

## INTRODUCTION

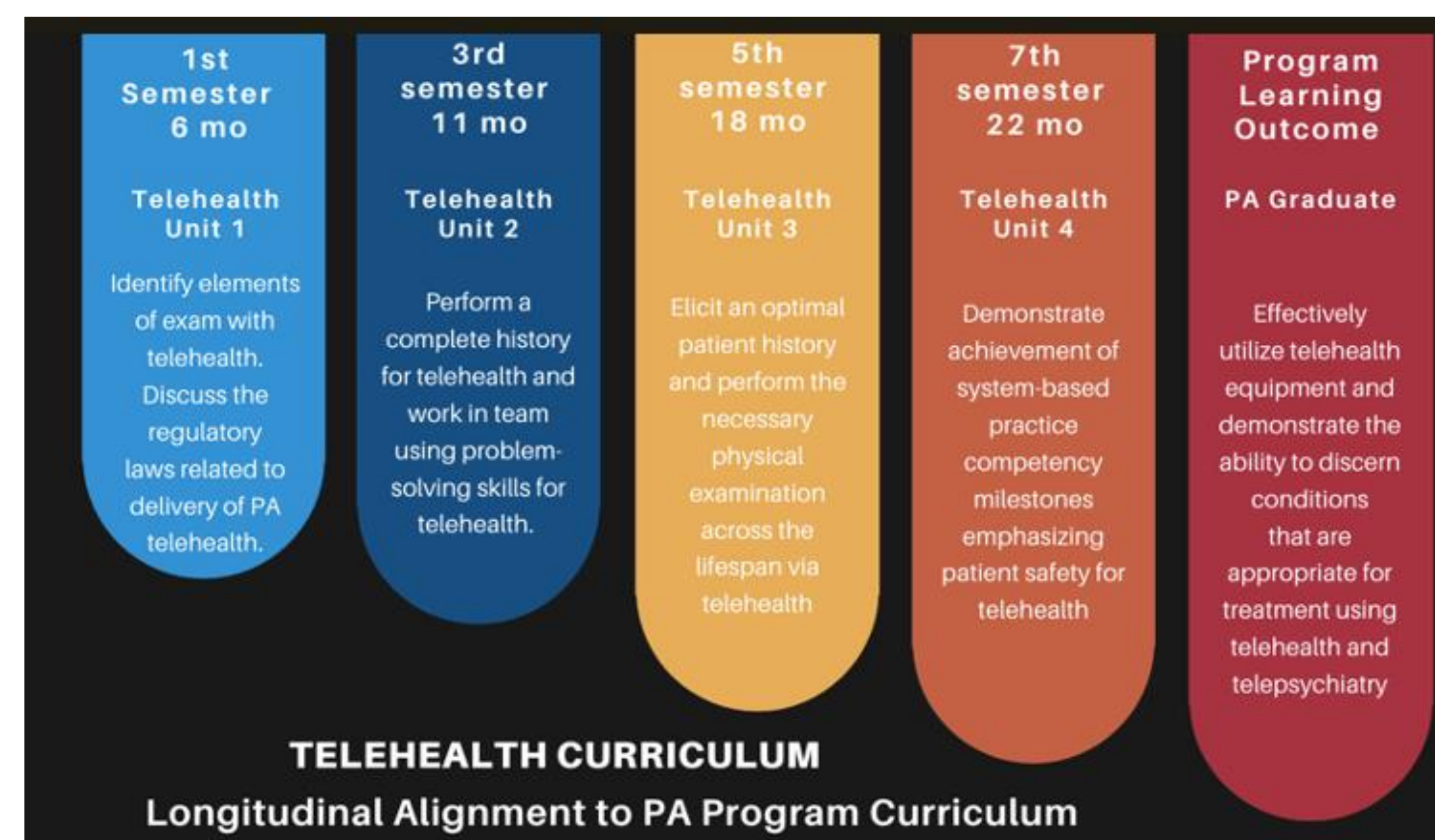
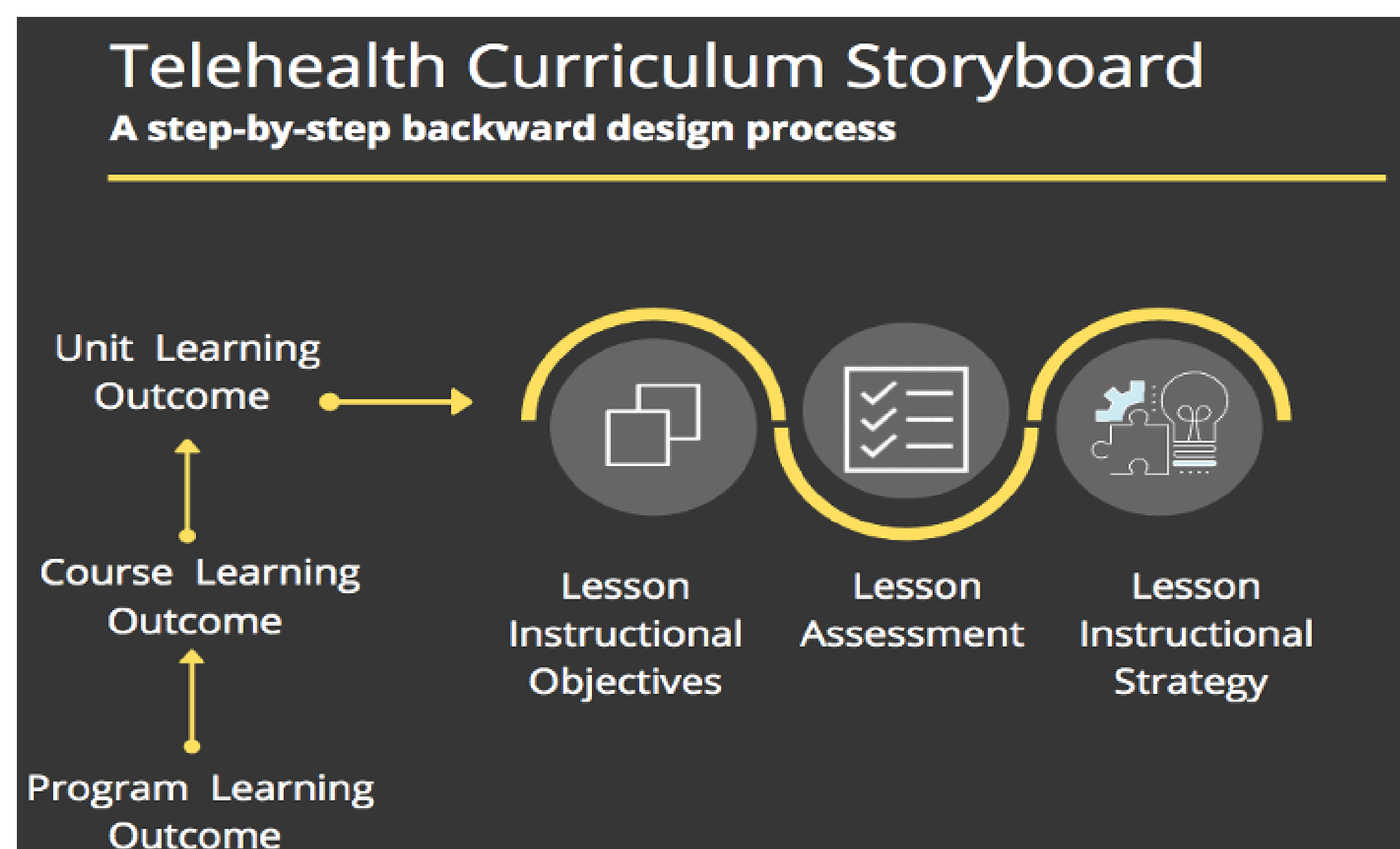
No more apparent has the need for flexibility and diversity of educational delivery in PA education become clearer than what we have seen during the time of a global pandemic. Educators across the nation have had to quickly revise and devise timely and nimble curricular threads. This poster will review the framework used to build a PA longitudinal Telehealth curriculum with a plug-and-play design for implementation into any PA program using learner-centered instructional strategies and assessments, including the use of standardized patients. PAs are vital to healthcare delivery with a history of adapting to meet patients' needs. Preparing students to practice medicine in a virtual environment is required to meet the challenges of the 21st century.

