

Section A: Instructional Planning

*No one can arrive from being talented alone.
God gives talent, work transforms talent into genius. - Anna Pavlova*

The delivery of classroom instruction **ONLY** comes after thoughtful **instructional planning**, based on evaluating student needs. The basic tools that a Health Occupations Education teacher needs for instructional planning purposes are:



1. The course curriculum guide
2. The course blueprint
3. The course competency test item bank

Never underestimate the importance of instructional planning!

Types of Instructional Plans

Instructional planning is done in four stages and the results are four types of plans:

- * The curriculum plan,
- * The annual plan,
- * The unit plan, and
- * The lesson plan.

The Curriculum Plan

In Health Occupations Education, the curriculum plan is provided to the teacher in the form of a:

- 1) Curriculum guide,
- 2) Course blueprint, and
- 3) Competency test item bank.

If you don't have the curriculum guide for each course you will be teaching, ask your Career Technical Director to order you a copy from the Department of Public Instruction.

1) *Tips for Using the Curriculum Guide*

The curriculum guide is a large print document that describes the "how to" of teaching a course. Here are some tips for using the curriculum guide.

Read It Avoid the tendency to turn to the guts of the guide. Instead, begin by reading the preface and introductory parts of the guide. New teachers are often surprised by the valuable organizers at their fingertips in the introduction to the curriculum guide.

Research Did you find evidence of research and health care community involvement in the development of your curriculum guide? Information shows how each course objective relates to research methodology and educational reform initiatives. For example, it may show how course objectives relate to SCANS (the Secretary's Commission on Achieving Necessary Skills), the National Health Care Skill Standards, the North Carolina ABCs, and more.



Specs Be sure to read the "Specifications" for each course for insights into the course description, rationale, credits, and unique aspects of the course. This section also contains valuable information on prerequisites, facility needs, equipment, teacher certification, recommended class size, and evaluation.

Outline The course master outline is useful for sharing the course content with students and parents.

Units Each unit begins with unit specifications, competency goals and objectives, a list of materials/resources, and recommended instructional strategies by objective. Each unit includes a list of suggested instructional strategies by objective. Finally, each unit has an appendix with vocabulary lists and instructional activities.

Keep in mind that the curriculum guide is written by classroom teachers, and includes suggestions for achieving the goals (competencies) outlined in the course blueprint, and measured by the VoCATS test item banks. There are more activities suggested than there are hours to teach them in, and the classroom teacher must pick and choose activities in designing lesson plans that are most appropriate for his/her classroom. **At all times, the teacher is responsible to and for all policies of their local Board of Education.**

2) *Tips for Using the Course Blueprint*

Get the Right One Health Occupations Education blueprints are updated as needed. Be sure you are using the most current blueprint for instructional planning. Call the HOE State Office (919 807-3894) or ask your Career Technical Director about the correct blueprint for each course. The date is found on the lower left corner of each blueprint page.

Make an Annual Plan The course blueprint can be used in the preparation of an annual instructional plan. The annual plan is a calendar that the teacher prepares before school starts in August - sometimes referred to as a pacing guide.

Know Your Columns The teacher must understand the blueprint in order to use it correctly. The columns in the blueprint include:

- 1) ***Competency and Objective numbers*** - These numbers correspond to the numbers in the test item bank and curriculum guide. The first three numbers identify a competency (broad goal) such as 001., and the two numbers after the decimal point indicate the specific objective.

NOTE: Beginning in the Summer of 1999, new competency codes are being used to assure that each course has a unique number for each competency and objective. The revised Allied Health Sciences I curriculum package (curriculum guide, item bank and blueprint) will follow this new policy, so rather than the 001 competency goal – the new numbering system is 1H01, with 1H replacing the first 0.

