CME Curriculum Improvement: Theory of Change Map

### Community Assets
- Protected time and space every day for CME
- Expertise in local health needs, language and customs
- Projector, laptop, and reliable electricity
- Staff are motivated to learn and teach

### Problem Identification
**Needs Assessment**
- Knowledge assessment exam
- Focus groups
- Surveys

**Problem Statement**
CME at Bayalpata Hospital lacked a structured curriculum to determine lecture content, relevance to the local setting, and included a culture of rote didactics over active learning.

### Interventions
**Determine content for 6-month repeating curriculum**
- Review of most common diagnoses
- Review of Nepal health data
- Results of knowledge assessment exam

**Create PowerPoint templates to guide presenters**
- Learning objectives
- Key learning points
- Clinical cases
- Audience questions
- Relevant clinical resources

**Provide feedback to presenters**
- From academic clinicians
- Lecture evaluations

### Outcomes/ Indicators
**Improved clinical knowledge**
- Improvement on pre- and post-curriculum knowledge assessment exam

**Satisfaction with curriculum**
- Scores on lecture evaluations

**Increased active learning**
- Results of lecture audits

**Dissemination of curriculum to additional clinical sites managed by Possible**
- List of site(s) in which curriculum is rolled out

### Impact
**Improved patient care at Bayalpata Hospital**

**Improved staff retention**

### Assumptions (A1-A5)
1. PowerPoint templates will be acceptable to presenters, and will influence the content and structure of didactics
2. Staff are willing to receive feedback to improve quality of CME
3. Exam will be a reflection of staff knowledge retention
4. Results from lecture evaluations will be meaningful
5. Lecture audits will provide accurate information regarding the transition towards active learning
6. Curricular dissemination would occur if it was successful in achieving its goals, and well received by staff

### Rationale (R1-R2)
1. It has been shown that junior clinicians in rural posts in Nepal require additional training.
2. Continuing education is an evidence-based strategy for improving rural health worker retention.