
Developing a Curriculum

From Local Institution to National Implementation

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Disclosures

- Ulowa GME Innovation Grant
- Co-investigator SAU Educational Grant

Instructional Design

→ Instructional design is like building a house...



General Steps to Design

→ Needs assessment

→ Define learning objectives

→ Develop assessments

→ Instructional strategies

→ Content & sequencing

→ Implementation

→ Evaluation and revision

→ Multiple frameworks

- ADDIE
- Backwards design
- Kemp model
- Dick and Carey model

Why Do You Need a House?



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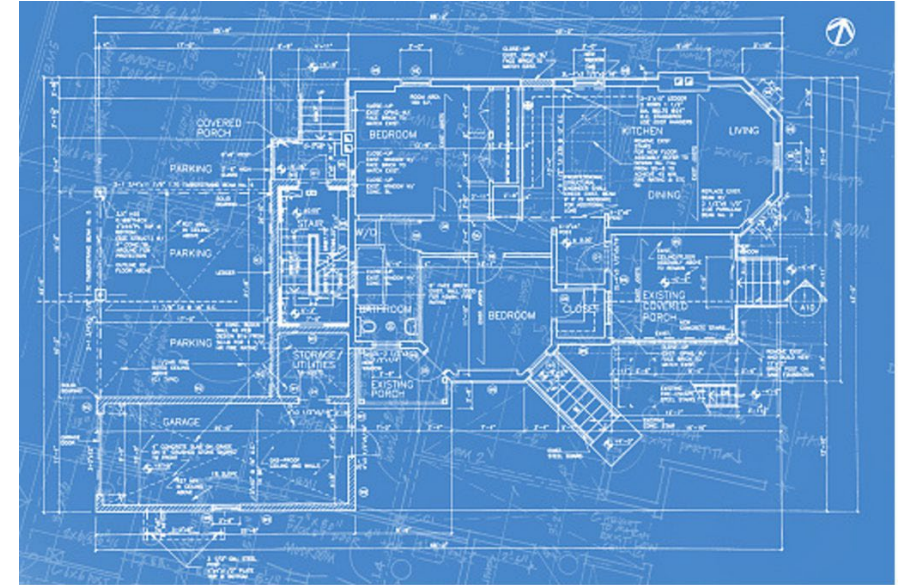
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Define Learning Objectives

- Sets the tone for all other work
- Think in layers
 - Overarching and topic/module specific?
 - Really depends on your target audience
- Make a document to detail these specifics!

10. *Journal of the American Medical Association*, 2000; 283: 2686-2692.

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Educational Assessment

- Depends on methodology
- Quantitative
 - Develop quizzes, surveys
 - Assess for existing validated metrics
 - Consider creating your own?
- Qualitative work
 - Hone your interview guide
 - Consider manner for thematic analysis to determine how you need to collect your data
- Make sure it asks what you want to know!



Question 2

1 pts

Any bladder evaluation should include an evaluation of all the following except...

- ☐ Presence of luminal abnormalities (calculi, tumors)
- ☐ Distal ureteral thickness
- ☐ Bladder wall thickness
- ☐ Evaluation of ureteral jets
- ☐ Bladder lumen



Question 3

1 pts

In order to report that no ureteral jets were present, constant evaluation must be performed for at least _____ minutes.

- ☐ 8
- ☐ 3
- ☐ 20
- ☐ 5
- ☐ 12

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Instructional Strategies

→ Didactic

- Traditional approach (lecture, Socratic method)
- Flipped classroom
- Programmed instruction (small steps, active response, immediate feedback)
 - Duolingo

→ Skill

- Modeling (“see one, do one, teach one”)
- Guided Practice (verbal cues)
- Role Reversal (trainee has to guide faculty verbally)
- Independent Practice

