MedBiquitous Roundtable: Curriculum Management for Nursing
June 30, 2022

Definition of Curriculum Management
Includes the processes of developing, maintaining, and improving content.
Includes, assessment, pedagogy, etc.

QUESTIONS

What processes are currently being used to track curriculum?

Excel and illustration and linked by bar graph; program and course outcomes and standards selected for nursing program. Powerful tool but required considerable help to get set up.

Excel; Google sheets; steeped in assessing current curricula to see alignment with essentials and to identify gaps. More/less easy to populate Google sheets.

Currently use excel and curriculum mapping, also pen/paper. Started using blackboard ultra which university is adopting over next few years (has mapping tools built in). Starting Project Concert for curriculum because too many hands and spreadsheets. Challenge funneling large excel sheets down to see gaps. Fall of 2022 will begin working with vendor (Project Concert).

Excel. Prior used external products.

eValue

How many staff and faculty participate?

No staff/no curriculum management staff. All faculty and leadership. Leadership just oversees. Faculty = 25 on staff, but curriculum committee does heavy lifting (6).

Managed by program directors, faculty committee, and involving other faculty. No staff support now.

All faculty/small team; just hired operations director but likely will stay in realm of faculty. Outside help and student worker (public health data analytics) helped set up Excel.

160 faculty; undergraduate vs graduate do their own curriculum. Senior point person oversees at high level new/old curriculum. This is new since growth, previously didn't have this position.

What are your motivations for having a process and collecting quality data?

Motivation is quality student to safely care for patients. Data points need to be collected for accreditation. Most operate at minimum standards of pedagogy needs of students/workforce. Need evolution to address all pieces but looking to community partners hopefully.

Vision, mission, philosophy, guiding principles. And work to find alignment with all those elements. Easy to drift because regulatory needs are so strong. New Essentials require some restoration to re-align with mission.

Stay aligned so accreditation is easier task (state and federal levels); faculty move around and can co-teach so management is motivated by curriculum drift. Just did accreditation process two years ago.

Driving motivator is accreditation and try to avoid mad scramble. New faculty or shifting faculty – try to help them understand overall plan.

Evolution of home school program or nursing education overall, is there anything your data can contribute at a national level/collective level beyond own school site? Does competency-based education (CBE) factor in?

Having a greater identification of what nursing is, maintaining consistency while keeping individual flavor of school site, while adhering to competencies, too.

Responding to Essential/CBE does matter, and how prepares for advanced studies.

CBE is in forefront of nursing educators thinking and how do all pieces fit to support continued nursing education

CBE helps hospitals know what to expect from new graduates.

What is happening in home curriculum/innovations that should be replicated nationally?

What are challenges to curriculum management/data? Obtaining and entering the data in systems?

Hard to get data/feedback from students especially around when new curriculum is introduced. Pen/paper seems to work best, even throughout the pandemic. They respond better in person. Clinical faculty turnover is a challenge in getting data/continuity.

Alumni (how are they as graduates of the program to assess curriculum) and employer data is hard to get. Requires creative approaches. Done via survey or focus group.

Does it matter which employer you get data from?

Usually do one year after graduation.

Syllabi/faculty teach multiple courses. Some new faculty can't just make edits in course, which they don't like, but prevents curriculum drift. Current challenge.

Challenge of faculty doing work/lack of time to do the work (hours spent and deadlines associated with collection). Consistency of collected data. Structures and processes in place can help facilitate. Course outcome data.

Faculty turnover and don't always have a lot of experience/learning curve on curriculum development and management. Who does that until they can? Can lose and backtrack change by looking at data.

Any challenges getting data out of systems?

Yes. This is why push for Project Concert. Excel cannot do multidimensional analysis/all done manually and hard to keep up. Can take all of time, rather than spending on analysis of data.

Build systems there and using existing systems; was fragmented approach rather than being integrated.

What are challenges connecting data?

Would be nice if all data was collected in same form. Course evaluations, curriculum data, etc., none are in same form.

No interoperability between systems, even within same university. Multiple accreditations. Everyone has different formats and timelines, manually entered which is time consuming.

Annual reports, too. Manual extraction of data is too time consuming. Would be great if reporting out to different organizations that they collected in same format.

What can MedBiquitous help with?

Still works in hospital setting. Can pull great data from Epic, sometimes there is errors because it's manually entered in. affordable pricing would definitely help.

Host: MedBiquitous creates the standard for the marketplace. Vendors: eValue, one45, Ilios (nonprofit UCSF). All can export curriculum data and forward to AAMC. Both for/nonprofits can exist in same space. MedBiquitous' offering is free shared vocabularies and standards.

Have tech working group to identify standards, etc. to help meet nursing goals as attendees are stating. This will help identify preferred vendors using MedBiquitous standards.

Software package where only needs one entry. (Student admission, course data, etc.) then filter to what each report-out needs. Easier generation of data for interesting presentation to key audiences.

Where AI and machine learning fit in/how algorithms can fit into the tech standards.

Host: confirms it does, machines can understand when everything is in standard format.

Host: NYU has done work in this space/AI. By 2030 MedBiquitous hopes infrastructure is set up regardless of funding/resources to benefit from interoperability.

Used eValue. What else does it do? Currently not using to full capacity.