CURRICULUM SUBMISSION

*PART ONE*

v4.4



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For support filling and submitting this document, please refer to the Jump Curriculum Reference Manual for further explanations and examples of question.

# Title Page

**Submission Date**:

**Curriculum Title:**Please follow the format - “Department (or Clinical Unit or Discipline) – Curriculum Title”  
*For Example:* UICOMP Pediatrics – Procedural Skills Curriculum

**Purpose Statement:**

**Outside Development**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Was this curriculum developed at an outside institution or organization?  
If yes, indicate source:

**Continuing Education**   
If program is intended for Continuing Education Credit, e.g. CME, ONA, IPCE, check here:

**Curriculum Management**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Has this curriculum been approved by your supervisor/governing body?

List the institution, department and director/manager, the Curriculum Director, accountable for curriculum:

|  |  |
| --- | --- |
| **Name:** | **Institution/Department:** |
| **Phone:** | **Email:** |

**Authors’ Information**

|  |  |
| --- | --- |
| **Primary Author:** | **Secondary Author** |
| Name: | Name: |
| Institution: | Institution: |
| Street: | Street: |
| City/State/Zip: | City/State/Zip: |
| Phone: | Phone: |
| Email: | Email: |
| Affiliation 1: | Affiliation 1: |
| Affiliation 2: | Affiliation 2: |
| Affiliation Other: | Affiliation Other: |

|  |  |
| --- | --- |
| **Tertiary Author:** | **Other** |
| Name: | Name: |
| Institution: | Institution: |
| Street: | Street: |
| City/State/Zip: | City/State/Zip: |
| Phone: | Phone: |
| Email: | Email: |
| Affiliation 1 | Affiliation 1: |
| Affiliation 2: | Affiliation 2: |
| Affiliation Other: | Affiliation Other: |

**Please keep in mind the Jump shared Vision**:

*To improve outcomes and lower health care costs through innovative simulation training of medical professionals*.

# Curriculum Introduction

## Needs Assessment

Identify the gaps between current state and the desired state *with data to support*.

*Note: At a minimum, all curriculum submissions must identify specific needs within both Preference and Learning levels.*

|  |  |
| --- | --- |
| Level of Needs Assessment | |
|  | **Organizational/Patient Needs**  Please Describe: |
|  | **Performance Needs**  Please Describe: |
|  | **Learning Needs**  Please Describe: |
|  | **Preference Needs**  Please Describe: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Is there an external regulatory agency that mandates the use of simulation to teach the content of this curriculum?

If yes, please describe:

## Curricular Goals

List one to three goals that communicate the purpose or direction of the curriculum as a whole. To ensure feasibility and quality of measurable outcomes, limit Goals to associations with Preference, Learning, or Performance Needs.

|  |  |  |
| --- | --- | --- |
|  | Goal | Needs Addressed |
| 1. |  | |  |  | | --- | --- | | Preference | Learning | | Performance | Org/Patient | |
| 2. |  | |  |  | | --- | --- | | Preference | Learning | | Performance | Org/Patient | |
| 3. |  | |  |  | | --- | --- | | Preference | Learning | | Performance | Org/Patient | |

## Impact Factors

Seven categories of impact (“Impact Factors”) have been identified as valuable outcome categories. Please select the ***two areas*** where this curriculum has the greatest potential to have a positive impact on our system. Measurement plan to evaluate the impact can be described below in Outcome section.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Standardizes Training |  | Improve Educational Outcomes |
|  | Promote Interprofessional and/or Multidisciplinary Learning |  | Decrease Healthcare Costs |
|  | Advance Education and Scholarship |  | Improve Clinical Outcomes |
|  | Improve Patient and/or Caregiver Safety |  |  |

## Learning Objectives

List three to five sample Learning Objectives, can be copy/pasted directly from the associated Session or Activity documents. List not intended to be exhaustive, only samples.