→ Feedback

- Best when immediate and formative

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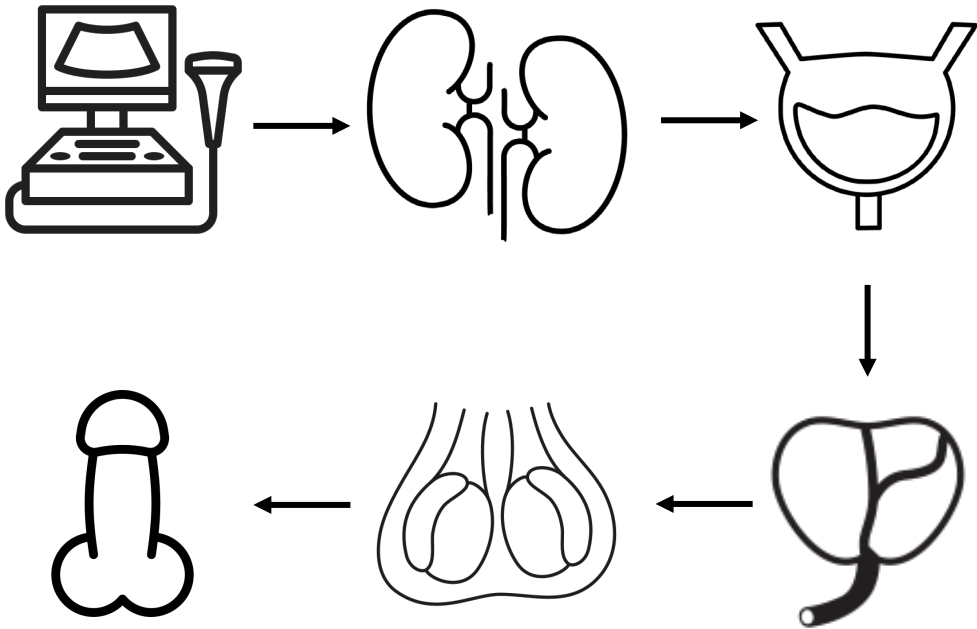


Content and Sequencing

- Make an exhaustive list of what you want to teach
- Divide into digestible pieces
- Remove the excess (editing!)
- Ensure the order builds on complexity/difficulty



Modules



Renal/Ureter

Objectives:

- Describe the optimal position, probe and settings to visualize the kidney
- Describe setting adjustments that may be necessary in obese patients
- Describe the visual features of the diaphragm and ribs
- Visualize the kidney and describe all features as per AIUM specifications
- Place needle under ultrasound guidance into the collecting system in a model

Proficiencies:

- Describe the optimal patient position for the study
- Chose the correct ultrasound probe

	Diagnostic	Interventional
Essential	- Sagittal image with measurement (length) - Assess echogenicity relative to liver/spleen - Measure cortical thickness - Transverse image at superior, mid (with measurement) and inferior pole - Assess for hydronephrosis - Assess for peri-renal abnormalities	Percutaneous needle placement into lower pole calyx in model
Desirable	Identify pleura with inspiration over upper pole	Percutaneous needle into mass/lesion
Optional	Billing/coding	Billing/coding

Hands On Skills Task List:

- Obtain sagittal kidney image
- Measure kidney length and cortical thickness
- Obtain transverse image in the mid pole
- Measure kidney width and depth
- Measure renal pelvis AP diameter
- Place needle into lower pole calyx under US guidance

Butterfly settings: ABD preset, action button when frozen (line to measure)

Model Used- See Appendix 2.1

Proficiency Assessment- OSAUS (See Appendix 1.2)

