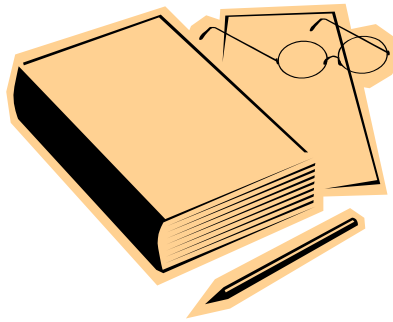


**WORKBOOK
FOR
EDUCATIONAL PROGRAM PLANNING**



**Office of Educational Development
Hill School of Medicine
University of North Carolina at Chapel
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WORKBOOK FOR EDUCATIONAL PROGRAM PLANNING

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I. Defining the Educational Problem or Need

Background

Individual faculty members will identify different educational needs or gaps in their programs. Many different factors come into play to prompt the development of new educational programs or curricula. These factors may be intellectual (e.g., discovery or creation of new knowledge), technological (e.g., availability of new diagnostic or therapeutic technologies), sociocultural (e.g., demographic changes), economic (i.e., changing fiscal realities), political (e.g., public policy mandates), organizational (e.g., shifts in health care delivery and management), professional (i.e., demands for interdisciplinary teamwork, changes in scopes of practice, etc.), or a combination of these and other influences.

Program Planning Questions

What educational problem or need have you chosen as the focus of program planning?

What evidence is there that a gap exists between what learners (learners may be students, residents, faculty, and/or practitioners) are currently learning and what they *should* be learning? If no evidence exists, how will gather the data that will establish the need for an educational program?

What is your primary aim in developing an instructional program on this topic? (For example, “To help residents gain the necessary competencies to work effectively in the changing environments of health care organization, delivery, and financing.”)

II. Program Context

Characteristics of the learning environment can facilitate or constrain the implementation of an educational program. In the chart below, describe the resources and constraints that may affect the development of the program that you're planning.

<i>Category</i>	<i>Resource</i>	<i>Constraint</i>
Human resources (staff support; number, types and qualifications of teachers, facilitators, group leaders,)		
Fiscal resources (e.g., grant support, program or registration fees, voluntary contributions)		
Physical space and facilities (classroom or meeting space, food service, breakout rooms, business support services)		
Technology resources (software and hardware, Internet access, technology support)		
Geographic location (on site or off site, distance)		
Time (length of program, synchronous or asynchronous, stand alone or integrated, season- or event-dependent)		
Administrative and regulatory policies and procedures (continuing education, licensure, accreditation)		
Human factors (motivation and readiness of learners and teachers, resistance to change, individual variables)		

III. Outcomes for Learners

Background

The first steps in program planning are to describe the educational need that the curriculum is designed to address, specify the overall or primary aim, and identify resources and constraints in the environment. The next task is to specify the outcomes that you would like learners to achieve through participation in the program. Harden (1999) notes that statements of desired outcomes typically answer questions such as the following:

- What kind of doctor will the program produce?
- What competencies will program participants possess?
- What basic skills will these doctors have?
- Will the doctors be oriented to community-based health care as well as hospital-based care?
- Will they have training in health promotion?
- Will they have the competencies necessary to carry out research?
- Will they be committed to certain ethical principles?

List below the specific outcomes you would like your program to produce. What will learners know as a result of participating in this program? What will they be able to do? What will their attitudes or values be?

Desired Outcomes for Learners

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IV. Strategies for Assessing Learners' Achievement of Outcomes

Background

What will be your strategies for assessing whether a learner has achieved the intended outcomes? That is, how will you measure learner performance or knowledge or attitudes? A wide range of methods can be used, including written tests (multiple choice, essay, short answer, etc.), performance tests (simulations, work samples), observation (structured or unstructured), reflective writing (e.g., journals), interviews (structured, unstructured, or semi-structured), questionnaires, portfolio review, and others. For descriptions of various methods, refer to the following:

Accreditation Council for Graduate Medical Education (ACGME)/American Board of Medical Specialties (ABMS) Joint Initiative. A toolbox of assessment methods, Version 1.1, 2000. Available at <http://www.acgme.org>.