Recommended format: *Learners will be able to…*

*Notes: Objectives should be measurable statements that explicitly state what a Learner will know or be able to do following participation in an Activity.*

|  |  |
| --- | --- |
|  | Learning Objectives |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

## Institutional Alignment

How does your curriculum align with OSF/UICOMP initiatives?

|  |  |
| --- | --- |
| **Institutional Alignment** | |
| OSF Quality and Safety: Creating Superior Clinical Outcomes and Eliminating All Preventable Harm | |
| **Key Results** | |
|  | 30-Day Readmission Rate (Target 8.3%)  Please describe: |
| **Executive Dashboard** | |
|  | APR-DRG Mortality  Please describe: |
|  | Inpatient Sepsis Mortality  Please describe: |
|  | Inpatient Palliative Care Indicator  Please describe: |
|  | Childhood Immunizations  Please describe: |
|  | Screening Mammograms  Please describe: |
|  | Pneumonia Vaccinations  Please describe: |
|  | CLABSI  Please describe: |
|  | Surgical Site Infections  Please describe: |
|  | CAUTI  Please describe: |
|  | C-Diff  Please describe: |
|  | Patient Falls with Injury  Please describe: |
|  | Medication Reconciliation  Please describe: |
|  | PSI 90 Composite  Please describe: |
| **Other** | |
|  | Other: Quality and Safety  Please describe: |
| OSF Service Excellence and Patient Experience | |
| **Key Results** | |
|  | HCAHPS (Overall rating of hospital)/HHCAHPS (Overall rating of agency)/CGCAHPS (Recommend Provider office) (Target- Top Quartile)  Please describe: |
| **Executive Dashboard** | |
|  | HCAHPS- Recommend the hospital  Please describe: |
|  | CHOI- Overall rating of hospital (Peds), CHOI- Recommend the hospital (Peds)  Please describe: |
|  | CGCAHPS- Provider rating  Please describe: |
|  | HHCAHPS- Recommend the agency  Please describe: |
|  | PCP- New Patients seen within 14 days  Please describe: |
|  | Specialists- New Patients seen within 14 days  Please describe: |
|  | CGCAHPS- Access to care  Please describe: |
|  | ED Patients left before treatment complete  Please describe: |
| **Other** | |
|  | Other: Patient Experience  Please describe: |
| OSF Extending Our Ministry Through Strategic Growth | |
| **Key Results** | |
|  | Number of Persons Served (Target 695,920)  Please describe: |
| **Executive Dashboard** | |
|  | Primary Care unique patients  Please describe: |
|  | Hospital service area share- Primary  Please describe: |
|  | Hospital service area share- Total  Please describe: |
|  | One OSF New Patients  Please describe: |
|  | Risk based lives  Please describe: |
| **Other** | |
|  | Other: Extending Our Ministry  Please describe: |
| OSF Affordability and Sustainability | |
| **Key Results** | |
|  | Operation Cash Flow Margin (Target 10%)  Please describe: |
| **Executive Dashboard** | |
|  | Days of Cash on Hand  Please describe: |
|  | Cost per CMI adjusted discharge  Please describe: |
|  | Labor Cost as a percent of net revenue  Please describe: |
|  | Supply Cost as a percent of net revenue  Please describe: |
| **Other** | |
|  | Other: Affordability and Sustainability  Please describe: |
| OSF Community of Caregivers | |
| **Key Results** | |
|  | Workforce Commitment (Target 4.28)  Please describe: |
| **Executive Dashboard** | |
|  | Ministry Development  Please describe: |
|  | Mission Integration  Please describe: |
| **Other** | |
|  | Other: Community of Caregivers  Please describe: |
| UICOMP Strategic Initiatives | |
|  | Break down silos and provide more education across residencies and linking from UGME to GME to CME  Please describe: |
|  | Utilize technology to share lectures, online modules, point of care learning  Please describe: |
|  | Integrate more basic science into clinical years and more clinical experiences into basic science years  Please describe: |
|  | Change to self-directed, life-long learning across UGME, GME and CME with expanded use of TBL, small group, simulation and other learning tools  Please describe: |
|  | Strive to meet the needs/desires of our learners while remaining focused on the needs of their future patients  Please describe: |
|  | Enhance focus on professionalism, CQI, and care delivery systems while still recognizing the critical importance of medical knowledge  Please describe: |
|  | Create dual degrees (MD/MS or MD/PhD) that uniquely combine disciples to prepare students, residents and other disciplines to advance the health of their communities  Please describe: |
|  | Emphasize the critical nature of communication- in interprofessional teams, in cultural competency, in education within healthcare systems and in patient safety  Please describe: |
| UICOMP UGME SPECIFIC | |
|  | Expand emphasis on providing care in variably resources settings rural and global  Please describe: |
|  | Expand RSPP  Please describe: |
|  | Start outreach to rural communities at the undergraduate level  Please describe: |
| UICOMP GME SPECIFIC | |
|  | Reaffirm our commitment to excellence in the current eleven fully accredited residencies and existing accredited/non-accredited fellowships  Please describe: |
|  | Support the proposed development of a pulmonary- critical care fellowship with OSF Healthcare  Please describe: |
|  | Develop new residency programs in collaboration with our hospital partners in accordance with their strategic plans, the educational strengths of UICOMP and the needs of the communities we serve  Please describe: |
| ACCREDITATION | |
|  | ACGME Accreditation  Institution:  Please describe: |
|  | LCME Accreditation  Institution:  Please describe: |
|  | Magnet Accreditation  Institution:  Please describe: |
|  | Joint Commission Accreditation  Institution:  Please describe: |
|  | NLN Accreditation  Institution:  Please describe: |
|  | ACEN Accreditation  Institution:  Please describe: |
|  | CNEA Accreditation  Institution:  Please describe: |
|  | AACN Accreditation  Institution:  Please describe: |
|  | CCNE Accreditation  Institution:  Please describe: |
| OTHER | |
|  | Institution:  Please describe: |

