

**Policy Title: Policy on Curriculum Oversight and Management**

**Date of Review/Revision/Approval:** August 2024

**Review Cycle:** 4 years

**Body Responsible for Review/Revision/Approval:** Curriculum Steering Committee

**Responsible Dean:** Associate Dean for Undergraduate Medical Education

**Relevant LCME Element:  
(if applicable)** 8.1; 8.3

**Policy Statement/Purpose:**

The School of Medicine has in place curriculum committees with the responsibility for the medical program, including the design, integration, management, and evaluation of the curriculum. The committee structure is appropriate to monitor outcomes of the curriculum and to engage in continuous improvement and implementation of changes as necessary. The organizational chart of the curriculum committees reflects effective monitoring and communication between the committees.

**Policy Directives:**

Each of the curriculum committees has a defined charge and specific responsibilities.

The charge to the Curriculum Steering Committee (CSC) is comprehensive oversight and management of the medical school educational program, ensuring that the curriculum is sufficiently integrated and meeting the educational program objectives. This committee ensures ongoing attention to and compliance with LCME elements related to the curriculum by continuously monitoring educational program components per the continuous quality improvement (CQI) process timeline. It has the complete authority over all aspects of the curriculum, including the approval of curriculum policies, curriculum changes, and the recommendations made by other curriculum committees.

The charge to the Curriculum Renewal Committee (CRC) is to participate in continuous quality improvement of the medical school educational program by conducting phase and entire curriculum reviews, incorporating feedback from various data sources and other curriculum committees (e.g., students, faculty, performance data), and making recommendations for improvements. This committee receives directions from and makes reports to the CSC. It works with the PCDC and CDC to conduct the annual curriculum phase reviews, and it compiles the whole curriculum review every two years. The CRC may develop work groups or consider changes to the curriculum based on these reviews or based on direction from the CSC. Any recommendations for changes are presented to the CSC for approval.

The charge to the Course Evaluation Committee (CEC) is evaluation of the individual courses and clerkships in the medical education program. This committee reviews summative student evaluations of

the courses and clerkships by the Aesculapian Society. It has the authority to initiate evaluations of courses and clerkships on a rotating basis and presents its findings to the CSC and the CRC.

The charge to the Preclerkship Course Director Committee (PCDC) is to address issues of course content, integration, and assessment of students and outcomes in the preclerkship phase of the curriculum (years one and two). The PCDC drafts and revises policies relevant to the preclerkship phase, which the CSC must approve prior to implementation. This committee may also develop or revise preclerkship phase assessments which are also subject to approval by the CSC. The PCDC participates with the CRC in the preclerkship phase review by providing course-specific outcomes data and reviewing data from other sources that compose the review.

The charge to the Clerkship Director Committee (CDC) is to address issues in the clerkship phase of the curriculum (years three and four), including monitoring of students' clinical experiences and assessment of clinical skills. The CDC reviews and recommends core clinical requirements for students annually for approval by the CSC. This committee also drafts and revises policies relevant to the clerkship phase, which the CSC must approve prior to implementation. The CDC participates with the CRC in the clerkship phase review by providing clerkship-specific outcomes data and reviewing data from other sources that compose the review.

The Curriculum Steering, Curriculum Renewal, and Course Evaluation Committees are standing School of Medicine committees. Basic science and clinical faculty members serve in a rotating fashion as per the School of Policy on Committees. All students have the opportunity to indicate interest in participation, and members from various classes are selected based on a paragraph of interest. The Preclerkship Course Director and Clerkship Director Committees are comprised of course, clerkship, and site directors and relevant administrators for those courses and clerkships, and membership therefore changes with course and clerkship leadership. The Chairs of the Curriculum Renewal, Course Evaluation, Preclerkship Course Director, and Clerkship Director Committees are voting members of the Curriculum Steering Committee.

The detailed procedures for the work of all 5 curriculum committees is outlined in the appendix to this policy.

## **Appendix to the Policy on Curriculum Oversight and Management**

This appendix represents the procedure document for the curriculum committees and their work to manage the medical education program.

### **Curriculum Steering Committee (CSC)**

The CSC's comprehensive oversight and management of the medical school educational program includes responsibility for compliance with accreditation standards and authority for all decisions and policies related to the curriculum. The committee monitors the program using the school's CQI framework to ensure that the educational program objectives (EPOs) are taught in a coordinated and integrated fashion and assessed appropriately throughout the curriculum. It directs the other curriculum committees regarding potential curriculum revisions and assessment methods.

