



LIAISON COMMITTEE ON
MEDICAL EDUCATION

Connecting with the Secretariat Webinar

Designing and Managing the Curriculum

July 6, 2023

1:30 pm – 3:00 pm ET

Welcome!

**Thank you for joining us for today's webinar. The program will begin shortly.
You will not hear audio until we begin.**

If you have technical questions, please email aamc@commpartners.com.



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How to Manage the Curriculum

Roadmap

The view from 10,000 feet

Key words

- Centralized
- Organized
- Coordinated
- Utilized
- Monitored
- Comparable/equivalent
- Effective

The view from ground level

Key Standard

- Standard 8 (all elements)

Associated Standards and Elements

- Standard 6 (in particular, Elements 6.1 and 6.2)
- Standard 9 (in particular, Elements 9.4, 9.5, 9.7, 9.8, 9.9)



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Element 8.1: Curricular Management

A medical school has in place **an institutional body (i.e., a faculty committee)** that **oversees** the medical education program as a whole and **has responsibility for** the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.



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Element 8.1: Curricular Management

Deconstruction

- The faculty committee (i.e., the “curriculum committee”) is charged with the responsibility for the curriculum in bylaws or in another formally-approved policy document that includes the charges of standing committees.
- The charge of the curriculum committee specifies the committee’s authority for educational policy and process.
- The actions of the curriculum committee, as documented in its minutes, demonstrate that it is fulfilling its responsibility for making decisions and taking action related to the curriculum.



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Element 8.1: Curricular Management

Pitfalls

- The role/authority of the “curriculum committee” is not codified in a formally-approved policy document (e.g., medical school bylaws).
- The membership of the curriculum committee is not consistent with it being a “faculty committee.”
- Certain decisions that should be the purview of the curriculum committee (according to Element 8.1) are being made administratively or by another group at the medical school or sponsoring organization level.
- Evidence that the curriculum committee is exercising its delegated responsibility is lacking (e.g., the curriculum committee minutes do not illustrate that the committee is receiving information/making decisions/taking action).

Element 8.1: Curricular Management

Tips

- Make sure that the authority of the curriculum committee is codified in formal policy. If there are exceptions (e.g., the dean may veto a curriculum committee action based on resource implications), make sure these are specified and understood and do not fall under areas considered educational policy.
- Make sure that the curriculum committee minutes are complete and reflect that the committee is receiving necessary information and is acting in all of its areas of responsibility.
- If certain actions are delegated to subcommittees of the curriculum committee (e.g., course/clerkship reviews), make sure that this is clearly understood and the role of the curriculum committee in these circumstances is defined (e.g., it has formally delegated the authority; it receives and acts on the recommendations).



Element 8.2: Use of Medical Education Program Objectives

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses **formally adopted medical education program objectives** to guide **the selection of curriculum content**, and to **review and revise** the curriculum. The faculty leadership responsible for each required course and clerkship **link the learning objectives** of that course or clerkship to the medical education program objectives.

Element 8.2: Use of Medical Education Program Objectives

Deconstruction

- There are formally approved medical education program objectives (EPOs) that were described in Element 6.1. The EPOs are stated in outcome-based terms and linked to both overarching competencies and assessment methods.
- The EPOs are used to determine what is taught in the curriculum. This is facilitated by the creation of course and clerkship learning objectives (LOs) that are developed from and linked to the EPOs.
- The linkage between the EPOs and the LOs allows a determination of where content is taught and allows a decision about content sufficiency (Element 8.3).
- The EPOs are an integral part of curriculum evaluation (Element 8.4).

Element 8.2: Use of Medical Education Program Objectives

Pitfalls

- It is not made clear (e.g., in the DCI) how the EPOs are used in the planning and evaluation of the curriculum (e.g., existing course and clerkship objectives are backfilled into EPOs instead of a prospective determination of what content should be included in an EPO and then apportioning it into appropriate courses and clerkships).
- The processes for course, phase, and curriculum as a whole reviews do not consider EPOs in content and/or outcome evaluations.
- Linkages between EPOs and course/clerkship objectives do not exist or are incomplete.
- EPOs and LOs are not shared with students, faculty, residents, as relevant and expected from Element 6.1.

