

## **Curricular gap analysis: A benchmark for educational transformation**

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Dramatic health statistics make apparent the growing number of children and adults with multiple chronic conditions that require healthcare clinicians to provide comprehensive and effective care to meet their needs. The Institute of Medicine's report, *Health Professions Education: A bridge to Quality* (2003), *Core Competencies for Interprofessional Collaborative Practice: Interprofessional Collaborative Practice Expert Panel* (2011) and the National Organization of Nurse Practitioner Faculty, *NP Core Competencies* (2011) highlight the significance of integrating interprofessional competence and collaboration into curriculum to provide evidenced-based and cost effective care for complex patients. Additionally, health professional schools are required by their accrediting bodies to integrate interprofessional competencies into education, to prepare their graduates to function in culturally competent teams and increase the safety and efficiency of patient centered care. Thus, the purpose of the interprofessional (IPE) curricular gap analysis is to determine if key core concepts related to, chronic disease self-management (CDSM), motivational interviewing (MI) and culture and diversity (C&D) are contained within the course descriptions, objectives, didactic content, learning activities and evaluated. The baseline results become an effective tool initiating an institutional cultural change, promoting curricular revision and a documented benchmark for educational transformation.

Key concept terminology for IPE, CDSM, MI and C&D were reviewed in graduate syllabi from Rush University Medical Center's (RUMC) Colleges Nursing, Medicine, and Allied Health Sciences. The terms were tallied in the following course content areas: descriptions, objectives, didactic content, learning activities, and evaluation. Exemplary syllabi included 4 out of the 5 key concept terms in course content. Courses with key concepts in 3 out of 5 content areas were defined as meeting minimum expectations.

A total of 457 syllabi from RUMC 14 graduate programs were reviewed. Fourteen exemplary syllabi were found with key concepts threaded throughout the course: 3 with MI, 4 with IPE and 7 with C&D. Sixteen courses met minimum expectations: 3 with MI, 4 with IPE and 9 with C&D for a total of 30 courses. Across all colleges 0 syllabi contained sufficient CDSM key concept terminology to meet minimal expectations. The results of the curricular gap analysis were presented to the President of RUMC, Office of Institutional Assessment and Accreditation, University Curriculum and Faculty Development Committees and Deans of the Colleges.

These measurable outcomes have gained awareness and commitment of administration to IPE. Collectively RUMC has chosen IPE as a quality improvement program for accreditation, integrated IPE into their Mission and Vision statement, sanctioned Rush Center for Interprofessionalism (RCI) and has developed clinically relevant IPE activities such as workshops, simulations experiences and collaborative clinical experiences which have been offered to both faculty and students.