The committee meets at least quarterly. Once per year, it receives the reports from the preclerkship phase review and the clerkship phase review. Once every two years, it receives the whole curriculum phase review report. In addition to formal reporting of phase reviews, the committee reviews data on outcomes throughout the year when they become available. It also hears reports from the other curriculum committees at each of its meetings. It reviews educational program objectives (EPOs) and policies every four years, or earlier as needed.

Policies related to the curriculum are generated and revised by the Preclerkship Course Director Committee and the Clerkship Director Committee and approved by the CSC. Policies may also be generated by the CSC itself. Assessment policies and grading procedures are first approved by the Academic Standards Committee (the body that determines the standards of assessment for advancement) and then are approved by the CSC to ensure that policies allow for sufficient assessment of the EPOs throughout the curriculum.

Proposed changes to the curriculum may be brought to the CSC for decisions in several ways:

- The CRC, PCDC, or CDC may discuss proposed changes from their phase reviews and bring them to the CSC for discussion and approval.
- A member of any of the curriculum committees or the faculty in general may bring to the CSC a desire for the addition of a curricular topic to the curriculum based on national trends or emerging science or technology relevant to medical education or practice. This is followed by a discussion and possible approval for further action.

The following curriculum actions are examples of decisions that are considered major and must be approved by the CSC prior to implementation:

- Any changes in curriculum policies that originate in the committees based on their respective phases
- Additions or deletions of courses or clinical rotations
- Changes in the structure of the preclerkship phase (order or length of courses)
- Changes in the structure of the clerkship phase (length of clerkships and other clinical rotations, pairings within blocks)
- Changes in the required clinical experiences in the clerkship phase
- Major changes in pedagogy in a single course or across courses in the preclerkship phase (e.g., changing all course sessions to small groups or Team Based Learning exercises from a lecture-based course)
- Any change in pedagogy that affects assessment of students (e.g., weight of assessments)

The following curriculum actions are examples of decisions that are considered minor and may be made by the course or clerkship director without CSC approval. These changes are reported as part of the relevant phase review annually.

- Determination of specific learning objectives within a course or clerkship session
- Determination of course or clerkship objectives (provided they are linked to EPOs)
- Reorganization of the order of teaching sessions within a course or clerkship
- Inclusion of a new session within a course or clerkship that does not change the number of hours in the course
- Decisions on teaching faculty
- Change of pedagogical delivery of a single session within a course or clerkship (i.e., lecture to active learning)

If a preclerkship course director or clerkship director wishes to make a change to their course or clerkship that falls outside of the above parameters, they must discuss their proposed changes and rationale with the relevant faculty member from the Office of Undergraduate Medical Education (the Basic Science Curriculum Director for the relevant year of the preclerkship phase, and the Assistant Dean for Undergraduate Medical Education for the clerkship phase). These changes include, but are not limited to, the following:

- Changes in the number of hours that could conflict with the school's policy on preclerkship phase work hours
- Proposed changes in pedagogy/content delivery method in > 20% of course or clerkship sessions
- Any removal of content or course or clerkship objective

The UME Office faculty member will help determine whether or not the change requires approval by the CSC using the criteria described above. This determination is presented at the relevant curriculum committee meeting for discussion and documentation in the minutes. Changes are also documented in the relevant phase review for that year. If the determination is that the course director may make the change, the documentation includes (1) the change that was made; (2) the change did not affect hours or policies; and (3) the change did not affect assessment procedures e.g., weight in the course. If the determination is that the proposed change requires CSC approval, it is discussed at the upcoming CSC meeting as part of its curriculum committee report.

### **Curriculum Renewal Committee (CRC)**

The CRC receives directions from and makes reports to the CSC. It works with the Preclerkship Course Director and Clerkship Director Committees to conduct the annual curriculum phase reviews, and it compiles the whole curriculum review every two years, incorporating feedback from various data sources and making recommendations for improvements. The CRC may develop work groups or consider changes to the curriculum based on these reviews or based on direction from the CSC. Work groups include student and faculty members of the CRC, and other faculty with relevant knowledge and skills may be included as needed. The CRC may also identify curriculum needs based on other feedback and may solicit input from the PCDC or CDC if issues pertain specifically to the preclerkship phase or clerkship phase. Any recommendations for changes are presented to the CSC for approval.