Element 8.2: Use of Medical Education Program Objectives

Tips

- In curriculum development or revision, start with the EPOs to decide what to teach; make sure that EPOs are clear and measurable (Element 6.1) so that content and assessments can be assigned to each EPO.
- Make sure that course and clerkship LOs are clearly stated so the linkage with the relevant EPO will be clear.
- Make sure that there is a complete set of course and clerkship LOs so that in looking across the LOs linked to a specific EPO, a determination can be made that each EPO is appropriately covered in the curriculum (Element 8.3.)

Element 8.3: Curricular Design, Review, Revision/Content Monitoring

The faculty of a medical school, **through the faculty committee responsible for the medical curriculum**, are responsible for the detailed development, design, and implementation of **all components of the medical education program**, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These **medical education program objectives, learning objectives, content, and instructional and assessment methods** are subject to **ongoing monitoring, review, and revision** by the responsible committee.

Element 8.3: Curricular Design, Review, Revision/Content Monitoring

Deconstruction

- The DCI specifies the roles and responsibilities of different groups (e.g., curriculum committee/subcommittees, administrators, course/clerkship faculty) in curriculum development, implementation, and evaluation.
- There are regularly scheduled processes for the evaluation of the phases of the curriculum and the curriculum as a whole.
- The results of those evaluations should be received by and acted upon by the “curriculum committee.”
- There are defined timelines, processes, and appropriate tool(s) for content monitoring. Content gaps and redundancies are identified/acted upon (this requires the linkage of learning objectives to EPOs as demonstrated in Element 8.2).

Element 8.3: Curricular Design, Review, Revision/Content Monitoring

Pitfalls

- Evaluation of the phases of the curriculum does not occur or only consists of evaluation of the individual courses/clerkships within that phase; there is no pre-defined schedule for reviews.
- Evaluation of the curriculum as a whole does not occur or only consists of uncoordinated review of individual assessments/outcome measures. Various components are missing from the review process (e.g., reviews of horizontal/vertical content integration and/or instructional formats/assessments). The process does not support a determination of whether the individual EPOs have been met.
- There is no tool for identifying where content is taught, or the tool (i.e., curriculum database) is not used or not accessible to appropriate faculty and administrators.
- The reviews of the phases and the curriculum as a whole do not result in identification and accomplishment of relevant/needed changes

Element 8.3: Curricular Design, Review, Revision/Content Monitoring

Tips

- The roles/responsibilities of different groups in curriculum development, implementation, and evaluation are clear and demonstrate the overarching responsibility of the “curriculum committee.”
- There is a timeline and a comprehensive process for the review of curriculum phases and the curriculum as a whole. There are clear qualitative or quantitative “benchmarks” that can be used to make outcome determinations.
- There is evidence that these evaluations occur and that the results are acted upon by the “curriculum committee” (e.g., content gaps are identified and addressed).
- The reviews use a process to allow a determination of whether the EPOs have been met.



Element 8.4: Evaluation of Educational Program Outcomes

A medical school collects and uses a **variety of outcome data**, including national norms of accomplishment, to demonstrate the extent to which medical students are **achieving medical education program objectives** and to enhance the quality of the **medical education program as a whole**. These data are collected **during program enrollment** and **after program completion**.

Element 8.4: Evaluation of Educational Program Outcomes

Deconstruction

- There are identified outcome data that are used to evaluate educational program quality. These include internal and external (e.g., USMLE, residency program feedback) data elements.
- These data can be considered in aggregate and are used to make a determination of success in achieving school-identified outcomes, including the achievement of the educational program objectives.
- Schools identify, determine the reasons for, and create strategies to address suboptimal performance in outcome measures related to one or more EPOs.

Element 8.4: Evaluation of Educational Program Outcomes

Pitfalls

- The school does not evaluate the attainment of individual EPOs. Individual measures used to evaluate a specific EPO are not qualitatively aggregated, so that a decision about overall performance cannot be made. School's confuse individual student performance based on assessments with aggregate student performance (for program evaluation). The school has not clearly specified what is required to demonstrate that the intended outcome of the EPO has been achieved.
- Measures to determine attainment of the EPO are non-specific to the EPO (e.g., too general).
- Some required outcome measures are missing (such as feedback on the performance of graduates).
- Strategies to identify and/or address outcome measures that exhibit suboptimal performance are missing or incomplete.

