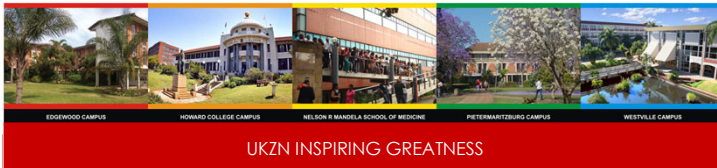




Blueprinting Prof Mergan Naidoo



Blueprinting

Blueprinting is the process that ensures a match between the curriculum and the assessment system.

WHAT WILL YOU MEASURE?

How will you assess the learning?

What is the relative importance of each area to be tested?

YOUR
BLUEPRINT

Curriculum mapping

- Link learning and assessment with the intended product.
- Look at your module template/ handbook/ LOOP

Learning outcomes	Remember	Under stand	Apply	Analyse	Evaluate	Create	How will this be assessed	How will this be weighted in the module.
Healthcare practitioner		X	X				Eg. MCQ, OSCE, SAQ, Portfolio, Clinical Exam	70%
Professional		X					Portfolio, Logbook;	5%
Health Advocate		X					Portfolio, Logbook	5%
Communicator			X				Portfolio, Logbook, OSCE	5%
Leader and manager		X					Portfolio, Logbook,	5%
Collaborator			X				Portfolio, Logbook	5%
Scholar			X				Portfolio, Logbook	5%

FCFP assessment distribution

EXAMINATION COMPONENT		MCQ	SAQ	CRJ	OSCE	TOTAL
% of total examination		20(%)	16(%)	4	60(%)	100
Leadership and governance	1	0	3.2(20)	4	0	7.2
Clinical	2	15(75)	3.2(20)	0	39(65)	57.2
Community	3	2(10)	3.2(20)	0	0	5.2
Teaching and Learning	4	0	3.2(20)	0	9(15)	12.2
Ethics/Professionalism	5	3(15)	3.2(20)	0	12(20)	18.2
TOTAL		20(100)	16(100)	4	60(100)	100

Blooms taxonomy- applied to an MCQ paper

Category	Number of questions
Remembering	10%
Understanding	20%
Applying	65%
Analyzing	5%
Evaluating	
Creating	

Learning area	Remember	Understand	Apply	Analyse	Evaluate	Create

Frequency of occurrence	Score
Common (daily to weekly)	3
Frequent (weeks to 3 months)	2
Rare (more than 3months)	1
Implication:	
Essential (Immediately life threatening)	4
Important (Life threatening (delayed))	3
Additional (Organ or limb threatening)	2
Nice to know (Trivial)	1

Impact factor : Frequency x Implication

Relevance	Score
Very relevant	3
Relevant	2
Not so relevant	1
Implication:	
Essential	4
Important	3
Additional	2
Nice to know	1

Impact factor : Relevance x Implication

Determination of number of questions

- Add all impact factors.
- Divide impact factor of section by the total (e.g. 12/226 = 0.05).
- Decide on total number of MCQs in the test (e.g. 100).
- Multiply relative weight of a section by total (0.05 x 100).
- Contribution required: 5 Questions

Learning outcome		2.1 Evaluate a patient according to the bio-psycho social approach	2.2 Formulate and execute, in consultation with the patient, a mutually acceptable, cost-effective management plan	2.3 Provide comprehensive continuing care throughout the life cycle	3.1 Integrate and co-ordinate the preventive, promotive, curative, rehabilitative and palliative care of the individual in the context of the family and the community	3.2 Identify and address problems influencing the health and quality of life of the individual in the context of the family physician works	5.1 Demonstrate an awareness of the legal and ethical responsibilities in the provision of care to individuals and populations	TOTAL NO OF QUESTIONS
Key Issues (refer to detailed description in outcomes)		History Examination Assessment Diagnosis Acute Chronic Emergency	Counselling Therapy Medication Procedures Referral Acute Chronic Emergency	Preventative, diagnostic, therapeutic, palliative and rehabilitative interventions	FOPC	Community diagnosis Community resources Determinants of health COPC	Legal and ethical rules regarding professional practice	
Weight	UNIV	20%	40%	15%	5%	5%	15%	
Trauma (10), Ortho(10)	WITS	4 EMQ	4 SBA 4 EMQ	3 SBA	1 SBA	1 SBA	3 SBA	Trauma =10 Ortho =10
HIV/AIDS, TB and Malaria	WSU	2 SBA	2 SBA		1 SBA	1 SBA	4 EMQ	10
Child Health	FS	4 SBA	3 SBA 5 EMQ	3 SBA	1 SBA	1 SBA	3 EMQ	20
Women's Health	UP	4 EMQ	4 SBA 4 EMQ	3 SBA	1 SBA	1 SBA	3 SBA	20
Surgery and Anaesthetics	UKZN	4 EMQ	4 SBA 4 EMQ	3 SBA	1 SBA	1 SBA	3 SBA	5x = 10 Anaes =10
EMT(4), eye(3), skin(5)	SU	2 SBA	4 EMQ	1 SBA	1 SBA	1 SBA	1 SBA	10
General adult medicine	UCT	4 EMQ	4 SBA 4 EMQ	3 SBA	1 SBA	1 SBA	3 SBA	20
Mental Health	SMU	4 EMQ	4 SBA 4 EMQ	3 SBA	1 SBA	1 SBA	3 SBA	20
TOTAL		EMQ = 20 SBA = 8	EMQ= 29 SBA = 25	19 SBA	8 SBA	8 SBA	7 EMQ 16 SBA	EMQ= 56 SBA = 86