## METHODS

The PA telehealth curriculum was designed using a backward curricular approach, starting with program level learning outcomes for PA graduates in Telehealth and working from this terminal point to develop course learning outcomes/instructional objectives. The course learning outcomes were designed to represent a longitudinal progression of competencies in the arena of Telehealth. Using a 4-step curricular verification process, the curriculum was evaluated to ensure alignment of the developed educational materials across course/program learning outcomes, alignment across instructional objectives and learner-centered assessments/instructional strategies and alignment to the ARC-PA 5th edition accreditation standards. The developed PA Telehealth curriculum was evaluated by local and national PA educators via survey analysis.

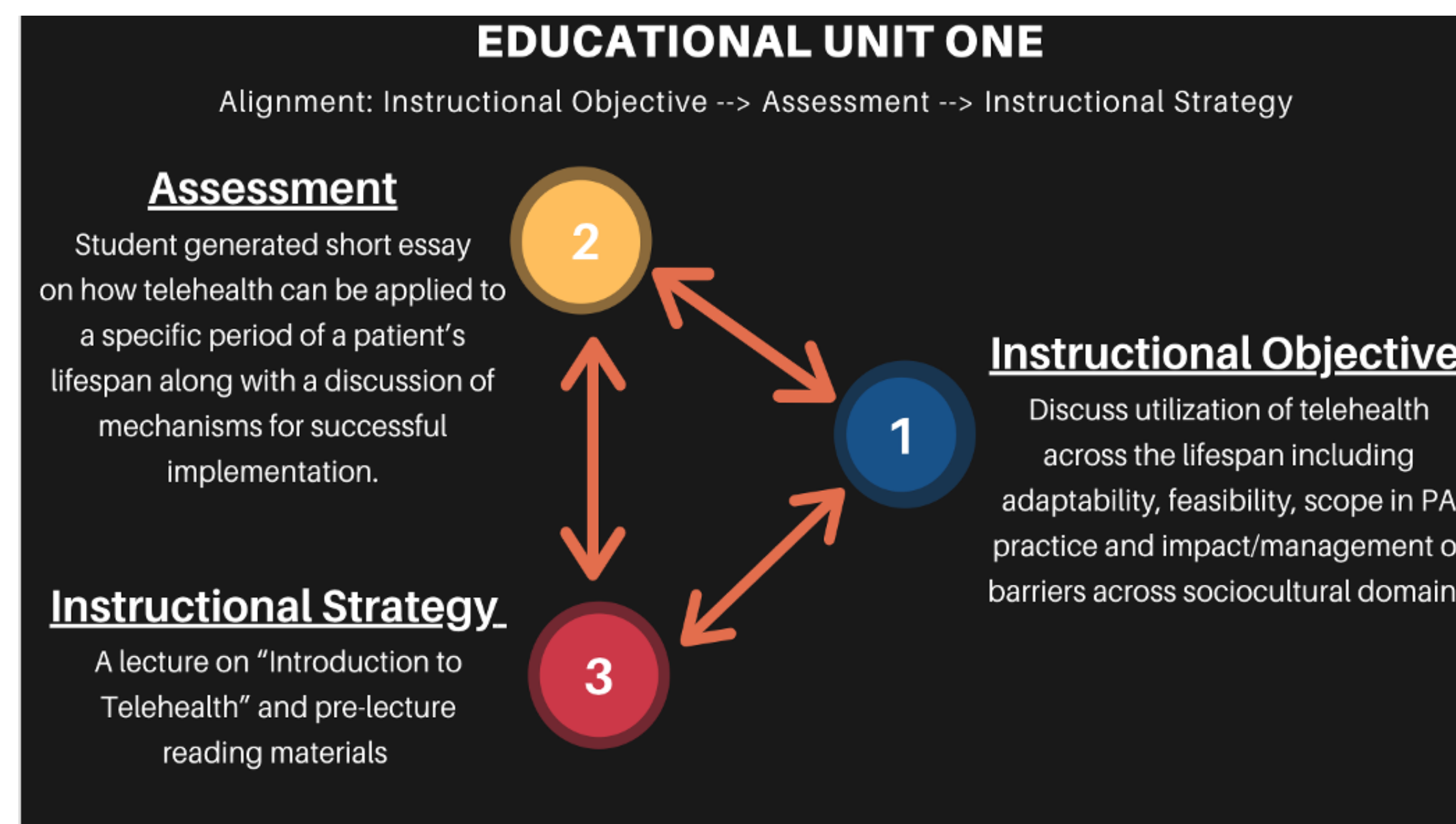
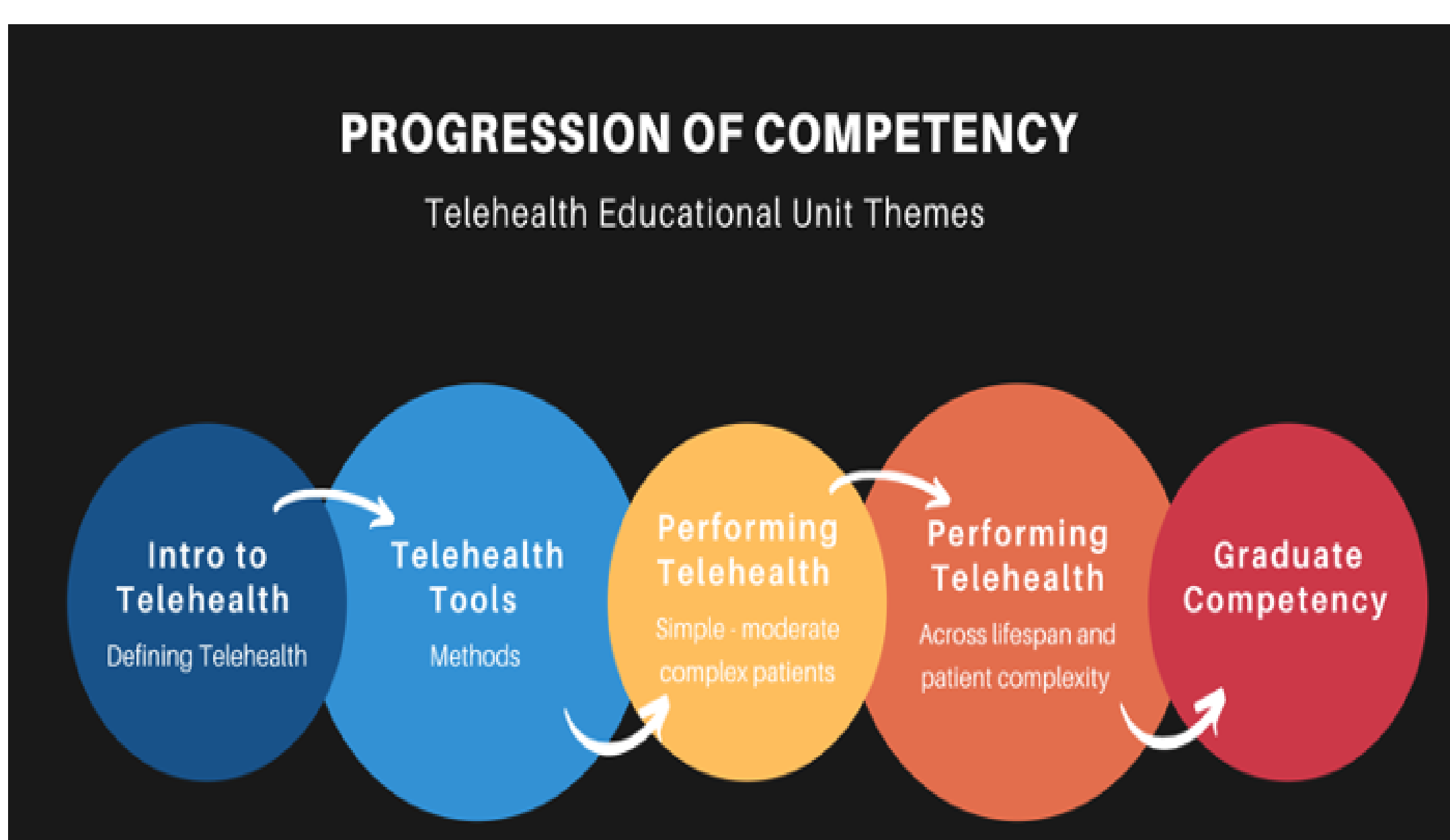
## RESULTS