- 2) ***Unit Titles/Competency and Objective statements*** - Unit titles serve as organizers. Competency and objective statements tell you what the student should know and be able to do.
- 3) ***Time and hours column*** - This column is to be filled in by the teacher, and may change during the year based on the students' needs. More information on filling in this column is contained later in this section. Suggestions for how many class periods each unit might take are listed in curriculum guides printed since 1997.
- 4) ***Unit weight/Performance Weight*** - This column shows what percent of the unit a specific objective represents on blueprints printed prior to 1996. All blueprints printed after 1996 will show the percent of performance weight for the course.

- 5) **Course weight/Cognitive Percent** - This column shows what percent of the course a specific objective carries. This column is used in determining the number of multiple choice items selected per objective in the VoCATS pretest and posttest. For blueprints revised in 1996, this column will show the cognitive weight that will still be measured using multiple choice test items.
- 6) **Type behavior** - In VoCATS, we classify outcome behaviors as C=Cognitive, A=Affective, and P=Psychomotor. Further, each cognitive objective is given a level of one (1) or three (3), such that C1 is at the level of basic recall or understanding, and C3 requires the application of higher order thinking skills such as application, analysis, synthesis, and evaluation.
- 7) **Integrated skill areas** - This column represents the integration of specific skills in each objective, A=Arts, C=Communications, H=Health/Safety, M=Math, SS=Social Studies and SC=Science.
- 8) **Core or Supplemental** - Core objectives are required, supplemental are taught based on local instructional plans and the student's career goals.

3) ***Tips for Using the Test Item Bank***

In the ideal setting, you would have a computer with the VoCATS software (*Curriculum Builder or Classroom Manager*) and all current Health Occupations Education Test Item banks loaded and easily accessible. Your computer would be attached to a printer and a scanner. In addition, you would have a hard copy (print copy) of the test bank for all courses you teach for your reference.



If you don't have all of the above, the minimum that you need is the print copy of the banks for all courses you teach. ***If you don't have that, you won't be able to use the test items for instructional planning. Talk to your VoCATS coordinator or Vocational Director to find out how you may obtain a copy of your item banks.***

It is VERY important that you make it a priority to learn to use a computer and the VoCATS-related software. Talk to your VoCATS coordinator about local training sessions, and learn to use the Curriculum Builder or Classroom Manager program to your advantage.

Once you have the item banks, you should **use them in determining the specific content** the students should master for a given objective. Begin by reviewing the test items for a specific objective.

For example, in preparation for teaching objective 1H15.03 – Identify characteristics and treatment of common urinary disorders* – the teacher reads the test items and makes the following notes:

- Glycosuria
- Hematuria
- Oliguria
- Polyuria
- Hemodialysis
- Kidney failure
- Nephrolithiasis (renal calculi)
- Kidney transplant
- Incontinence
- Cystitis
- Pyelonephritis
- Glomerulonephritis
- Dysuria
- Enuresis
- Lithotripsy
- Uremia
- Hematuria

Next, the teacher decides he/she would like to assign written and oral reports for this objective. After analyzing the test items, the following options are given:

- Hemodialysis
- Cystitis
- Renal calculi
- Glomerulonephritis
- Kidney failure
- Kidney transplants
- Uremia

The teacher knows from analysis of the test items that students will be expected to apply information related to the diseases, disorders, and treatments listed above. In providing report options, the teacher is aware of specific information presented in the test items.

The teacher also knows that he/she must review prior learning to make the connections of roots, prefixes and suffixes, so that students will be able to understand words related to urinary system disorders – such as glycosuria, hematuria, polyuria, etc.

Keep in mind that it is acceptable to add more information than is found in the test bank. The item bank contains minimal competencies, and the teacher does have some latitude in adding content as appropriate to the instructional objectives.

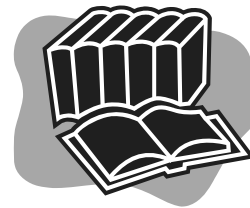
Looking at test items is an important step in planning the specific content students should master in any given objective.

* *Test items from objective 1H15.03 are included in the appendix of this guide.*

Isn't that teaching to the test?

Not exactly. What is expected is that the classroom teacher will use the test items as a **guide** to the content that **MUST** be covered.

