

# Developing, implementing, and disseminating an adaptive clinical reasoning curriculum for healthcare students and educators

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## **D7.3 Create guideline for implementing clinical reasoning curriculum - Summary of deliverable**

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## 1. Quality criteria

- > 50 downloads in M33 - 36
- ≥ 2 external reviews from associate partners or other stakeholders
- Reviewed and agreed upon by all partners

## 2. Introduction

Integration of new learning activities into existing curricula remains a major challenge in healthcare education in general, but also more specifically for clinical reasoning training [Sudacka 2021]. Therefore, an important part of the DID-ACT project was the development of an integration guideline to support educators and faculty staff in such undertakings and address the barriers mentioned in our needs analyses. In this report we summarize the development of this integration guideline, which consists of tips & tricks, examples, and relevant literature and is published on the [DID-ACT website](#).

## 3. Methods

### 3.1 Survey about faculty development requirements

A crucial part of integrating DID-ACT learning units into a student curriculum is to train the educators in becoming comfortable in teaching these units. To cover this aspect in the

integration guideline, we decided to obtain more information about the structure and requirements of faculty development programs of partner and associate partner institutions. We also asked participants to provide feedback about the published learning unit descriptions, to assess the usefulness for this target group.

During our regular meetings in May 2022, we developed a questionnaire to approach faculty development program coordinators getting more information about the requirements of programs and details about the certification process. The survey questions are published on the [DID-ACT website](#). During June 2022, we distributed the online survey to experts in faculty development within and outside of our consortium. One partner (JU) decided to conduct semi-structured interviews instead, to get more in-depth information.

## 3.2 Development and review of the integration guideline

The integration guideline is based on the following aspects

- Survey results (participants and facilitators) from the pilot implementations (see D5.2, D5.3) of selected student and train-the-trainer learning units.
- Results of the faculty development survey (see 3.1)
- Integration examples provided by partners for student and train-the-trainer learning units and a longitudinal integration example.
- Description of learning units including learning objectives, themes, ECTS defined in work packages 3 and 4.
- Feedback we received from participants during and after our AMEE workshop and presentations in August 2022, which included educators, companies, clinicians, and students from about 20 different countries across the world.
- Discussion about our long-term integration plans during the TPM in Kraków in September 2022 resulted in some recommendations we added to the integration guideline.

We compiled all the resources into a google document, which was reviewed by all partners and associate partners. Feedback and suggestions for improvement were included and then all partners agreed on the version to be published on the website. Further updates and additions are published constantly once partners have agreed upon these.

## 4. Results

### 4.1 Summary of Feedback

Overall, we collected 10 responses from partners, associate partners, and external institutions.

#### **Feedback about faculty development programs:**

Nine respondents reported that they do have a faculty development program/courses at some level (school, faculty, or university), only one does not have such a program. Some partners also provided links to programs (e.g., [Örebro](#), [Krakow](#), [Augsburg](#)) or included

descriptions of their program within the survey. In two institutions participation is mandatory to either being allowed to teach or being promoted to an (assistant / associate) professor. In three institutions participation is not mandatory but strongly recommended. The required amount varies among institutions (e.g., 7.5 ECTS, 19 weeks full-time study, 20 hours)

#### **Feedback concerning the information on the website:**

When asked "What information about the learning units for teachers do you find helpful?" the responses were:

- Overview with levels and themes
- Learning objectives
- Duration / Time needed
- Format
- Brief description
- No time to look at it in detail

When asked about which additional information participants would like to get the answers were:

- ECTS for each learning unit and the whole curriculum (were not yet included at that time)
- Blueprint structure was not clear on the first glance

#### **Feedback received during the AMEE workshop**

During a half-day workshop at the AMEE conference with 36 international and interprofessional participants we received the following additional valuable feedback:

- The video explaining the learning unit outlines was very much appreciated
- The curricular blueprint helped to get an overview of the curriculum and its learning units
- Participants identified various barriers for integrating DID-ACT learning units into their curricula. However, we did not recognize additional barriers to our needs analysis.

## 4.2 Integration Guideline

The integration guideline is published on the [DID-ACT website](#) and includes the following aspects:

- Outline of each learning unit with a description, theme, learning objectives, format, duration, and ECTS
- How to get started for students and educators
- Tips & tricks
- Integration examples
- Recommended literature on key components of the DID-ACT curriculum
- FAQ section



Figure 1: Screenshot of the components of the integration guideline on the DID-ACT website.

In September 2022 we recorded 76 accesses to the landing page of the integration guideline and we will continue monitoring this until the end of the project..

## 5. Conclusions

Our step-wise process to develop the integration guideline allowed us to include different perspectives at different stages of this process. Especially when most of the integration guideline was available online, we received valuable feedback about its relevance and applicability from AMEE workshop participants.

## 6. References

- Sudacka M, et al. Why is it so difficult to implement a longitudinal clinical reasoning curriculum? A multicenter interview study on the barriers perceived by European health professions educators. *BMC Med Educ.* 2021;21(1):575.