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# Connecting with the Secretariat Webinar

## Designing and Managing the Curriculum

July 10, 2025 | 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.**

# Designing and Managing the Curriculum

## The view from 10,000 feet

**Key words**

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

## The view from ground level

**Key Standards**

- Standard 6 (in particular, Elements 6.1 and 6.2)
- Standard 8 (all elements)

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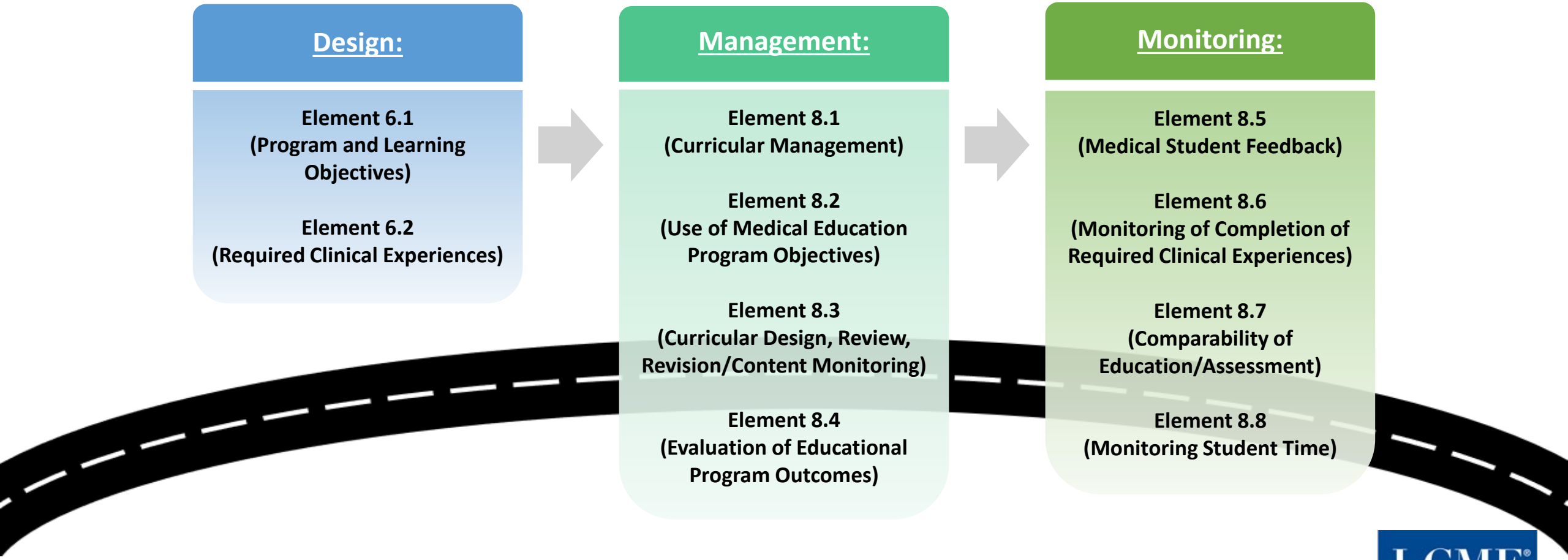
# Roadmap

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# Element 6.1 (Program and Learning Objectives)

The faculty of a medical school define its **medical education program objectives** in **outcome-based** terms that **allow the assessment of medical students' progress in developing the competencies** that the profession and the public expect of a physician. The medical school makes these medical education program objectives **known to all medical students and faculty.** In addition, the medical school ensures that the **learning objectives for each required learning experience (e.g., course, clerkship)** are made **known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.**

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# Element 6.1: What does the LCME Expect?

- Demonstrated understanding of the definition of medical education program objectives (MEPOs): Broad statements, in measurable terms, of the knowledge, skills, behaviors, and attitudes (typically linked to a statement of expected competencies) that a medical student is expected to exhibit as evidence of achievement of all programmatic requirements by the time of medical education program completion.

- MEPOs developed and approved by the faculty (through the Curriculum Committee [CC])

- MEPOs communicated broadly to all students and faculty

- Learning objectives (LOs) for each required course and clerkship developed by course/clerkship directors, approved by the CC, and communicated to all students, faculty, residents, and others who teach and/or assess students in those required experiences

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# Element 6.1: When the LCME Does Not Get What It Expects, What are the Most Common Reasons (aka Pitfalls)?

- Outcome measures (assessments) associated with each MEPO are generic and not appropriately linked to that MEPO
- MEPO is not stated in outcome-based terms, so appropriate assessment cannot occur
- Terminology issues: MEPOs vs competencies vs EPAs
- Absence of individual course/clerkship LOs (e.g., generic LOs for all clerkships; “phase LOs”).

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# Element 6.2 (Required Clinical Experiences)

The faculty of a medical school define the **types of patients and clinical conditions** that medical students are **required to encounter**, the **skills** to be performed by medical students, the **appropriate clinical settings** for these experiences, and the expected levels of medical student responsibility.

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# Element 6.2: What Does the LCME Expect?

- Required clinical experiences and procedural skills (RCEs) developed and reviewed by the clerkship directors, reviewed by the clerkship director group (CC subcommittee?) and approved by the CC
- Identification of a SINGLE minimum level of student responsibility for each RCE (and definition of that level [e.g., observe, participate, perform])
- RCEs, settings (inpatient, ambulatory) determined by what the directors and the CC identify as essential (required) for all students – not by what is "available" at a clinical site
- Identification of alternative experiences if a student does meet these requirements with patients
- Communication of the RCEs to all students, faculty, and residents who teach and/or assess students
- Monitoring and intervention (Elements 8.6 and 8.7)

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# Element 6.2: When the LCME Does Not Get What It Expects, What are the Most Common Reasons (aka Pitfalls)?