The CRC meets 4 to 6 times per year. The meeting dates are scheduled quarterly to coincide effectively with the CSC meetings to facilitate communication and report delivery. Additional meetings are scheduled for work groups, phase reviews, and other discussions. Once per year, it receives the data from the preclerkship phase review and the clerkship phase review and compiles a report for the CSC. Once every two years, it compiles the whole curriculum phase review report for presentation to the CSC. Twice per year, it reviews the Course Evaluation Committee (CEC) summary reports from the Aesculapian surveys and from formal course and clerkship evaluations. The CRC utilizes the ISeek database as needed during its meetings.

## **Course Evaluation Committee (CEC)**

The CEC conducts evaluations of the courses and clerkships in the medical education program on a rotating basis, typically every four years unless circumstances in a course or clerkship warrant an earlier evaluation. The CEC also reviews summaries from the student Aesculapian surveys. The chair of the CEC reports its summary reports from the Aesculapian surveys and the formal course and clerkship evaluations to the CRC for inclusion in the phase and whole curriculum reviews.

The committee meets at least quarterly. Twice a year the CEC reviews the executive summaries from the Aesculapian Society, and the chair writes a summary report for the Dean, Department Chairs, the CRC, PCDC, and CDC for inclusion into the phase and whole curriculum reviews. The spring report includes the L1 and L2 fall courses from that academic year; the fall report includes the L1 and L2 spring courses from the previous academic year and all L3 clerkships and L4 Critical Concepts. Quarterly the CEC reviews course and clerkship evaluations as conducted by its members according to the evaluation rubric.

## **Preclerkship Course Director Committee (PCDC)**

The PCDC addresses issues of course content, integration, and assessment of students and outcomes in the preclerkship phase of the curriculum. The PCDC participates with the CRC in the preclerkship phase review by providing course-specific outcomes data and reviewing data from other sources that compose the review. The chair of the PCDC works with the chair of the CRC to compile the annual review report for presentation to the CSC.

The committee meets 3 to 4 times per year. Once a year it reviews all of the data for the preclerkship phase review utilizing the phase review rubric. Once a year it reviews grading and remediation procedures and the professionalism monitoring system to determine if changes are needed. Twice a year it reviews the summary report from the CEC. Every four years, or earlier as needed, it reviews the content of the policies relevant to the preclerkship phase, and it may draft new policies as needed, presenting its recommendations to the CSC for approval.

During the course of its reviews, the PCDC may identify opportunities to improve our teaching and assessment of EPOs in the preclerkship phase. It may utilize the ISeek curriculum database for this during its meetings. The committee may make recommendations based on these discussions to the CRC for additional discussion or to the CSC for approval.

## **Clerkship Director Committee**

The CDC addresses issues in the clerkship phase of the curriculum, including monitoring of students' clinical experiences and assessment of clinical skills. The CDC participates with the CRC in the clerkship phase review by providing clerkship-specific outcomes data and reviewing data from other sources that compose the review. The chair of the CDC works with the chair of the CRC to compile the annual review report for presentation to the CSC.

The committee meets 6 to 8 times per year. Quarterly, it reviews data on compliance with clerkship policies regarding feedback, timeliness of summative assessment, and work hours. Once a year it reviews all of the data for the clerkship phase review utilizing the phase review rubric, including comparability data across sites. Once a year it reviews and recommends core clinical requirements for students for approval by the CSC (core clinical conditions and required clinical skill observations). Once a year it reviews grading and remediation procedures for the clerkship phase, and it makes recommendations for changes to the Clerkship Preparation course. Once a year it reviews the summary report from the CEC regarding the Aesculapian surveys from the previous year.

Every four years, or earlier as needed, it reviews the content of the policies relevant to the clerkship phase, and it may draft new policies as needed, presenting its recommendations to the CSC for approval. The CDC also considers issues pertaining to senior students, senior rotations, and residency planning.

During the course of its reviews, the CDC may identify opportunities to improve our teaching and assessment of EPOs in the clerkship phase. It may utilize the ISeek curriculum database for this during its meetings. The committee may make recommendations based on these discussions to the CRC for additional discussion or to the CSC for approval.

### **The Academic Standards Committee**

The Academic Standards Committee works closely with the other curriculum committees. This committee sets standards of achievement for students in the School of Medicine and has two primary charges.

- (1) The committee establishes criteria for promotion from one phase (or year) of medical education to the next and approves guidelines for the Preclerkship and Clerkship Student Promotions Committees regarding the appropriate remediation for students in academic difficulty. After approval by the Academic Standards Committee, promotions guidelines are approved by the Administrative Council and Dean.
- (2) The committee approves grading policies as recommended by the Preclerkship Course Director Committee and Clerkship Director Committee to ensure that policies and procedures for assigning grades are consistent with the guidelines for student advancement. After approval by the Academic Standards Committee, grading policies are approved by the Clerkship Steering Committee.

