

# This is **your** course!

- **official language:** (bad..☺) *English*
- **most effective:** *body language*
- Please feel free to interrupt & ask!
- You will get the ppts (if you wish)

Why are we here ?

**It is never too late or  
too soon to learn...**

## ➤ **Physicians** (in general)

are responsible for their own continued learning after graduation.

## ➤ **Spine surgeons** (in particular)

have to make sure that they acquire new skills and knowledge throughout their career.

**Problem (in the majority of cases):**

**We haven't been  
taught to teach...**

**Those  
Who Care,  
Teach**

# A common experience: we teach ...

- How we have learned
- Looking at other faculties  
(positive/negative examples)
- Teaching by doing...

# **Why you will chair a Course ?**

***to produce changes in  
knowledge or skills  
that result in improved  
patient care***

# The **Impact** of the this Course:

**n chairpersons 2013 = 11**

**n participants = 40**

**n patients = 1750/year (250 x 7)**

**770,000**

**Educational activity = Create an impact**

➤ ***What? (Learner – oriented)***

on something the course participant has the need and motivation to learn.

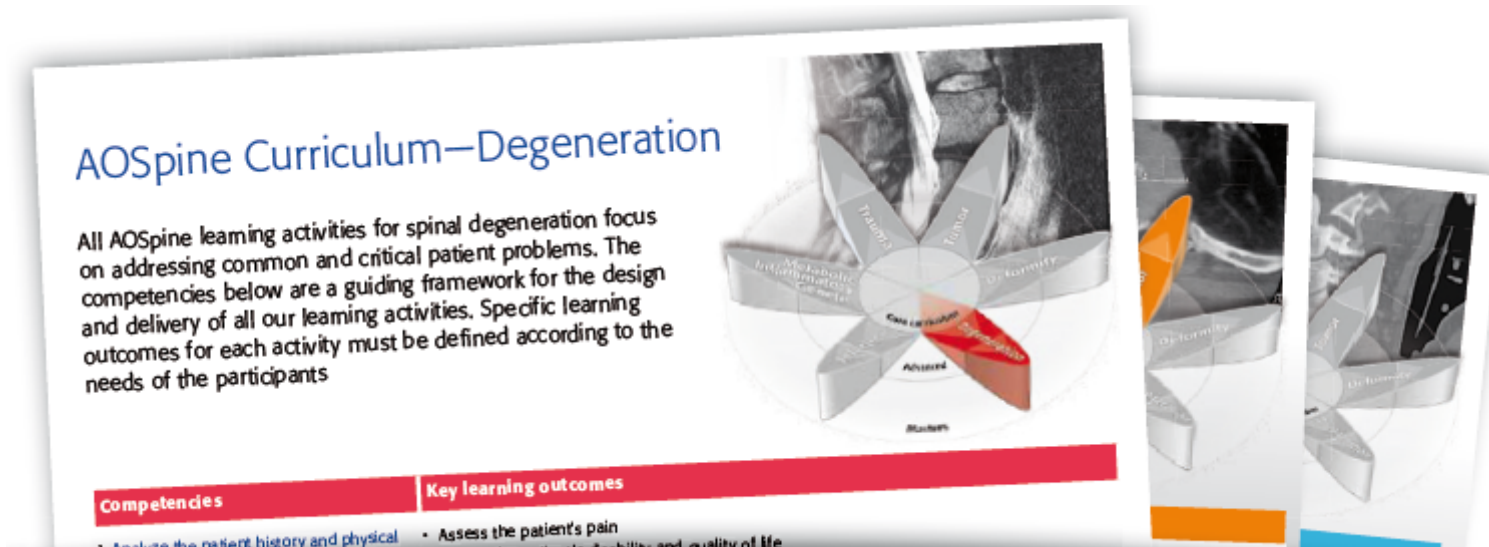
➤ ***How? (Instructional - methods)***

- congruent with learners objectives
- multiple better than single
- driven by resources



# What is the AOSpine Curriculum?

**The AOSpine Curriculum is a framework for teaching** (delivering educational activities) **based on agreed competencies/abilities.**



