR		☐	Inpatient Hospital Room
☐	Outpatient Exam Room(1-3)		☐	Conference Room
☐	Skills Lab		☐	Kitchen area

Simulators

Please X all simulation equipment you would like to reserve. Type # needed in the box.

	Whole-body High Fidelity Manikins
☐	SimMan
☐	SimMan 3G
☐	SimNewB
	Pediatrics Training
☐	MegaCode Kid (Vitalsim)
☐	Neonatal Resuscitation Baby Anne
☐	Nita Newborn
☐	Pediatric IV arm
☐	Infant Intubation Head
☐	Neo Natalie (Mama Natalie Infant)
☐	Pediatric Lumbar Puncture trainer
	OB-GYN Training
☐	ZOE Gynecologic trainer
☐	Mama Natalie OB simulator
	Airway Management
☐	Intubation Head, Adult (1-3)
☐	AirSim intubation head with Bronchi and nasal passage

☐	Intubation Head, Infant (1-2)
☐	Intubation Head, Neonatal (Baby Anne)
	Emergency Care Procedures
☐	Central Venous Access Head, Neck, Ultrasound
☐	Central Venous Access, Femoral, Ultrasound
☐	EZIO trainer (Eggs and needles not included)
☐	Paracentesis trainer (ultrasound)
☐	Thoracentesis trainer (ultrasound)
☐	TraumaMan (chest tube, cricothyroidotomy, DPL, pericardiocentesis)
	Other Procedures
☐	Advanced Catheterization trainer (female)
☐	Advanced Catheterization trainer (male)
☐	Arterial Puncture Wrist
☐	Stryker Laparoscopic trainers (1-6)
☐	Suturing Skin pad or knot tying board
☐	Code Cart with Defibrillator and rhythm simulator
☐	IV Arm (1-2)
☐	Lumbar Puncture & Epidural trainer
☐	Port and PICC Line Access Manikin
☐	Knee Injection/Aspiration model
	Advanced Simulators
☐	GI Mentor Endoscopy/Bronchoscopy (Virtual Reality)
☐	Endoscopy Cart w/ colon model
☐	Brachial Block Simulator (ultrasound)
☐	AngioMentor (Virtual Reality endovascular simulator)