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Utilization of RXoutcome™ (CORE CompMS) to Develop Curricular Integration Content Mapping

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Utilization of RxOutcome™ to Develop Curricular Integration Content Mapping

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Objectives/Intent:
To prepare pharmacy graduates to function in integrated healthcare systems and manage patients with complex medication profiles as defined by the CAPE Educational Outcomes, curricular integration is critical to promote appropriate breadth and depth in students’ learning progression throughout their pharmacy education. The goal of curricular integration is to ensure that the intended curriculum, enacted curriculum, learned curriculum, and assessed curriculum are all aligned and to demonstrate achievement of curricular and programmatic outcomes.

Methods:
Using the course schedule in the course syllabi, faculty were asked to map each topic/subject to Appendix I and cognitive levels that aligned with the existing “Course to ACPE Appendix I Map”. Five criteria were submitted to RxOutcome™ to set up the curricular content mapping. Primary criteria were: Course identification number, ACPE Appendix I (domains and sub-domains), and Subjects (disease states or non-disease related topics). Secondary criteria were Cognitive/behavioral levels (Foundational-1F, Intermediate-2I, Advanced-3A, or Mastery-4M) and Number of Contact Hour.

Process:

Step 1: Examples of source documents from course syllabi (T1 and T5) developed by faculty/course coordinators

Step 2: RxOutcome™ only permits mapping of 2 primary criteria, therefore 2 separate reports are generated to include “Course to Subjects” and “Subjects to Appendix I” mapping with reverse mapping capability to provide visual evaluations of initial curriculum development.

Step 3: Data will be exported to Excel for data analyses

Step 4: Inclusion of learner assessment and faculty feedback data to evaluate curricular integration outcome & effectiveness. Data to be used:
1) ExamSoft™ summative assessment data (question items, checklist, and rubrics performance and their coding to the categories)
2) PCOA results
3) Tracking of content delivery per CUSP Flipped Framework (Institutional teaching and learning plan)
4) Faculty reflection and survey

Implications
• Step 1 and Step 2 will be expected to undergo continual refinement as the curriculum matures
• Step 2 provides faculty and staff a rapid feedback on the content and balance of the planned curriculum, and to recognize for major curriculum deficiencies, therefore allowing efficient adjustment of the curriculum if needed for each cohort of student pharmacists.
• Step 3 provides concrete evidence from the criteria data of our curriculum design that is supported by the principles of curriculum integration.
• Step 4 utilizes evidence-based approach to comprehensively determine the effectiveness of the curriculum.

This content mapping approach allows for a global examination of the didactic curricular integration. This organized approach enables alignment with the assessment outcomes to precisely identify areas of strength and weakness of the curriculum for continual improvement.

References
1 A curriculum Committee Toolkit for Addressing the 2013 CAPE Outcomes. AACP Curriculum SIG Writing Group.

Acknowledgements
Elisabeth Newell, Senior Client Service Consultant, Core Technology Suite (RxInsider Suite),
Daniel Tomaszewski, PharmD, PhD, Assistant Professor, CUSP.

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