

1

DISCLOSURE



The presenters have declared no conflicts of interest.

2

2

OBJECTIVES

1. Identify and outline the benefits and affordances of a robust curriculum mapping process.
2. Experiment with methods designed to elicit resident, graduate, admin, and faculty feedback for their curriculum mapping endeavour.
3. Discuss how to use the mapping process in conjunction with assessment data to improve the educational experience.



3

TEAM DISCUSSION

- What is curriculum in (family medicine) residency?
- What do we mean by curriculum mapping?
- What are the benefits of curriculum mapping?



4

UBC FAMILY PRACTICE RESIDENCY PROGRAM

Context: Distributed program
19 Sites

Challenges: Standardization of mapping process; inclusion of key stakeholders; lack of time and resources.



5

MAPPING EXERCISE

- Gather in groups of 3-4 people.
- When I say “Go!” you have 4 minutes to put the puzzle together.
- First group to assemble their puzzle wins.
- Super easy! Right?
- Ready...



6

MAPPING EXERCISE

- What were the challenges you experienced?
- Did you overcome them and if so how?
- How would approach the exercise differently given what you know now?



7

OUR MAPPING GOALS

- Engage all in Mapping process designed to demonstrate that we provide residents with comparable opportunities to achieve UBC’s core outcomes.
- To enable sites to identify and evaluate the education delivered.
- To reveal strengths, redundancies, and gaps in educational opportunities, and articulates assessment strategies.
- To inform quality improvement and enable collaboration by the sharing of resources.



8

OUR MAPPING PURPOSE

A curriculum map indicates:

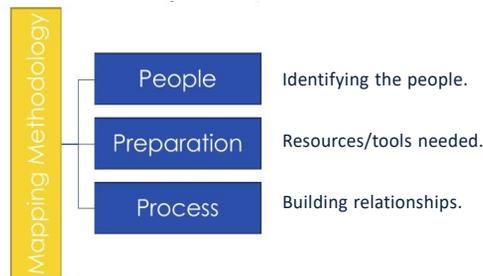
- **Intended Curriculum:** Reveals the balance between the content across curricula.
- **Experienced Curriculum:** Allows site and program leadership to determine what Residents are learning.
- **Strengths & Gaps:** Assists sites/program in understanding the peaks and valleys in curriculum delivery.

9



MAPPING METHODOLOGY

Encouraging face-to-face (or virtual) gathering/s to understand and document learners' insights and experiences into the curriculum.



10



CURRICULUM MAPPING GUIDE

In order to get everyone on the same page, you have to write the first page.

1. Principles, purpose, and goals
2. Mapping methodology
3. Templates
4. Next Steps

Curriculum Mapping Guide



UBC Family Practice Residency Program Curriculum Committee

11



THE TEMPLATES

Progressive unfolding of layers of curriculum

- (1) **Eagle's-Eye View:** Summarize the Resident curriculum journey.
- (2) **Curriculum Outcomes Spreadsheets:** Identify/determine learning opportunities that support outcomes and corresponding assessment strategy.
- (3) **Scan/Summary:** Summarize information in a simple spreadsheet with priorities and action plan for addressing identified issues.

| Domains | Clinical Experience | Academic Experience | Delivery Method | Evaluation Method | Resident-identified Gaps | Resident Suggestions | Site Priority | Site Plan |
|-----------------|---|---------------------|--------------------|---|--|--|---------------|--|
| Care of Elderly | Family Med, IM, Geriatrics, Palliative Care, Hospital Care, Call, Senior's Clinic | EMCC | Clinical, Lectures | OSCEs, Observations, Periodic Review, Exam, Field Notes | 1. Evaluate pre-market and current functional abilities using reliable sources of information and standard assessment. 2. Assess and manage common forms of dementia. 3. Recognize and initiate management of common issues in dementia care. 4. Describe advance planning directives dealing: | 1. Functional Evaluation. Dedicated R2 rotation in seniors clinic. Integrate in to R1 in R2. Increased LTC exposure. 2. Dementia Assessment and Management. Similar rotations to problem #1. Consider neurology and Psychiatry. 3. Advanced Care Directives. Would occur during IP block. Support in to effective advanced care directives and planning. Power of Attorney vs. Decision maker. Exposure on call (most) AHD. Neurology, LTC exposure. | High | Seniors Clinic visit. Consider neurology / Geri AHD. Again focus on Geri. Allow for more teaching home visits. |

12



APPLICATIONS

- **Faculty Development:** Determine areas for further preceptor education.
- **A&E:** Using the data we have to inform our context, content, and contact.
- **Scholarship:** Exploring new terrain and addressing challenges and gaps.

13



YOUR THOUGHTS?

Gather in small groups of 3-4 and discuss how might you have approached this situation differently.

14



TAKE HOME PIECE

- How has this informed your definition and approach to curriculum mapping?
- What resources and tools do you feel with facilitate your process?

15



QUESTIONS OR COMMENTS

UBC Department of Family Practice Residency Program

Dr. Maria Hubinette, Director of Curriculum
 Dr. Theresa van der Goes, Director of Assessment & Evaluation
 Dr. Mark MacKenzie, Program Director
 Jacqueline Ashby, Ed.D., Program Coach



16