Weighting by sections

ANAESTHESIA: Year 2 examination				100 questions needed per exam
	Frequency of occurrence	Implication	IF	No of MCQs
Cardio-respiratory arrest and compromise	1	4	4	2
Capnography	3	4	12	5
Devices to maintain the airway (laryngoscopes, endotracheal tubes, tracheostomy tubes, face masks, laryngeal masks, airways)	3	4	12	5
Anaesthesia delivery system, including pressure valves and regulators	2	3	6	3
Breathing systems	2	3	6	3
Anaesthesia record keeping	3	3	9	4
Minimum monitoring standards	3	3	9	4
Informed consent	3	3	9	4
Infection control in theatre	3	2	6	3
Preoperative Assessment	3	3	9	4
Application and interpretation of monitored variables and neuromuscular blockade	3	3	9	4
Use of muscle relaxants	2	2	4	2
Applied pharmacology and variability in drug response	3	3	9	4
Application of mechanical ventilation	2	4	8	4

Management of the airway and intraoperative complications	2	4	8	4
Common regional anaesthesia --spinal anaesthesia	3	4	12	5
Routine inhalation and intravenous inductions	2	3	6	3
Maintenance of anaesthesia	2	3	6	3
Safe recovery transport and handover in the post-anaesthesia recovery room	3	3	9	4
Management of postoperative pain, fluid requirements, and nausea and vomiting	3	2	6	3
Post-operative consultations	1	3	3	1
NCCEMD Guidelines for Maternity Care in South Africa:				
Anaesthesia for Caesarean Section	3	4	12	5
Recognition of high risk obstetric patients	3	4	12	5
Interpretation of common investigations used in Anaesthesia	3	3	9	4
Anaesthesia for the shocked patient with a ruptured ectopic pregnancy	2	4	8	4
Anaesthesia for miscarriage	3	3	9	4
Conscious sedation	3	2	6	3
Local anaesthetic techniques	2	2	4	2
Stabilization and transfer of patients, including ventilated patients	1	4	4	2
			226	100

EPA	Paper 1	Paper 2	OPA
2.1 Testing and initiating HIV positive adults onto ARVs	8	6	2.1.1 Understanding and interpreting HIV test results in patients, based on sound knowledge of the time of window period for each test, its sensitivity and specificity.
			2.1.2 Recognizing sero-conversion illness
			2.1.3 Preparing the newly diagnosed complicated HIV patient (patient who is clinically ill)
			2.1.4 Initiation and monitoring of ARVs based on a sound knowledge of the different ARVs mode of actions (how they work) and complications
			2.1.5 Reinitiating ARVs in a patient that defaulted treatment

EPA	P1	P2	OPA	Freq	Impl	IF	Ques
2.1 Testing and initiating HIV positive adults onto ARVs	8	6	2.1.1 Understanding and interpreting HIV test results in patients, based on sound knowledge of the time of window period for each test, its sensitivity and specificity.	3	3	9	9/39*14 = 3
			2.1.2 Recognizing sero-conversion illness	1	3	3	1
			2.1.3 Preparing the newly diagnosed complicated HIV patient (patient who is clinically ill)	3	4	12	4
			2.1.4 Initiation and monitoring of ARVs based on a sound knowledge of the different ARVs mode of actions (how they work) and complications	3	4	12	4
			2.1.5 Reinitiating ARVs in a patient that defaulted treatment	2	3	6	2

Now lets do an exercise

**Look at the HDIP:FM course topics and
perform a blueprint in your groups**
Group one: 60 questions from topic 1-22
Group 2: 60 questions from topic 23-43
Group 3: 60 questions from 44-65
Group 4: 40 questions from 66-88

Questions
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