# Curriculum Logistics

## Learners

First column of check boxes is for **T**arget Learners, those scheduled to participate; the second column is for **P**otential Beneficiaries, those not initially specified but who could benefit from the program.  
Please check all that apply:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **T** | **P** |  | **T** | **P** |  |
|  |  | Advanced Practice Nurses |  |  | Nursing Students (Graduate) |
|  |  | Allied Health Students |  |  | Other Allied Health |
|  |  | Assistive Personnel (PCT/CNA/MOA) |  |  | Pharmacists |
|  |  | EMS |  |  | PT/OT/ST |
|  |  | EMS Students |  |  | Physicians in Practice |
|  |  | Fellows |  |  | Registered Nurses |
|  |  | Life Flight |  |  | Residents |
|  |  | Medical Students |  |  | Respiratory Therapists |
|  |  | Nursing Students (Undergrad) |  |  | Other: |

|  |  |
| --- | --- |
| Please check all that apply: | |
|  | Inter-professional (e.g. nurses + physicians + respiratory therapists) |
|  | Multidisciplinary (e.g. pediatrics + obstetrics + critical care) |

## Educational Content

Provide a list of educational concepts or topics that are presented within this Curriculum.

|  |
| --- |
|  |

## Preferred Modality

Please select your preferred modality, more than one may be selected:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Simulation** |  | **Digital Media** |
|  | Manikin |  | Video/Animation |
|  | Standardized Participant |  | Static Images, Print (Illustration, Graphic Design) |
|  | Hybrid |  | Interactive PowerPoint, Adobe Captivate |
|  | In Situ |  | Medical/Scientific Slide Deck (PowerPoint, Keynote) |
|  | Task Trainer |  | Virtual Reality |
|  | Tissue-based |  | Augmented Reality |
|  | Virtual Reality Simulation |  | Motion Graphics (Interactive Graphics) |
|  | **Mobile Applications** |  | Immersive Environment, 3D (JAVR) |
|  | Interactive Touchscreen Application |  | Infographics, Graphic Design |
|  | Interactive Games |  | **Online Modules** |
|  | Simulation App |  | Virtual World |
|  | Augmented Reality |  | Serious Games |
|  | Virtual Reality |  | Web-based Training (Canvas) |

*Note: 1) Jump may advocate for an alternative modality, based on best practices in curriculum and instructional development, appropriate allocation of resources, specified goals and outcomes, and others. 2) Use of Simulation modalities are dependent on space availability at Jump; use of media-based modalities (Mobile Apps, Digital Media, Online Modules) are dependent on availability of the Medical Visualization team and can be dependent on the ability of the activity to integrate into a larger context.*

## Content Activities

How many unique Content Activities, e.g. simulation sessions, online modules, etc., are expected in this curriculum? List is not intended to be exhaustive.

Activities List (by title):



## Program Timeline

When is the desired launch of the Activity?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Does implementation of the Activity have any dependencies?

