

## **Core Curriculum Requirements: Educational Principles of the Accreditation Process**

All accredited Pediatric Acute Care programs are responsible for developing a well-planned curriculum that addresses the 5 essential competency domains of PAC listed below. Since programs differ in the educational focus, we encourage each program to seek creative ways to develop a curriculum that advances its individual mission.

Curriculum Requirement A: Written educational goals and objectives

Curriculum Requirement B: Learners needs and assessment tracking

Curriculum Requirement C: Learning activities

Curriculum Requirement D: Fellow Evaluation methods

Curriculum Requirement E: Program Evaluation methods

Every PAC program must develop written educational goals and objectives (Curriculum Requirement A), learner needs and assessment and progress tracking (B), learning activities (C), fellow evaluation methods (D) and program evaluation methods (E). Curriculum Requirements B, C, D, E, should be linked to the program's goals and objectives.

### **Curriculum Requirement A: Written educational goals and objectives**

All accredited Pediatric Acute Care programs are responsible for developing a well-planned curriculum that addresses the 5 essential competency domains of PAC listed below. Since programs differ in the educational focus, we encourage each program to seek creative ways to develop a curriculum that advances its individual mission. Within each domain, a total of 15 educational goals are required. These goals, with optional objectives, are listed in appendix \_\_, which serves as a resource for fellowship programs

#### **Competency Domain 1: Critical Inquiry and Analysis**

Educational goal: Critical scientific inquiry and analysis

Educational goal: Clinical epidemiology and evidence-based medicine

Educational goal: Responsible conduct of research

Educational goal: Scientific communication

#### **Competency Domain 2: Education**

Educational goal: Teaching

Educational goal: Evaluation of learners

#### **Competency Domain 3: Professionalism**

Educational goal: Professionalism and ethics

Educational goal: Self-assessment and self-improvement

Educational goal: Career planning

Competency Domain 4: Systems based practice

Educational goal: Leadership

Educational goal: Healthcare systems

Competency Domain 5: Clinical Practice

Educational goal: Evidence based practice and clinical care

Educational goal: Procedural competency

Educational goal: Safe transitions of care

This accreditation process focuses on clinical as well as academic training. Clinical goals are required for accreditation. Fellows must recognize and provide care for acutely ill and/or injured pediatric patients presenting to the acute care setting, demonstrate competence in performing common procedures associated with the practice of pediatric acute care, assess level of patient acuity, providing appropriate stabilization and treatment while understanding the limitations of the acute care setting and anticipate, facilitate, and lead coordinated and safe transitions of care. Goals and objectives for clinical activities must be defined by the fellowship program to guide its clinical teaching and evaluation and these objectives must be shared with fellows.

Programs are expected to vary in their degree of emphasis on specific domains and on the fulfillment of required goals, but activities related to each required goal should be included in the curriculum. A sixth, optional competency domain is child advocacy

Learning objectives designed to accomplish required goals will vary from program to program. Programs should demonstrate a process of setting and following specific learning objectives for their fellows. Learning objectives should be crafted to describe specifically what the program requires fellows to learn and what will be evaluated. The objectives should focus on the knowledge, skills, and attitudes that the program considers essential to teach and to evaluate in all fellows. This list need not include all program activities, only those critical to the program's academic and clinical aims. An accredited program must have at least two learning objectives for each goal in its curriculum; select goals may have more than two learning objectives.

We recommend periodic re-evaluation of the objective list to achieve balance between comprehensiveness with respect to content and efficiency with respect to program operation. Additionally, we recommend that the list be reviewed with fellows, and may be customized according to specific fellow interests or goals. See Appendix A for suggested objectives.

A sample Curriculum Table is provided at the end of this file. A program should use this template to document the core content of its curriculum. To make this table useful, limit it to the program's goals and essential objectives that are taught to all fellows and evaluated in all fellows. These are to be listed in Column 1. (Minor or optional objectives should be omitted.) Column 2 should describe how each essential objective is taught, and Column 3, how it is evaluated.

If a program has a complete written curriculum that includes ALL the information requested in the Curriculum Table template, it can be submitted as a substitute.

### **Curriculum Requirement B: Learner Needs Assessments and Progress Tracking**

Programs must assess fellows' learning needs and educational progress at the beginning and end of enrollment in the fellowship, and at least every 6 months during the fellowship. This process should include an individual meeting between the fellow and their mentor, Scholarship Oversight Committee, and/or program director. The assessment should address the program's educational goals and objectives (as outlined in the Curriculum Table) and provide fellows with critical information on what is expected of them and how well they are meeting those expectations. A product of those meetings can be an individual learning plan for the fellow, updated every six months. These evaluation meetings are the minimum standard; more frequent informal or formal feedback sessions are strongly recommended and may be required if there are concerns regarding performance. A record of the times and outcomes of these assessment and planning sessions should be maintained for each fellow for review by the Accreditation Review Committee. In the case of fellows who are not meeting program expectations, written steps to remedy shortfalls and a timeline for reassessment must be developed in collaboration with the fellow. The remediation plan and timeline should be available for review by the site visit team. Programs should mask personal identifiers on these documents

### **Curriculum Requirement C: Learning Activities**

Each program should develop learning activities that collectively address all the written goals and objectives of the curriculum, and demonstrate a reasonable diversity in learning settings, styles, and formats. For core learning activities central meeting to the essential goals, we recommend that a plan be developed that describes its core content, processes, timeline, and learning resources, as well as who will teach and who will evaluate the learners. Written plans for core learning activities should be maintained and be available for review. Learning activities should map to the educational outcome specified in the objective. A list of possible learning activities is provided. See "Suggested Codes for Teaching/Learning Activities".

