

Curriculum Integration

“Successful curriculum integration in all-hazards preparedness must be well established and fully integrated throughout the course of academic study. This is not a short-term commitment and there is no quick fix to this urgent academic need.”

Leonard Levy, D.P.M, M.P.H.
Cecilia Rokusek, Ed.D., R.D.
Center for Bioterrorism and All-Hazards Preparedness
Nova Southeastern University-College of Osteopathic Medicine
Fort Lauderdale, FL

Center for Bioterrorism and All-Hazards Preparedness

- Aided by a HRSA-funded Bioterrorism Curriculum Development (CD) Grant, CBAP in Nova Southeastern University, College of Osteopathic Medicine, organized an advisory group that was interdisciplinary with five colleges and academic health programs in the Division of Health Professions (HPD) addressing all-hazards preparedness for students.

Developing a Culture of Preparedness: Assumptions

- It is essential to develop a culture of preparedness among health professionals.
- To accomplish this training must begin while health professionals are preparing for their first professional degree.

All-hazards preparedness, required and elective course work was developed by faculty, departments, and college curriculum committees in:

- ❑ Osteopathic Medicine
- ❑ Dental Medicine
- ❑ Optometry
- ❑ Pharmacy
- ❑ Nursing
- ❑ Public Health
- ❑ Occupational Therapy
- ❑ Podiatric Medicine (Collaborator)

Objectives of this Presentation

Those attending will be able to:

- ❑ Outline the curriculum, the student evaluation, and follow-up being conducted.
- ❑ Understand the lessons learned in developing and presenting the curriculum and the effectiveness of the course delivery.
- ❑ Discuss recommendations for future curricular integration & program expansion.

-
- ❑ All programs have course content tailored to the role of a specific profession in disaster preparedness.
 - ❑ Several of the disciplines have incorporated all-hazards curriculum integrated in years II, III, and IV.
 - ❑ Osteopathic medical students take an all-hazards awareness course during the 1st year and in the 3rd year rural rotation.

- Each of the disciplines has implemented an all-hazards curriculum with at least 4 hours of instruction.
- Instruction is presented in the classroom and/or online, and/or using tabletops or exercises.

Curriculum Initiatives in:

- **Medicine**
 - Online course
 - required component for **all osteopathic medical students** in rural health rotation
- **Pharmacy**
 - Online course
 - Discussion and POD tabletops integrated into course work in 2nd and 3rd years
- **Optometry**
 - 4 hours of lecture in 1st year
 - 2 hour scenario/discussion for 2nd year students

Curriculum Initiatives in:

- **Dental Medicine**
 - Online course
 - Integrated content throughout the curriculum
- **Podiatric Medicine (Collaborating Institution)**
 - 4 hours of lecture (awareness, planning, role of DPM)
- **Nursing**
 - Integrated throughout the curriculum for:
 - 2 year RN (with partner community college)
 - Baccalaureate RN programs
 - MSN and advanced practice programs
 - Use of simulation lab in student training

Curriculum Initiatives in:

- **Physician Assistant**
 - Online course option
 - Curriculum integration
- **Occupational Therapy**
 - Online course
 - 6 to 8 hours targeted lectures with OT application in all-hazards emergency situations
- **Master of Public Health**
 - Customized lectures
 - 3 credit hour course elective in "All-Hazards Public Health Preparedness"

All-Hazards Curriculum Tailored to Discipline

I. Basic Awareness (available face-to-face and/or, online and/or on CD-ROM)

- Overview of Bioterrorism and All-Hazards Preparedness
- Responding to an Emergency Situation and the National Incident Management System (NIMS Compliance)
- Vulnerable and Hard-to-Reach Populations
- Personal and Workplace Emergency Plan

II. Intermediate

- The Emergency Response System
- CBRNE (Chemical, Biological, Radiological, Nuclear, Explosives)
- The Psychological Impact of Disaster (Psychological First-Aid)
- Issues in Managing a Mass Casualty Event

III. Advanced Level

- ❑ Simulated Exercises with Existing Scenarios (Available from Homeland Security)
- ❑ Casualty Objective Structured Clinical Examinations (COSCE)- Combines Cognitive, Psychomotor and Interpersonal Skills Evaluation Using "Standardized Casualties" (Actors)

Master of Science in Criminal Justice and in Child Protection (Jan. 2009)

- ❑ A 15 credit hour track has been created in Emergency Preparedness designed for those from agencies like the police department and state and federal protective agencies.
- ❑ A 15 credit hour Emergency Preparedness track has been created for the child protection program.

A Personal Plan:
Key Component in Preparedness

- ❑ Regardless of the discipline and regardless the level of training, all-hazards preparedness responders must have a personal plan.
- ❑ Without a personal plan the percent of responders who will not "show-up" will be far greater.
- ❑ Personal plans should be practiced.

Steps to Successful Curriculum Development (CD)

- Faculty involvement in planning
- Recognition of need (when and where)
- Identification of time and format for this curriculum innovation (i.e. separate course, number of lecture hours, online course or modules, blended approach, etc.)

Successful Curriculum Development (Continued)



- Approval by program/department/college curriculum committees
- Recognition as a core component in the curriculum

Lessons Learned

- Faculty **“buy-in”** is critical along with administrative support
- All-hazards preparedness has become an **academic discipline** and includes a research component.
- In the interest of **local, state and national security** all-hazards preparedness education must become a component in all health professions education programs at the technical school, college, and university levels.

Lessons Learned (continued)

- Competency-based all-hazards education should be included in health professions certification and licensure requirements
- Because this is a "new" discipline there is a need for faculty development in all-hazards preparedness



Barriers

- Competition within the curriculum for new areas/topics/time
- Lack of recognition of the need for all-hazards preparedness in the curriculum by faculty and administrators
- Lack of support for curriculum integration and discipline development (both human and fiscal support is critical)
- Lack of knowledge of the reality of emergency situations impacting "my" area
- Complacency-our worst enemy

The Future???

- The national need for preparedness WILL NOT go away
- Complacency must be overcome
- If students in the pipeline are not trained, continuing education (CE) and continuing medical education (CME) needs will grow and the public health preparedness system will never catch up
- "Are we prepared?" will never completely be answered!
- All-hazards curriculum development tailored by discipline must happen NOW!!!

Future (Continued)



- All-hazards preparedness-related jobs are growing at an increasing rate each year with projected growth over the next 15-20 years.
- From the integrated curriculum efforts, the discipline of public health preparedness will grow and expand.