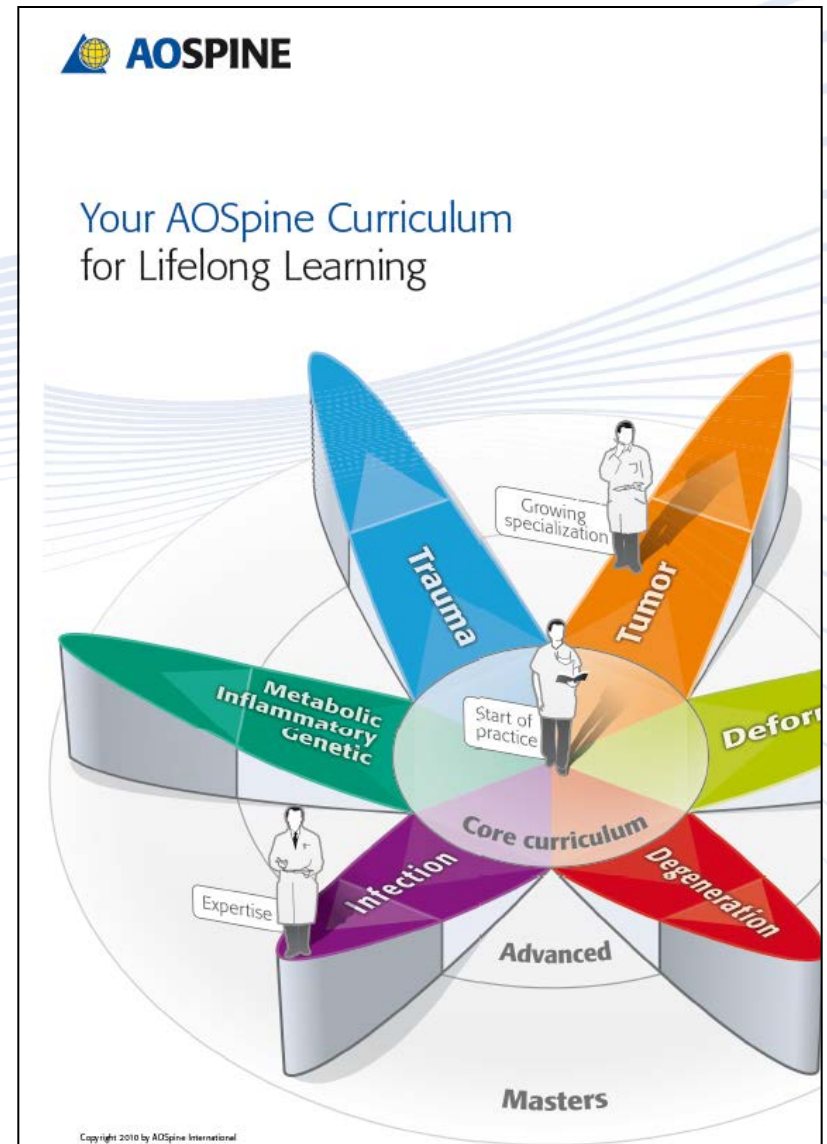
# Implementing the AOSpine Curriculum

## 6 pathologies

Describes what participants should learn based on:

- **Patient problems**
- **Participant needs**
- **Our mission and vision**

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## ➤ competencies

### **Knowledge/skill**

that educators expect the course participants

**must know or be able to do**

after the course (e.g. „order appropriate imaging“ (Spinal Trauma))

## ➤ **key learning outcomes** (sub-units, modules)

for each competency **are defined acc. to the needs** of the participants

- (e.g. order X-rays, CT, MRI based on indications, limitations, timing & availability)
- Recognize the radiographic features of spinal instability
- Recognize spinal cord edema & hematoma

# Select the competencies (48) to be covered for the pathology(ies) & focus on the audience needs

## Degeneration

1. **Analyze the patient history and physical examination findings**
2. **Use appropriate diagnostic tools**
3. **Use evidence-based decision making** when recommending operative and nonoperative interventions
4. **Use appropriate nonoperative treatments**
5. **Select and perform appropriate surgical procedures** for specific indications
6. **Prevent/manage operative and postoperative complications**
7. **Use outcome measures** to assess the effectiveness of each intervention

## Tumor

1. **Recognize the possibility of spinal tumor** in a patient presenting with common symptoms of spinal pathology
2. **Establish a diagnosis based on histological verification** and plan appropriate treatment
3. **Optimize the physical condition of the patient** before treatment
4. **Recognize the presence or possibility of spinal**

## ins Deformity

1. **Analyze the history** and physical examination of the patient presenting with spinal deformity
2. **Order and interpret appropriate imaging** to assess spinal balance, flexibility, and spinal cord anomalies
3. **Assess the patient**
4. **Use evidence-based decision making** when recommending operative and nonoperative interventions
5. **Safely perform appropriate surgical procedures**
6. **Manage** intraoperative and postoperative **complications**
7. **Use outcome measures** to assess the effectiveness of interventions

# Select the key learning outcomes (173) that should be covered for each competency

(thus providing guidance to faculty for each activity)

Competencies	Key learning outcomes
1. Analyze the patient history and physical examination findings	<ul style="list-style-type: none"><li>• Assess the patient's pain</li><li>• Assess the patient's disability and quality of life</li><li>• Assess the patient's psychosocial situation and its relevance</li><li>• Assess relevant comorbidities</li><li>• Recognize abnormal findings in the history, including 'red flags'</li><li>• Perform a comprehensive clinical examination</li><li>• Exclude non-spine pathologies</li></ul>
2. Use appropriate diagnostic tools	<ul style="list-style-type: none"><li>• Order appropriate imaging studies based on the history and physical examination findings</li><li>• Use additional diagnostic tools if indicated</li><li>• Critically evaluate the use of invasive tests</li><li>• Recognize the limitations of each diagnostic tool</li><li>• Correlate the diagnostic test results with the clinical findings</li></ul>
3. Use evidence-based decision making when recommending operative and nonoperative interventions	<ul style="list-style-type: none"><li>• Critically review the benefits and risks of each operative and nonoperative intervention</li><li>• Select operative and nonoperative interventions based on the best available evidence and on the natural history</li><li>• Consider the patient's treatment preferences and expectations</li><li>• Consider the psychosocial, cultural, and ethical implications of the recommended treatment</li></ul>