### **Curriculum Requirement D: Fellow Evaluation Methods**

Evaluation of fellows at the end of the program should be the culmination of multiple assessment and feedback sessions over time. Evaluations should focus on the core goals of the program and a reasonably brief list of measurable or observable objectives that define these goals. A sound evaluation process is comprised of several evaluators who interact with the fellow in different settings. Care should be taken to include evaluation of the fellow from supervisors, peers, and interdisciplinary evaluators (e.g., nursing and families). Faculty should be oriented to the

evaluation process and tools, to enhance the consistency of learner evaluations. The fellow should participate as a self-evaluator. A selection of sound and informative evaluation methods must be used. The evaluation tools must be made available for review by the Accreditation Review Committee, including a few completed forms.

In the Curriculum Table, use Column 4 to indicate for each objective how you evaluate whether fellows have accomplished it. A list of evaluation methods is suggested. Training programs may incorporate additional or fewer items from the suggested list to meet their specific evaluation methods.

Results of evaluations will be discussed with the fellow at scheduled meetings, unless a concern is identified, in which case the program director and/or mentor will promptly discuss with the fellow and develop a plan for remediation and follow-up. Evaluations should be shared with fellow/during, or in addition to, the regularly scheduled individual meetings with the fellowship director/s. Fellows will also meet with their Scholarly Oversight Committee (SOC) twice annually, comprised of at least two, but preferably three mentors selected by the fellows and can include clinical staff. Fellows will direct these discussions, with particular emphasis on scholarly productivity and career development. It will be the fellows' responsibility to promptly share with the fellowship director/s key issues discussed during SOC meetings.

In the case of fellows who are not meeting program expectations, written steps to remedy shortfalls and a timeline for reassessment must be developed in collaboration with the fellow. The remediation plan and timeline should be available for review by the site visit team. Programs should mask personal identifiers on these documents.

In addition, programs must have a process in place to track in an organized fashion the career outcomes of their fellows. An archive of publications and major career achievements must be provided from the previous five years, if possible, or to the time of the last accreditation review.

#### Curriculum Requirement E: Program Evaluation and Improvement

Faculty evaluation: Faculty must be evaluated at least annually by fellows anonymously and receive feedback on the results. Concerns must be addressed in person with the program director. Faculty evaluation forms should be sound and informative (as defined in Requirement D). The evaluation forms must be made available for review by the Accreditation Review Committee, including at least three completed forms.

Program evaluation: The program must conduct periodic self-assessments to identify potential problems and seek solutions if needed in a timely way. Major stakeholders in the program (fellows, faculty, partners, department chair) should be asked to contribute information. Areas of deficiency that generalize to multiple fellows should be thoroughly investigated. The fellows must be included in these periodic reviews. A brief report on yearly self-assessments should be made available for review by the Accreditation Review Committee. Program evaluations should

contribute demonstrably to ongoing program improvement, and specifically comment on means to improve identified areas of weakness.

Accreditation Review Committee will conduct external program evaluations every few years to keep a program's accreditation current.

## VIII. CURRICULUM PLAN

**Note: When you insert this table into Appendix C, use landscape mode.**

Curriculum Table	Priority for Teaching and Evaluating 1= optional 2= important 3= essential	Teaching Activities [list for all]	Evaluation Methods [list for essentials only]
Competency Domain 1: Critical Inquiry and Analysis	Objectives		
Competency Domain 2: Education			
Competency Domain 3: Professionalism			
Competency Domain 4: Systems-Based Practice			
Competency Domain 5: Clinical care			

Note: Add to or delete the codes on the lists below to match the activities and methods of your program.

Suggested Codes for Teaching/Learning Activities		Suggested Codes for Evaluation Methods	
<b>1.</b> Clinical encounters	<b>13.</b> Presentation by fellow	<b>a.</b> Competency-based global rating	<b>k.</b> Peer review of articles, grants
<b>2.</b> Lectures	<b>14.</b> Written abstract	<b>b.</b> Direct observation with checklist	<b>l.</b> Systems error activity
<b>3.</b> Seminars	<b>15.</b> Written journal article	<b>c.</b> Expert opinion/comparison	<b>m.</b> Self-assessment
<b>4.</b> Readings/modules	<b>16.</b> Written grant proposal	<b>d.</b> 360° ratings	<b>n.</b> Teaching assessment
<b>5.</b> Morning report	<b>17.</b> Written educational plan/product	<b>e.</b> Written examination	<b>o.</b> Individual learning plans
<b>6.</b> M&M conference	<b>18.</b> Individual meeting with mentor	<b>f.</b> Patient surveys	<b>p.</b> Critical incident reports
<b>7.</b> Individual community project	<b>19.</b> Other _____	<b>g.</b> Case/procedure logs	<b>q.</b> Other _____
<b>8.</b> Individual research project	<b>20.</b> Other _____	<b>h.</b> EBM activity	<b>r.</b> Other _____
<b>9.</b> Web search and report	<b>21.</b> Include teaching/learning goals for clinical activities	<b>i.</b> QI activity	
<b>10.</b> Portfolio	<b>22.</b> Need to add teaching/learning activities for clinical goals	<b>j.</b> Faculty review of writings	
<b>11.</b> QI activity			
<b>12.</b> Supervisory/teaching activity			