What textbook are you using? If it's the primary textbook used in the development of test items, then there will be a clear fit between the content of the text and item bank.



For a variety of reasons, the classroom text used in a particular school may NOT be the text used in the development of test items. For that reason, analysis of the content covered by test items – and sound instructional planning – are crucial.

Look at the sample of disorders in the Urinary system.

- What if the book you are using doesn't mention cystitis?
- What if the book uses the term "nephrolithiasis" and not renal calculi?
- What if it mentions pyelonephritis, but not glomerulonephritis?

If you don't make it a point to help students learn what is covered in the VoCATS bank, then they will not do as well on the VoCATS assessments, even though they have learned what you taught them.

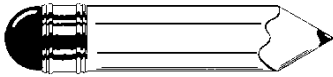
- 1. It isn't that anyone knows exactly what a student should and shouldn't learn about a particular body system or unit of instruction, but we do know what students will be tested on - and you should too.**
- 2. Students should have the opportunity to learn the content measured by the test.**

"Calculated mischief is invigorating." -Mary Ann Radmacher-Hershey

The Annual Plan

Now that you are familiar with the tools already available to you, the next major step in planning is your responsibility - developing an annual plan!

STEP #1



The first step in developing an annual plan is to write in (using a pencil) the number of hours you will need to spend on each objective. As a start, the inexperienced teacher will use a formula - keeping in mind that experience provides more information and an improved planning process. (Note: In guides developed since 1997, suggested time for instruction is provided in the front of each unit.)

Instructional planning involves the teacher's determination of the amount of time it will take to help students achieve mastery of a specific objective.

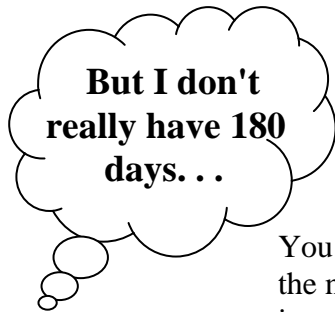
Keep in mind that teachers consider the following in determining how much time to allow for each objective:

- What students already know. (Determined by the pretest)
- The amount of time per class period (45 mins., 55 mins., 90 mins.)
- Learning characteristics of the class
- Teacher's skills, knowledge, personality
- Specific content to be mastered
- Available resources/facilities
- The relative importance of the objective in relation to the entire course

As a starting point...

A recommended strategy is to develop an annual plan at the beginning of the year to assure that all objectives are taught - knowing that **adjustments will have to be made as conditions arise**. The following conversions are provided for estimating the number of class periods to allow for each objective:

180 days of instruction = Multiply % in column 5 by 1.8.
90 days of instruction = Multiply % in column 5 by .9



You may actually adjust the formula by first determining the number of class periods you actually will have for instruction.

For example:

One teacher added the amount of time it would take for VoCATS pre- and posttesting, homecoming, class pictures, etc., and determined that he/she would actually have 164 days of instruction - rather than 180. Teacher A then multiplied each percent in column 5 by 1.64 to get a starting point for number of class periods to allow per objective.

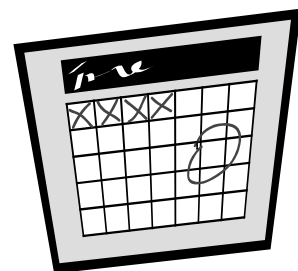
DON'T FORGET to plan for core objectives that don't have course weight. (Internships and mentorships in Allied Health Sciences II and Medical Sciences II.) Those performance components are an essential part of your curriculum and must be reflected in your annual instructional plan. The amount of time indicated for Internships and mentorships on the course blueprint is clock hours - not class periods.

What about EXPERIENCE?

Experience is a good teacher. When it comes to instructional planning, experience teaches us how long it REALLY TAKES for students to master the content of a given objective. Quite often, teachers who teach the same course in two different semesters on block schedule will modify their annual plan the second semester – as a result of “real” experiences from the first semester.

