Needs Assessment Worksheet

See module *2. How do you know you need a curriculum?*

Use this worksheet to determine if you need a curriculum. For simple projects or projects everyone agrees are needed, document just the internal need. For more complex projects, or if you need to make a stronger case for a curriculum, show evidence from national professional organizations and from the literature.

1. **For simple curriculum projects or projects everyone agrees are needed, check all that apply:**

__X__ It is not currently taught in my program.

___ The topic is not being taught adequately in my program (e.g., there are lectures but no practice, no consistent feedback, no clear demonstrations, it is not comprehensive, learners are not evaluated).

___ Scores show that learners perform poorly on this topic (e.g., RRC or LCME reports, board scores, shelf exam results).

__X__ Administrators or colleagues have reported that learners need this topic.

__X__ Learners or graduates have reported needing this topic.

2. **If you need to make a stronger case:**

A. Document the external need for your curriculum from at least one national professional organization such as these:

AAMC	Association of American Medical Colleges
SGIM	Society of General Internal Medicine
STFM	Society of Teachers of Family Medicine
AAFP	American Academy of Family Physicians
APA	American Pediatric Association
√ACGME	Accreditation Council for Graduate Medical Education
LCME	Liaison Committee on Medical Education
√IOM	Institute of Medicine
√HP2020	Healthy People 2020

B. Document evidence from the literature that:

__X__ shows that physicians don't currently do this due to a lack of knowledge or skill.

__X__ other institutions have implemented similar curricula, and similar methods for testing and teaching will be suitable for your program.

__X__ experts recommend using a particular method or methods to teach the knowledge and skills in which you want your learners to be competent.

3. Summarize what you have found and add it to your curriculum plan.

Not currently taught here:
At Michigan State University, second and third year residents handle after-hours clinic calls, usually when on-call at the hospital, with very little guidance. The residency manual includes several sentences indicating alternative points of care for the patient, reminding the residents to document the encounter and warning not to prescribe controlled substances over the phone[5]. Although these are very reasonable guidelines, the residents are not given any tools with which to approach these encounters, they receive little to no feedback from an attending on these encounters and they are not informed of the medical-liability associated with these encounters.

Administrators/colleagues have reported that learners need this topic:
The faculty have indicated a strong agreement that telephone medicine training is important as well as general dissatisfaction with the current training. Several faculty members indicated no knowledge of what training is currently provided.

Learners/graduates have reported needing this topic:
Residents, who have reported receiving 1-4 calls a night, also felt that training in telephone medicine was important. They did not receive any training or any feedback on their encounters. Many are not aware of the residency manual guidelines. Few residents report being comfortable with these encounters.

Document the external need for your curriculum from at least one national professional organization:
The Accreditation Council for Graduate Medical Education (ACGME) requires that residents have a longitudinal continuity clinic experience that is supervised by faculty. This experience should inherently include management of patients' after-hours medical concerns over the telephone. Additionally, telephone medicine encompasses several the ACGME's Core Competencies: Interpersonal Skills and Communication, Patient Care, and Professionalism. These competencies are generally addressed during inpatient and outpatient care experiences, but they are equally important in telephone care.

The Institute of Medicine (IOM), in "Crossing the Quality Chasm," states that a health system should allow patients to receive care "whenever they need it," while acknowledging that this cannot always be done in the traditional face-to-face encounter. In order to offer "care based on continuous healing relationships," the IOM specifically recommends the telephone as an alternative means to provide care[8].

This recommendation also relates to the U.S. Department of Heath and Human Services Healthy People 2020 initiative. The Healthy People 2020 objective to "reduce the proportion of individuals that experience difficulties or delays in obtaining necessary medical…care or prescription medications" can be addressed, in part, by promoting effective after hours telephone management. Resident education should mirror the national call for health systems to provide after hours telephone care.

Literature shows that:
Physicians don't currently do this due to a lack of knowledge or skill:
Nationally, program directors have poor confidence in their residents' ability to handle after-hours patient calls and residents have poor satisfaction with the calls, in general . Despite a clear need for this skill, only six percent of residency programs nationally provide training in this subject.

Flannery M, et al. Telephone management training in internal medicine residency programs: A national survey of program directors. Academic Medicine 1995;70:1138-41

Other institutions have implemented similar curricula, and similar methods for testing and teaching will be suitable for your program:
Two studies have shown the effectiveness of a curriculum. The first, by Elnicki, et al, included all residents and addressed only the effectiveness of the curriculum; the second, by Roey, included only interns and addressed curriculum effectiveness as well as intern attitudes about telephone medicine.

Elnicki DM, et al. Effectiveness of a Curriculum in Telephone Medicine. Teaching and Learning in Medicine 1998;10:223-7

Roey S. The Effect of a Telephone Medicine Curriculum on Internal Medicine Interns' Skills, Attitudes and Behaviors. eHealth International Journal 2005;2:15-22

Experts recommend using a particular method or methods to teach the knowledge and skills in which you want your learners to be competent:
Elnicki, et al developed an original curriculum that focused on four main components of telephone medicine: 1) office telephone systems, 2) skills necessary for telephone medicine, 3) medical-legal aspects of telephone medicine, and 4) special issues in telephone medical management. Each component was taught in a one-hour session that included a didactic lecture on basic concepts, videos of telephone encounters that the residents then analyzed, and scripted role-play exercises. The effectiveness was evaluated with pre- and post- curriculum objective structured clinical examinations (OSCEs).
Roey's curriculum was a modified version of Elnicki's. He included the same four units with similar instructional components, but allotted more time (two hours) for each unit. In addition to the techniques listed above, Roey also included small group discussions and problem solving exercises in his curriculum. His evaluation was twofold: 3-way conference call evaluation of resident telephone communication using a checklist and a post-course questionnaire.
In her book, *Telephone Medicine*, Anna Reisman highlights the importance of focusing not only on the communication skills and knowledge needed for handling after-hours telephone calls, but also on learners' attitudes and willingness to learn[11]. She recommends including group discussion of past experiences to enhance enthusiasm for the subject.

Reisman A, ed., Telephone Medicine: A Guide for the Practicing Physician

(Philadelphia: American College of Physicians), 2002.