Element 8.4: Evaluation of Educational Program Outcomes

Tips

- The DCI requests that the school select three EPOs and show how the attainment of each is evaluated:
 - The measures included are specifically relevant to the EPO (ideally the measures come from Element 6.1).
 - There is a clear process for considering the outcome measures in aggregate so that the school can decide if the intent of the EPO has been met.
- Measures are in place to identify outcome measures with suboptimal performance (as defined by the school), and strategies have been developed and implemented to address the problem area(s). Problems are acted on by the “curriculum committee” in a timely manner.



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Element 8.5: Medical Student Feedback

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.



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Element 8.5: Medical Student Feedback

Deconstruction

Formal processes to collect and consider

- Process defined in formal school documents such as committee bylaws, evaluation policy, operating papers, handbooks, or other approved documents
- Mechanism to collect feedback data at defined intervals
- Defined responsibility for collecting data, reviewing data, acting on data

Courses, clerkships, and teachers

- All courses and clerkships
- Teacher evaluations (including who, how of collecting, and who reviews, acts)



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Element 8.5: Medical Student Feedback

Pitfalls

- Lack of a formal process – data collection is piecemeal
- Data not reviewed at appropriate intervals
- Responsibility for reviewing and acting not clear
- Data not included in reviews of curriculum components
- Data there to indicate a concern, but no actions taken
- Quality of teaching is not evaluated
- Data are limited or lack sufficient granularity
- Waiting for the ISA to find out that there are student concerns



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Element 8.5: Medical Student Feedback

Tips

- Have it in writing in approved school documents – when it occurs, how it occurs, who collects the data, who reviews the data, and who has responsibility for acting when concerns are identified
- If a concern is identified, dig for root causes if they are not apparent.
- Have a mechanism to evaluate quality of teaching. Have a mechanism to fix it!
- Don't wait for an ISA to discover concerns
- Beware of survey fatigue and the effects it can have on participation and quality of data
- Involve students in resolving concerns

Element 8.6: Monitoring of Completion of Required Clinical Experiences

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

Element 8.6: Monitoring of Completion of Required Clinical Experiences

Deconstruction

A “system with central oversight”

- A method or process for students to record the encounters in a collectable format
- A process to review with individual students their progress toward meeting the requirements
- A process to collect the data entered by the individual students and organize the data for evaluation by individual and collectively by cohorts
- Assignment of responsibility to oversee the process and analyze the data
- Assignment of responsibility for disseminating the data to the individuals/groups who can act on the data

Remedies for any identified gaps

- A process for identifying students who have not been able to meet the required encounters and identify alternate means to meet the requirement
- A process for periodic evaluation and adjustment of the list of required encounters to ensure appropriateness to meet the EPO’s and meet clerkship objectives in the recommended setting.

Element 8.6: Monitoring of Completion of Required Clinical Experiences

Pitfalls

- No data entry method that allows for collection of aggregate data within and across clerkships on completion of encounters
- No group/individual has responsibility for collecting and analyzing the data
- No documentation that the data were reviewed by the responsible groups to ensure appropriateness and lack of gaps (and acted upon, if there are gaps identified)
- Alternative methods for satisfying the requirements (that are not being met) have not been identified

Element 8.6: Monitoring of Completion of Required Clinical Experiences

Tips

- Define your system for collecting the data on completion, including identification of the individual(s) responsible for collecting the data and the groups receiving the data
- Documentation that the groups responsible for receiving and acting on the data have received and acted (committee minutes? agenda intervals in policy or procedure documents? memos? To directors?)
- Anticipate and identify the encounters that may be difficult to complete and identify alternate methods.
- For the survey team, be able to give examples of how gaps were identified and actions taken



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Element 8.7: Comparability of Education/Assessment

A medical school ensures that the medical curriculum includes **comparable educational experiences** and **equivalent methods of assessment** across **all locations** within a given course and clerkship to ensure that all medical students achieve the **same medical education program objectives**.

