

Appendix B: Accreditation Initiatives Citing the CPPH Framework Content

Several national initiatives promoting curricular change have incorporated the Framework. Examples include:

Allied Health

Dietetics

1. Scientific and Evidence Base of Practice: integration of scientific information and research into practice.

KR 1.1: The curriculum must reflect the scientific basis of the dietetics profession and must include research methodology, interpretation of research literature and integration of research principles into evidence-based practice. Selected Expected Learning Outcomes:

KR1.1a: Students are able to demonstrate how to locate, interpret, evaluate and use professional literature to make ethical evidence-based decisions

KR1.1b: Students are able to use current information technologies to locate and apply evidence-based guidelines and protocols...

KR 2.2.a: Students are able to demonstrate counseling techniques to facilitate behavior change.

KR 2.3.b: Students are able to identify and describe the roles of others with whom the Registered Dietitian collaborates in the delivery of food and nutrition services.

KR 3.2.a: Students are able to apply knowledge of the role of environment, food and lifestyle choices to develop interventions to affect change and enhance wellness in diverse individuals and groups.

Dental Hygiene (ADA)

2-12 Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practices, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.

2-19 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups and other members of the health care team.

2-20 Graduates must be competent in assessing, planning, implementing and evaluating community-based oral health programs including health promotion and disease prevention activities.

Health Administrative Services (CAHME)

III.B.2 The Program will provide, throughout the curriculum, opportunities for students to participate in team-based and interprofessional activities.

Occupational Therapy (ACOTE)

B.1.0. Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social and behavioral sciences supports an understanding of occupation across the lifespan. The student will be able to: B.1.6 - Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions.

B2.0. Coursework must facilitate development of the performance criteria listed below. The student will be able to: B.2.5 - Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.

Physical Therapy (CAPTE)

- CC-4 The physical therapist professional curriculum includes clinical education experiences for each student that encompass: d) Opportunities for involvement in interdisciplinary care;
- CC-5.52 Apply principles of prevention to defined population groups.

Respiratory Therapy (CoARC)

- 4.08 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.

Speech-Language-Hearing (CAA/ASHA)

- 3.1A Instruction in prevention and identification of auditory and vestibular disorders must include knowledge and skills necessary to interact effectively with patients, families, other appropriate individuals, and professionals, prevent the onset and minimize the development of communication disorders; screen individuals with culturally sensitive screening measures; and administer conservation programs designed to reduce the effects of noise exposure and of agents that are toxic to the auditory and vestibular systems
- 3.1B The program must provide opportunities for students to acquire and demonstrate knowledge and skills in: principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical/physiological, psychological, developmental, linguistic, and cultural correlates of the disorders; and prevention, evaluation, and intervention of communication disorders and swallowing disorders.

Medicine

The Framework has been used as a reference document by the Association of American Medical Colleges (AAMC) in calls for proposals to develop Regional Medicine-Public Health Education Centers funded through their cooperative agreement with the Centers for Disease Control and Prevention (CDC). The Framework was identified as one of the references to guide the improvement of population health education in medical schools and residency programs. Some of the medical schools have used the Framework as one of the reference materials to draft the list of population health competencies for medical students at their schools and to determine their population health curricular structure. <https://www.aamc.org/download/123246/data/populationhealthcompetencies.pdf.pdf>

The American Association of Colleges of Osteopathic Medicine (AACOM) established the Core Competency Liaison Group with representation from each of its colleges of osteopathic medicine. In their deliberations, there was agreement that the osteopathic medical core competencies should reflect the CPPH Curriculum Framework objectives. They have drafted student performance indicators that reflect the goals, evaluation tools, and curricular objectives – which are included in the seven identified core competencies that all osteopathic medical schools could use to measure student competence in the Curriculum Framework topic areas and recommended learning/teaching methods. The seven osteopathic medical core competencies focus on the domains of: (1) Osteopathic Principles and Practices; (2) Medical Knowledge; (3) Patient Care; (4) Interpersonal and Communication Skills; (5) Professionalism; (6) Practice-Based Learning and Improvement; and (7) Systems-Based Practice. <http://www.aacom.org/docs/default-source/core-competencies/corecompetencyreport2012.pdf?sfvrsn=4>

IPE Accreditation Standard for Osteopathic Medical Education:

Standard 6.4 of the COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION (COCA) - ACCREDITATION OF COLLEGES OF OSTEOPATHIC MEDICINE: COM Accreditation Standards and Procedures (Effective: July 1, 2014)

<http://www.osteopathic.org/inside-aoa/accreditation/predoctoral%20accreditation/Documents/COM-accreditation-standards-current.pdf>

Nursing

The 2006 *Essentials of Doctoral Education for Advanced Nursing Practice*, which provides curricular guidance for doctor of nursing practice programs (DNP), also includes “Clinical Prevention and Population Health for Improving the Nation’s Health” as an essential element of the curriculum.

<http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>

The 2008 *Essentials of Baccalaureate Education for Professional Nursing Practice* revision includes Clinical Prevention and Population Health as one of the nine essential curricular areas for baccalaureate nursing programs. <http://www.aacn.nche.edu/education-resources/baccessentials08.pdf>

The 2011 *Essentials of Master’s Education for Professional Nursing Practice* revision includes Clinical Prevention and Population Health as one of the nine essential curricular areas for all master’s programs in nursing. <http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf>

Each of the three *Essentials* documents are cited as required standards for undergraduate and graduate nursing education programs by the Commission on Collegiate Nursing Education in the 2013 *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*.

<http://www.aacn.nche.edu/ccne-accreditation/Standards-Amended-2013.pdf>

Pharmacy

The Center for the Advancement of Pharmaceutical Education (CAPE) included “Provide Population-Based Care” as a subtopic of Pharmaceutical Care and “Public Health” as a major section within the target educational outcomes. The 2004 CAPE document is cited as a reference for the Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree.

<http://www.aacp.org/resources/education/cape/Pages/default.aspx>

Physician Assistants

The revised document titled *Competencies for the Physician Assistant Profession* includes interventions for prevention of disease, promotion and maintenance of health, and concepts of population health. The competencies document is endorsed by all the four professional PA organizations.

<http://www.nccpa.net/App/PDFs/Definition%20of%20PA%20Competencies%203.5%20for%20Publication.pdf>

The 4th edition of the *Accreditation Standards for Physician Assistant Education* requires all programs to include instruction in concepts of public health which includes an appreciation of the public health system and the role of health care providers in the prevention of disease and the maintenance of population health.

<http://www.arcpa.org/documents/Standards4theditionwithclarifyingchanges9.2013%20FNL.pdf>