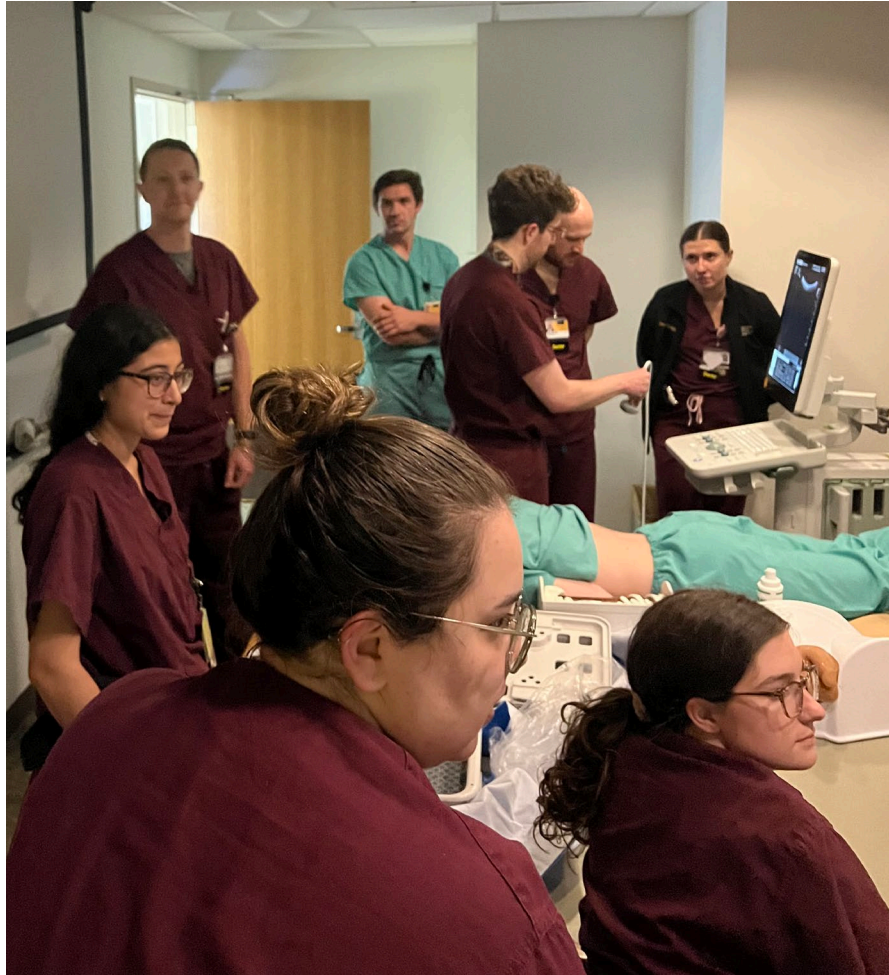
General Steps to Design

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Implementation

- Work with your PD/Chair to find the right time
 - Protected didactic time? Afterhours?
- Set a schedule, send out dates early, and give reminders
- Expect that things will run long the first time through
- Take notes along the way
- Have fun!



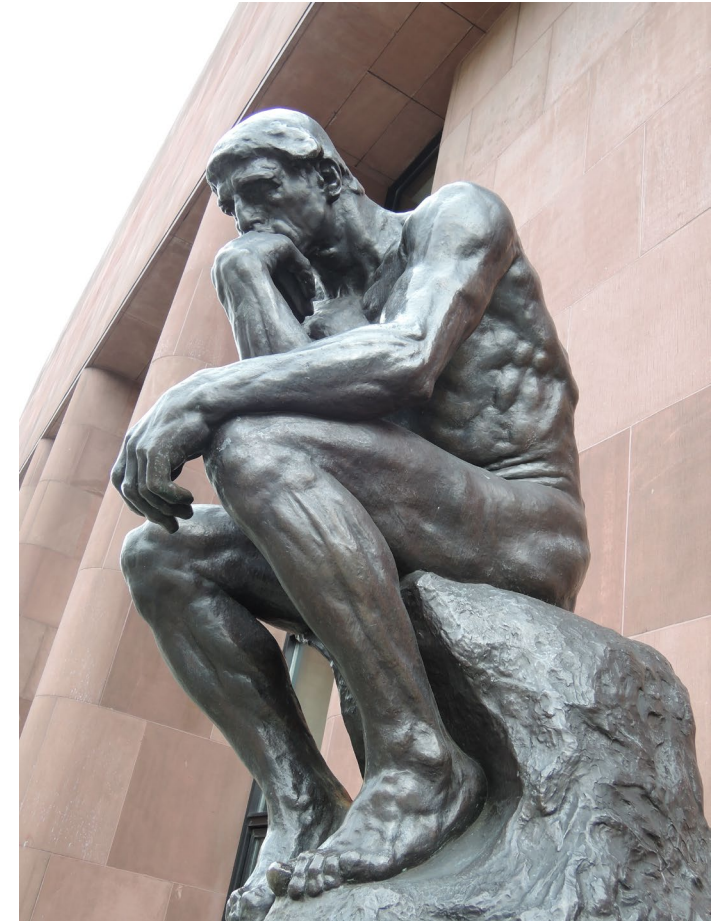
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Evaluation and Revision

- What worked and didn't work?
 - Ask participants and other faculty
- When things work:
 - Great!
 - Can it be improved? Next steps?
- When things didn't work:
 - Rats!
 - Consider barriers and why suboptimal
- Iterate!