Element 8.7: Comparability of Education/Assessment

Deconstruction

Comparable educational experiences - **what does “comparable” mean?**

- Program and learning objectives (6.1) – the same, although pedagogies need not be
- Required clinical experiences (6.2) – the same, although curricular location need not be
- Balance of inpatient and outpatient experiences allow 6.1 and 6.2 to be met **at all instructional sites**

Equivalent methods of assessment – **what does “equivalent” mean?**

- Appropriate assessment methods, including direct observation, for the knowledge, skills, behaviors, and attitudes (9.4) articulated in the program and learning objectives (6.1)
- Narrative assessment (9.5)
- Formative assessment and feedback (9.7)
- Fair and timely summative assessment (9.8)
- Single set of core standards for advancement and graduation (9.9) **at all instructional sites**
- **In general, adding/subtracting an assessment method at one site is unlikely to maintain equivalency; different timing of and different observers (e.g., faculty, residents, other health professionals) for these methods are likely to maintain equivalency if all observers are properly trained.**



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Element 8.7: Comparability of Education/Assessment

Pitfalls

- Inattention to/lack of effective communication of the scaffolding (EPOs, LOs, RCEs) for the medical education program
- Absence of effective centralized data intake and monitoring mechanisms
- Absence of effective “effector” mechanisms
- Collection of non-site-specific (and therefore non-actionable) data
- Absence of a system for ensuring site- or discipline-specific changes when indicated



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Element 8.7: Comparability of Education/Assessment

Tips

- Ensure that program and course/clerkship learning objectives (6.1) and required clinical encounters/skills (6.2) are the same at and communicated to all instructional sites
- Construct an effective system for monitoring program and student outcome evaluations (8.3, 8.4), completion of required clinical encounters (8.6), and all aspects of student assessment (9.4, 9.5, 9.7, 9.8, and 9.9)
- Charge the curriculum committees and its subcommittees with reviewing information gathered (as part of CQI) in each of these areas and with acting and evaluating actions taken when necessary
- Ensure the authority and ability of the dean/CAO to effect comparability of education and equivalency of assessment at all instructional sites



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Element 8.8: Monitoring Student Time

The **medical school faculty committee responsible for the medical curriculum and the program's administration and leadership** ensure the development and implementation of **effective policies and procedures** regarding the **amount of time medical students spend in required activities**, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.



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Element 8.8: Monitoring Student Time

Deconstruction

- Shared responsibility of the curriculum committee and the medical education program leadership team
- Policies, procedures, and methods for evaluating whether those policies and procedures are being followed in both the clerkship and pre-clerkship phases of the curriculum
- Effective methods for students to report violations of policies and procedure without fear of retribution
- Monitoring of not only scheduled “face-to-face” time, but also estimation and monitoring of time needed to prepare for scheduled activities (including preparation for flipped classroom and other interactive sessions)
- As of AY 2024-25, Element 8.8 folds in evaluation of availability of sufficient unscheduled time to prepare for SDL activities (previously part of Element 6.3)

Element 8.8: Monitoring Student Time

Pitfalls

- Policies and processes are incongruent.
- Policies and processes are congruent, but there are no mechanisms for ensuring that they are being monitored and/or are effective.
- Policies and processes do not incorporate preparatory time for required educational activities.
- Faculty and residents are unaware of the policies, and students are reluctant to report violations and seek intervention when necessary.
- Students and faculty do not have a shared understanding of the definition of “unscheduled time.”

