

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.”

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Curriculum Initiatives in

□ Medicine

- Online course
- required component for **all osteopathic 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

- 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
- Extreme 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"

Steps to Successful Curriculum Development (CD)

- ❑ Faculty involvement in planning
- ❑ Recognition of need (when and where)
- ❑ Identification of how much time will be devoted to this curriculum (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 of a core component in the curriculum

Lessons Learned

- ❑ Faculty “buy-in” is critical **along with** administrative support
- ❑ All-hazards preparedness must be viewed as an academic discipline
- ❑ All-hazards preparedness education must become an established 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 of the “new” discipline there is a need for faculty development in all-hazards preparedness



Barriers

- ❑ Competition within the curriculum for new areas/topics
- ❑ Lack of recognition for 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 about the reality of an emergency situation of impacting "my" area

The Future???

- ❑ Preparedness for the nation WILL NOT go away
- ❑ 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!
- ❑ Curriculum development integration and “discipline” development must happen NOW!!!

Future (Continued)



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