## Components of Biennial Whole Curriculum Reviews

- Review of all EPO outcomes from prior 2 years (8.4)
  - EPO Attainment Table
    - Evaluations from courses, clerkships, exercises, observations, professionalism
    - Objective knowledge based assessments e.g., USMLE Step 1, Step 2CK, NBMEs, internal exams
- AAMC GQ and Y2 data from prior 2 years – relevant to preclerkship and clerkship phases
  - Curriculum data
  - Learning environment data (3.5, 3.6)
- ACGME graduate performance data and match data (8.4)
- Review of EPOs as a whole (8.2)
  - Linkage of objectives to EPOs
  - Appropriateness of pedagogical methods to meet EPOs
  - Appropriateness of type and timing of assessment strategies to assess EPOs
  - Review of curricular content map (horizontal, vertical, longitudinal integration) related to EPOs
- Review of Committee Reports from prior 2 years
  - Preclerkship and Clerkship Phase Review Reports (8.3)
  - Course Evaluation Committee Summary Reports (8.5)

## Components of Annual Preclerkship Phase Reviews

- Review knowledge-based EPO outcomes (8.4)
  - USMLE Step 1 and Step 2CK scores
  - Internal Exams
  - Customized NBMEs
- AAMC GQ and Y2 data – relevant to preclerkship phase
  - Curriculum data
  - Learning environment data (3.5, 3.6)
- Review of Course Evaluation Committee Summary Reports (8.5)
- Integration of content (including longitudinal topics) in preclerkship phase (8.3)
  - EPO map
  - Curriculum database
- Review of general grading and remediation procedures, professionalism guidelines and rubric
- Review of EPOs (preclerkship) (8.2)
  - Linkage of objectives to EPOs
  - Appropriateness of pedagogical methods to meet EPOs
  - Appropriateness of type and timing of assessment strategies to assess EPOs
- Policy monitoring relevant to preclerkship phase (8.8, 9.5, 9.7, 9.8)
  - Adherence to policies
  - Need for changes to recommend to CSC

## **Components of Annual Clerkship Phase Reviews**

- Review knowledge-based EPO Outcomes (8.4)
  - USMLE Step 1 and Step 2CK scores
  - NBME subject exam scores
- AAMC GQ and Y2 data– relevant to clerkship phase
  - Curriculum data
  - Learning environment data (3.5, 3.6)
- Review of Course Evaluation Committee Summary Reports (8.5)
- Integration of content (including longitudinal topics) in clerkship phase (8.3)
  - EPO map
  - Curriculum database
- ACGME graduate performance data and match data (8.4)
- Comprehensive review of core clinical conditions and required observed clinical skills
  - Recommended changes (6.2)
  - Student completion and use of alternatives (8.6)
- Comparability between sites (8.7)
- Review of general grading, remediation procedures, professionalism issues
- Review of EPOs (clerkship) (8.2)
  - Linkage of objectives to EPOs
  - Appropriateness of pedagogical methods to meet EPOs
  - Appropriateness of type and timing of assessment strategies to assess EPOs
- Policy monitoring relevant to clerkship phase (5.7, 8.8, 9.3, 9.5, 9.7, 9.8, attendance)
  - Adherence to policies
  - Need for changes to recommend to CSC

## **Components of Course and Clerkship Reviews (every 4 years or sooner as needed)**

- Review of knowledge-based EPO outcomes
  - USMLE Step 1 or Step 2 performance in course subject
  - NBME (and internal examination) performance
  - (Clerkship – core clinical conditions, required skills)
- Course/clerkship-specific AAMG GQ data prior 4 years
  - How well each basic science course prepared for clerkships
  - Quality each clerkship
  - KPI each clerkship (hx, pe, effective teaching fac/res)
- Aesculapian survey data from prior 4 years (8.5)
- Coverage of content, longitudinal curriculum topics – e.g., pain, cancer, health equity (8.3)
- Outcomes of policies relevant to phase (8.8, 9.3, 9.5, 9.7, 9.8)
- Review of EPOs (8.2)
  - Linkage of objectives to EPOs
  - Appropriateness of pedagogy
  - Type and timing of assessments
- Adequacy of teaching faculty / course and clerkship directorship time
- General assessment of how course or clerkship contributes to the entire curriculum