Funding

- Ok. This sounds great (I hope).
- But this sounds expensive (time & resources)
- How am I supposed to get this done?

Funding

- Consider your audience and check resources for that audience
 - GME (local or national)
 - SAU (education grant)
 - Regional AUA sections
 - Department/institution
 - Is there a future monetary benefit to your curriculum?
 - Time!
 - Industry (educational grants, especially for equipment)
- Will likely require some combination of the bunch

Should I Include Trainees Beyond Participation?

- Yes, they are a key stakeholder
 - Feedback along the way is important
- Great way to impact future resident classes
 - Must demonstrate a commitment to project
 - Best if they can own a part of the project
- Great opportunity for less 'hard science' technical writing and presenting

Promoting the Results

→ Social Media

- 'Phone Eats First'

→ Publications

- Educational endeavors are often under reported
- Many journals are education/curriculum friendly (Urol, J Surg Ed, JGME)
- Creates opportunities for reviews/commentaries

→ Presentations/Workshops

- Local (GME, state)
- Regional (AUA sectional meetings)
- National/International (AUA, SAU, subspecialty meetings)

Education

Current Utilization and Perceptions of

Form Ultra

Charles H.
Ryan L. S.

Doi:10.32604/cju.2025.064818

ARTICLE

Current a point-of-c

Charles H. Schla
Elizabeth B. Tak

¹Department of Urology, Uni

²Division of Urology, Beth Is

Current Urology Reports (2026) 27:7
<https://doi.org/10.1007/s11934-025-01311-2>

REVIEW

Applications of Point of Care Ultrasound in Urology Residency Training: A Practical Framework for Curriculum Design and Implementation

Eric J. Macdonald¹ · Andrew Williams¹ · Ryan L. Steinberg² · William Faust³ · Agustin Perez-Londoño⁴ ·
Ruslan Korets¹

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Urology Past and Future: Education, History, Workforce

Dedicated Point-of-care Ultrasound Training Leads to Improved Confidence, Knowledge, and Skill Performance Amongst Urology Residents

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^b Division of Urology, Beth Israel Deaconess Medical Center, Boston, MA

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What are the national differences

→ But in the US, we have a lot of differences etc.

→ Or, we can use ourselves as a model

- Utilize local/regional differences
 - NCS & NEAUA

→ National adoption in (AUA, SAU)

- ?Position statement



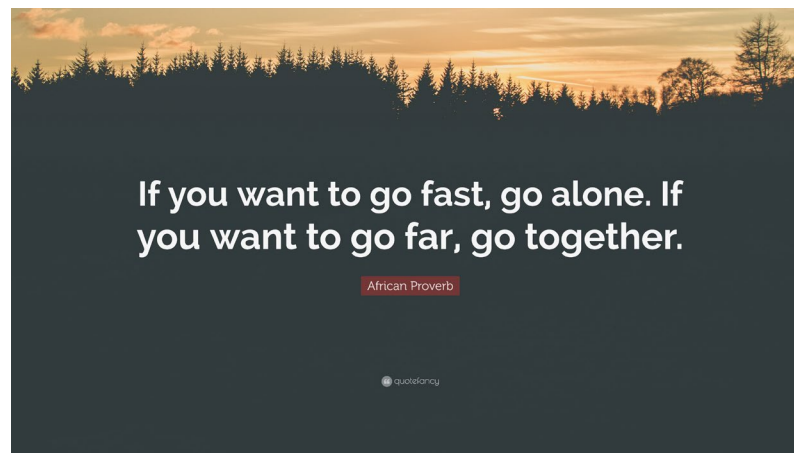
and organizational buy-

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Summary & Recommendations

- Curricular design and development are time consuming but great opportunities for personal and professional development
- Think about the next steps early
- Impact of the output can be exponential (Think big!)
- Find a partner to go far



Acknowledgements



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Elizabeth Takacs



Chad Tracy

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Thank you!

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