STEP #2

The next step involves getting a calendar for the school year, and blocking out holidays, testing days, etc. - those days you know you will not be having instruction.



Planning calendars are distributed annually at the Workforce Development Summer Conference and other New Teacher Workshops. If you do not have a planning calendar, call the Health Occupations state office. (There is a one page monthly planning calendar in the appendix of this guide.)

STEP #3

In this step, you will transfer information from Column #3 of the blueprint (the number of days you penciled in) to the calendar. Once you have transferred all your information over to your calendar, **YOU HAVE AN ANNUAL PLAN!**

What good is it?? Most teachers find that the annual plan helps them plan for field trips, guest speakers, etc. AND helps them keep on track. Remember, students should have the opportunity to master all the objectives in the curriculum. ***You can't teach it all if you don't PLAN to teach it all.***

*You will do foolish things, but do them with enthusiasm.
- Collette*

The Unit Plan

Next comes the unit plan. This step is accomplished using the "Curriculum Alignment Guide" found in the appendix of this guide.

Curriculum Alignment

Curriculum alignment is a tool to organize available resources for helping students master unit objectives. The alignment guide helps the teacher plan for a unit of instruction by addressing a variety of areas including written resources and a variety of instructional strategies.

Author's Note: Everything I know about curriculum alignment I learned from Cheryl Rice, who was the Workforce Development Director for Nash/Rocky Mount schools – and a master of instructional planning! Thanks Cheryl!

The guide suggests that the teacher consider modifications of instruction for students with special needs. It also suggests the teacher address the basic skill areas - reading, writing and math. Finally, the guide asks the teacher to plan for developing students' higher order thinking skills, and to use HOSA-related activities as instructional strategies.

The Lesson Plan

The smallest unit of planning is the daily lesson plan. This is the teacher's guide to the day-to-day business of managing instruction. Schools vary in their approach to expectations for daily lesson plans, and the teacher should **consult with local mentor teachers and curriculum supervisors to determine specific local requirements.**

In the preliminary development of daily lesson plans, the teacher may want to consider the following questions from Posner, G. (1985) *Field Experience: A guide to reflective teaching*. New York: Longman.

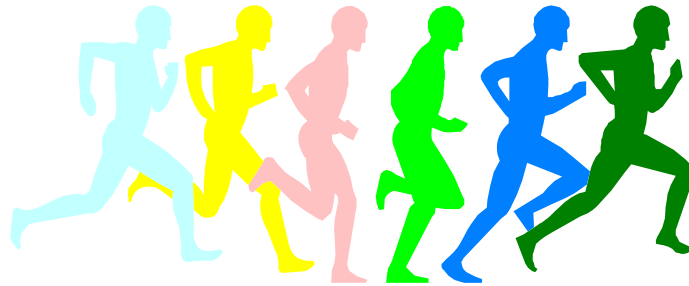
Planning Element	Planning Question	Plans
Direction 1. Activity 2. Objectives 3. Entry Characteristics	What activity do you plan to initiate or lead? What are the students supposed to learn from the activity? What prior skills and understandings do you expect the learners to bring to the lesson?	
Specifics 4. Content 5. Procedures 6. Results	What specific content will you cover? What specifically will you and the learners do during the activity? What results do you expect?	
Provisions 7. Resources 8. Feedback 9. Time 10. Follow-up	What facilities and materials will you and the learners need in order to carry out the activity? How will you and the learners be provided with feedback regarding their progress? How long will the activity take? What activities will you assign as a means of extending or reinforcing the lesson?	

In addition, there are lesson plan forms in the appendix of this guide for the teacher to copy and use as desired.

Practical Planning . . .

Health Occupations Education teachers plan ways to make the classroom a meaningful and exciting place. The next section of this guide deals with instructional strategies - the "things" you plan to do with the students in your classroom.

It is up to you to identify instructional plans that will help students understand and apply key subject matter concepts - and help students find the learning process interesting and rewarding!



I like being unconventional. - Florence Griffith Joyner