The Telehealth PA curriculum has been distributed nationally to 26 educators representing 17 different universities. Based on survey responses received to date (n=7), > than 50% of survey participants strongly agree the Telehealth curriculum was learner-centered, represented an alignment between materials and outcomes, had instructional strategies designed to prepare learners to succeed on included assessments and indicated they would recommend the Telehealth curriculum to other educators. From the same pool of respondents, 71% indicated the outlined Telehealth simulation experiences could be integrated into PA education. The curriculum was also evaluated by PA program directors within one state. Survey results from local PA educators (n=7) showed 86% strongly agreed regarding the product being learner-centered, properly aligned and 100% strongly agreed on ability to integrate the simulation materials. Survey comments showed respondent interest in incorporating the Telehealth curricular product into their clinical curriculum, using as preparation for the clinical year during COVID, and incorporating into interprofessional learning experiences.



## National Survey Responses to Longitudinal Telehealth Curriculum

|   | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
|---|----------------|-------|---------------------------|----------|-------------------|
| The PALLA Telehealth curricular product is learner-centered   | 57%            | 43%   |                           |          |                   |
| The instructional objectives for each educational unit are aligned with the defined PA course and program learning outcomes.  | 71%            | 14%   | 14%                       |          |                   |
| The assessment strategies are aligned with the instructional objectives.  | 57%            | 43%   |                           |          |                   |
| The instructional strategies are designed to prepare learners to succeed on the selected assessments for an educational unit. | 57%            | 29%   | 14%                       |          |                   |
| The outlined simulation experiences for Telehealth can be integrated into PA education  | 71%            | 14%   | 14%                       |          |                   |
| I would recommend the Telehealth curricular product to PA programs  | 57%            | 43%   |                           |          |                   |



## CONCLUSIONS

Health science delivery is evolving at a rapid pace, seen more so in this recent global pandemic. This has required educators to respond in kind through the development of nimble curriculum built to address budding graduate competencies. Although competency expectations of healthcare graduates are continuously changing, the traditional pedagogical principles of curricular development can still serve as a foundational bedrock for faculty. Access to a curricular framework example, such as this Telehealth educational package, that outlines how to build a plug-and-play curriculum to address urgent healthcare needs can be a valuable tool for faculty.

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