In the space below, describe appropriate assessment methods for each of the outcomes you have specified.

Outcomes

Learner Assessment Methods

V. Program Content and Organization

Background

In planning and organizing the content for the program, first determine the content areas encompassed by each of the outcomes that you have specified, and then decide the best order in which to have learners encounter these areas. Some approaches to sequencing are as follows:

- conduct a general survey of the topic and follow with an exploration of problems
- begin with foundation or prerequisite knowledge and build from there
- move from simple to complex or less difficult to more difficult
- proceed from familiar to unfamiliar
- begin with an area most likely to arouse interest or establish the relevance of the topic

List the program outcomes and their associated content areas in the order in which the learners will encounter them. Then develop a more detailed description of the program's organization. How many sessions will be devoted to each outcome or content area? How will they be sequenced?

Outcomes

Content Areas

VI. Developing Instructional Strategies and Media

Curriculum planners typically choose among five basic teaching formats, which may be combined in various ways:

Individualized instruction places responsibility on each person for progressing through prescribed materials or activities at his/her own pace.

Tutorial calls for the instructor to interact with each participant on an individual basis. The learner is generally required to do some reading or other preparation prior to dialogue. There is extensive Socratic interaction between instructor and learner.

Small group instruction provides for group interaction and participation by either learners alone or learners and an instructor. This format includes both learner-centered discussion and instructor-led seminars.

Large group lecture is the “traditional” format. It places responsibility on the teacher for presenting material to participants and controlling the group’s progress. The group moves at the same pace. Various methods can be used to make learning more active and individualized.

Experiential teaching and learning has three major forms:

Internships – The intern assists the efforts of an instructor, a practitioner, or a more advanced learner. Clinical teaching/learning in health professions education falls into this category.

Learner-initiated projects – The learner has complete responsibility (though assistance may be available). This is distinct from projects required as an assignment in a regular course.

Participation in scholarship and/or research – The learner participates in an ongoing enterprise as an autonomous individual or as a colleague in research group. This may naturally follow an internship, depending on the learner’s capability.

Various media may be used to support learning activities across the different instructional strategies listed above. These media may be as simple as printed handouts or the now-ubiquitous PowerPoint presentation or as complex as computer-assisted instructional modules that present patient cases and follow decision branches. They should be chosen carefully with the goal in mind of better helping learners achieve the desired learning outcomes.

On the next page, indicate the instructional formats and media that you will use for each outcome or content area or session, taking into consideration the methods best suited to helping learners achieve the desired outcomes associated with each content area.

Outcome/Content Area

Instructional Strategies

Instructional Media

VII. Evaluating the Program’s Processes and Outcomes

Background

“Program evaluation is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve effectiveness, and/or inform decisions about future programming” (Patton, 1997, p. 23).

Program evaluations often focus on both *processes* and *outcomes*. Program planners examine program *processes* to determine whether and how program administration and activities can be improved. Evaluation of *outcomes* aims to discover whether the outcomes that were intended have actually been achieved. What questions do you have about the effectiveness of program processes and the achievement of outcomes? What methods will you use to find the answers? How will you use the data to plan program improvements? Useful methods include questionnaires, interviews, focus groups, structured observation, performance review, examination of program databases, review of learners’ work, review of results of learner assessments, etc. Input can be gathered from learners, colleagues, associates, and various written records. Choices should be made based on the needs of the specific situation and in light of available resources, personal judgments, and the perspectives of stakeholders.

<i>Evaluation Questions</i>	<i>Methods for Answering the Questions</i>
<i>Questions about program processes</i>	
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
<i>Questions about program outcomes</i>	
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

VIII. References

Accreditation Council for Graduate Medical Education (ACGME)/American Board of Medical Specialties (ABMS) Joint Initiative. A toolbox of assessment methods, Version 1.1, 2000. Available at <http://www.acgme.org>.

Harden RM, Crosby JR, Davis MH. AMEE Guide No. 14: Outcome-based education: Part 1—An introduction to outcome-based education. *Medical Teacher* 1999, 21(1):7-14.

Patton MQ. What is program evaluation? In Utilization-Focused Evaluation, pp. 23-32. Thousand Oaks, CA: Sage, 1997.