# 9 steps in AOSpine Curriculum implementation

**Before** the educational activity ...



1. Align content to competencies & key learning outcomes



2. Create specific learning outcomes for participant level



3. Precourse self-assessment (knowledge & gaps)



4. Effective faculty precourse meeting

**During** the educational activity:

5. Participate in the event and evaluate the activities and faculty

**After** the educational activity ...



6. Conduct a change of practice survey



7. Postcourse self-assessment (knowledge & gaps)



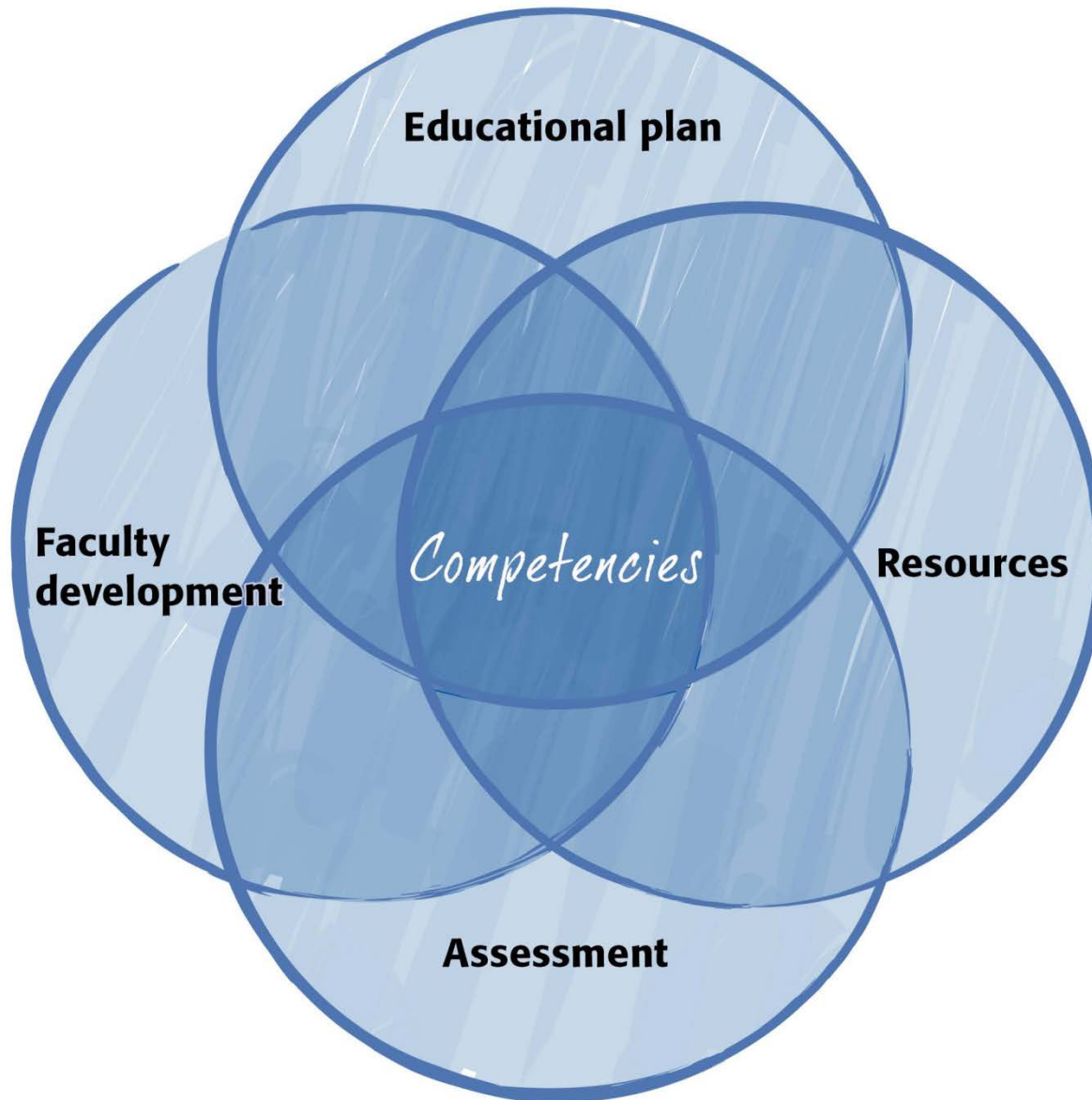
8. Online forum (learning resources, questions)



9. Evaluate all data & outcomes



# Summarizing



# AOSpine Training for Chairpersons

Zürich, Switzerland

## What we are not going to do...

- to wash your brain with educational dogmata
- to say what you have to teach
- to indoctrinate you with the AOSpine „religion“





# What we are going to do...

## AOSpine Training for Chairpersons

Zürich, Switzerland

➤ to support you to plan  
your next Course!





Tomorrow afternoon

**You**

will present (5 min)

**your Course...**