If yes, list and explain their relation:



## Implementation Plan

How will Learners be assigned to or made aware of the Activities?

|  |
| --- |
|  |

How will learners register or apply?

|  |
| --- |
|  |

Are there known or foreseen organizational issues or events that could influence the implementation of the program?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If Yes, please explain and describe your mitigation plan:

|  |
| --- |
|  |

## Pre-requisite Knowledge and Skills

List any and all skills or knowledge that are required to participate in the course.

|  |
| --- |
|  |

## Experts

List the known experts, advisors, coaches, instructors, consultants, Debriefing Facilitators or instructors who will contribute to the development and implementation of this activity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Role** | **Department(s)** | **Email** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

*Note: All Experts expected to participate as* ***Debriefing Facilitators*** *must complete the Jump “Introduction to Simulation Facilitation” training course.*

## Associated Research Projects

If none, skip this section

|  |  |
| --- | --- |
| Project Title: |  |
| Principal Investigator: |  |
| IRB Project #: |  |

## Keywords

List any relevant or associated key words:

|  |
| --- |
|  |

## Debriefing

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Will debriefing be part of the Curriculum?

|  |
| --- |
| If Yes, describe your debriefing plan: |

If no, please explain the means or methods to facilitate reflection and learning:

|  |
| --- |
|  |

# Outcomes

Describe the outcome measurement plan that will be implemented to evaluate the curriculum’s short and long-term impact on the Learners and environment. Any available associated documents, including examples, should be attached as “Supporting Documents”.

*Note: Measurement plan for L1: Reaction is necessary, L2: Learning, L3: Application/Implementation, and L4: Organizational and/or Patient Metrics are recommended to strengthen the quality, sustainability and value of program.*

## L1: Reaction

|  |
| --- |
|  |

All curriculum submissions are expected to collect Level 1 Reaction data**.**

Describe your data collection process:

List assessment questions:

*Note: (1) In lieu of listing all assessment questions, a separate assessment document may be submitted/attached. (2) Jump offers a readymade, standardized L1 Reaction survey for all curriculum submissions, the survey can be easily added to with activity-specific questions. Jump can assist in survey modifications as needed. Inquire with the Simulation Program Development Specialist for details.*

## L2: Learning

|  |
| --- |
|  |
| Indicate the type of intended Learner assessment: |
| |  |  | | --- | --- | |  | Formative assessment (solely for development of the learner) | |  | Summative assessment (a decision will be made based on results of assessment) | |
| Intended focus for assessment (check all that apply): |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Individual Assessment | |  |  | | --- | --- | |  | Self-assessment | |  | Facilitator-assessment | | |  | Team Assessment | | |
| Describe the process for assessment: |
|  |
| Intended types of assessment tools (check all that apply) and briefly describe what will be measured. Submit all assessment tools. |
| |  |  |  | | --- | --- | --- | | **Tool type** | | **What will be measured** | |  | Written test |  | |  | Performance checklist |  | |  | Numeric Rating Scale |  | |  | Behaviorally Anchored Rating Scale |  | |  | Holistic Scoring Rubric |  | |  | Survey |  | |  | Performance metric |  | |  | Likert-Type Scale |  | |  | Analytic Scoring Rubric |  | |  | Other, please describe: |  | |
| Please describe the source of the intended assessment tool(s) below. If previously published, please list the reference. |
|  |

## L3: Application/Implementation

|  |  |  |
| --- | --- | --- |
|  | | |
| Target Outcome(s): | |  |  | | --- | --- | | Impact Factors Category | | |  | Standardizes Training | |  | Promote Interprofessional and/or Multidisciplinary Learning | |  | Advance Education and Scholarship | |  | Improve Patient and/or Caregiver Safety | |  | Improve Educational Outcomes | |  | Decrease Healthcare Costs | |  | Improve Clinical Outcomes | |
|  |
| Method(s):  *Include potential data sources.* |
|  |

## L4: Organizational and/or Patient Metrics

|  |  |
| --- | --- |
|  | |
| Target Outcome(s): | |  |  | | --- | --- | | Impact Factors Category | | |  | Standardizes Training | |  | Promote Interprofessional and/or Multidisciplinary Learning | |  | Advance Education and Scholarship | |  | Improve Patient and/or Caregiver Safety | |  | Improve Educational Outcomes | |  | Decrease Healthcare Costs | |  | Improve Clinical Outcomes | |
|  |
| Method(s):  *Include potential data sources.* |
|  |