Element 8.8: Monitoring Student Time

Tips

- Develop and effectively communicate policies and processes to all involved groups (students, faculty, residents, other health professionals at all instructional sites)
- Develop and employ methods for estimating student preparatory time for required activities
- Prospectively design weekly schedules with attention to the above and to appropriate placement of blocks of time (e.g., for multi-part PBL sessions)
- Develop and employ effective methods for identifying when policies and practices are not “in sync” or being followed within courses/clerkship at all instructional sites
- Develop and employ effective methods for reporting and acting on student time/duty hour violations, both in “real time” when egregious and on a regular basis as part of overall curriculum management



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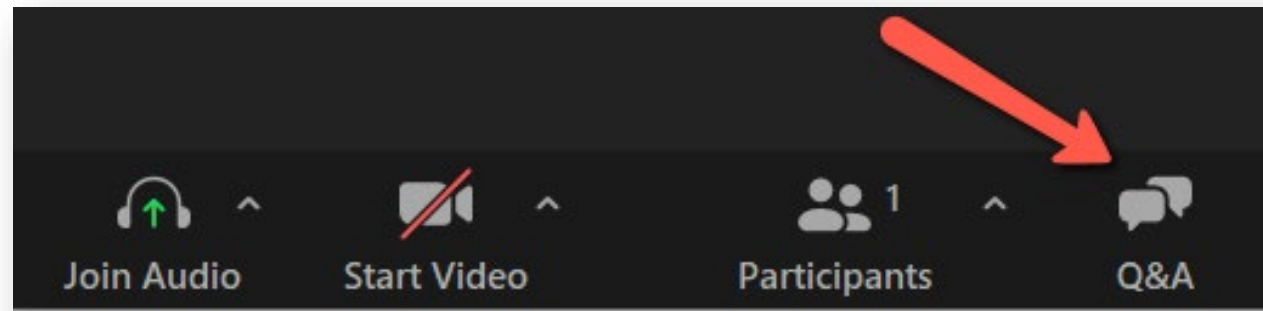
Submitted Question

There are likely many ways for schools to allocate curriculum management roles as depicted in Table 8.3-1. Could the LCME please provide examples of role allocations that would likely lead to an unsatisfactory finding with Element 8.3?

Open Q&A

How to ask questions in Zoom:

Participants can ask questions by hovering their mouse at the bottom of the screen to bring up their toolbar.



Click the Q&A icon and a box will open where you can submit a question.

Participants will not see other participants' questions. Only speakers will see the questions submitted.



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Announcements:

Documents Posted Since Last Webinar:

<https://lcme.org/publications/>

EFFECTIVE AY	PUBLICATION TITLE
2023-24	DCI for Full Accreditation Surveys
2023-24	Survey Report Template for Full Survey Visit Reports
2024-25	DCI for Full Accreditation Surveys
2024-25	DCI for Preliminary Accreditation Surveys
2024-25	DCI for Provisional Accreditation Surveys
<i>Not Specific</i>	Guidelines for Planning and Conduct of Accreditation Survey Visits
<i>Not Specific</i>	Visit Schedule Template for a Full Survey
<i>Not Specific</i>	Visit Schedule Template for a Preliminary Survey
<i>Not Specific</i>	Visit Schedule Template for a Provisional Survey

*Revised documents:
Supporting documentation for
Element 3.3 – requirement for
schools to have a formal policy
specifically identifying the school's
diversity categories has been
removed.*



LCME Secretariat Private Consultations at Learn, Serve, Lead 2023: The AAMC Annual Meeting

LCME Private Consultations are available November 4-6, 2023, by appointment. Submit and complete the online form to schedule:

<https://www.jotform.com/lcme/lcme-consultation-request>

LCME Secretariat *Consultations*

Private Consultations at Learn Serve Lead 2023

November 4-6, 2023, the LCME Secretariat will host private consultations during AAMC's Learn Serve Lead in Seattle, WA. Click on the link below to request a consultation.

Request a Consultation

The banner features a dark blue background with a subtle diamond pattern. On the left, the text "LCME Secretariat" is in a white sans-serif font, followed by "Consultations" in a white script font with a thin white underline. Below the text is a silhouette of seven people sitting around a long table, with their reflections visible on the surface below. On the right, the text "Private Consultations at Learn Serve Lead 2023" is in a teal color. Below this, a paragraph of white text provides details about the consultations. At the bottom right, there is a blue button with the text "Request a Consultation" in white.



Next Webinar: Thursday, August 3, 2023

Topic of the Month:

Element 3.3: Past, Present, and Future

Email lcme@aamc.org with element or topic suggestions.