- Absence of a single level of responsibility expected of **all** students
- Levels of responsibility the same for all RCEs (overall or in a specific clerkship domain)
- Large variations in the "granularity" of RCEs across clinical domains
- RCEs not reviewed and approved (by clerkship subcommittee and CC)
- RCEs not reviewed on a regular basis using aggregate data from student logs (8.6 and 8.7)
- Alternatives to remedy gaps when a student cannot access a required encounter or perform a required skills are not identified
- Frequency with which alternative experiences are needed is not monitored on a regular basis

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# Element 8.1 (Curriculum Management)

A medical school has in place a faculty committee that 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: What Does the LCME Expect?

- The charge to the “curriculum committee” is formally specified in the faculty bylaws or other policy document.
- The curriculum committee charge grants the committee responsibility and authority for curriculum-related policy development/approval as well as for curriculum design, management, and evaluation.
- The policy document includes defined categories for curriculum committee membership, with sufficient faculty representation on the committee to justify that it is a “faculty committee.”
- The subcommittees of the curriculum committee have defined areas of responsibility and are advisory to the parent committee.

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# Element 8.1: When the LCME Does Not Get What It Expects, What are the Most Common Reasons (aka Pitfalls)?

- The committee charge and membership are not codified in a formal document (i.e., faculty bylaws)
- The charge does not specify the primacy of the "curriculum committee" for curriculum policy development/management. Other individuals or groups can/do overrule the committee or develop curriculum policy independent of it.
- The categories of curriculum committee membership are not formally codified.
- The committee's voting membership consists of a majority of administrators (i.e., members of the dean's staff as represented in Element 2.4).
- There is absence of evidence of committee effectiveness (e.g., curriculum problems are not acted upon in a timely manner).
- There is no evidence (e.g., in curriculum committee minutes) that the actions of the subcommittees are acted upon by the curriculum committee.

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# 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.

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# Element 8.2: What Does the LCME Expect?

- In a curriculum change (e.g., new curriculum or decision to add/revise courses), plans for content to be included start with the educational program objectives (EPOs) so that the decision of what should be covered will comprehensively address the intent of the EPO.
    - Note from Element 6.1, the language of the EPOs should be clear and specific enough to allow a determination of what content "fits."

- Course and clerkship objectives are linked to the EPOs.

- The curriculum committee is the final arbiter of the use of EPOs and the linkage of course/clerkship learning objectives to them. These are reviewed by the curriculum committee during curriculum reviews and course/clerkship reviews.

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# Element 8.2: When the LCME Does Not Get What It Expects, What are the Most Common Reasons (aka Pitfalls)??

- There is no evidence that the EPOs were included in the process of a making a change involving curriculum content.
  - For example, existing learning objectives and content are retrospectively placed in EPOs.

- The learning objectives (LOs) of courses and clerkships are not linked to the EPOs.

- It is not clear that the content/intent of a given LO fits with the intent of the EPO within which it has been placed or will contribute to a determination of whether the EPO has been achieved.

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# 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.

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# Element 8.3: What Does the LCME Expect?

- There is a regular process for the review of the phases of the curriculum and the curriculum as a whole, which include specific and appropriate data elements/information.

- Reviews address content, including content integration within and across phases, whether the specified outcomes of phases (and the EPOs included within them) are achieved, and whether each phase prepares students for the next phase of training.

- The results of reviews are considered by the relevant curriculum subcommittee and acted upon by the curriculum committee.
    - The actions of these bodies are documented in their minutes so that follow-up can be tracked as part of the school's CQI effort.

- A curriculum database, managed and kept up to date, is used in phase reviews and the review of the curriculum as a whole.
    - Gaps and unplanned content redundancies are identified and formally acted upon

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# Element 8.3: When the LCME Does Not Get What It Expects, What are the Most Common Reasons (aka Pitfalls)?

- Reviews of individual phases and of the curriculum as a whole do not occur or only consist of reviews of individual courses or clerkships. There is no review of EPOs or of phase outcomes.
- The curriculum committee minutes do not document actions on phase or curriculum reviews or are nonspecific related to curriculum committee actions/follow-up.
- There is no regular review of curriculum content and its placement or of the appropriateness of instructional formats or assessment methods to support the attainment of the EPOs.
- There is no curriculum database to assist in content reviews, the database is not kept up to date, or the database is not accessible to relevant faculty or others.

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# Element 8.4 (Evaluation of Education 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.

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# Element 8.4: What Does the LCME Expect?

- There is a process for evaluation of the EPOs using data that are specific for each EPO (see Element 6.1).

- Each of the EPOs has been evaluated to determine whether aggregate data demonstrate that it has been achieved.
    - There is documentation in the curriculum committee minutes of EPO evaluations and actions on any that do not meet school defined outcomes.

- There is review of performance of individual outcome indicators (e.g., USMLE performance), including those specified by the LCME. Outcome data are collected from students and graduates. There is evidence that areas of concern have been identified and addressed.

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# Element 8.4: When the LCME Does Not Get What It Expects, What are the Most Common Reasons (aka Pitfalls)?

- There is no evidence that the attainment of each EPO has been evaluated.
  - No process for EPO evaluation is described
  - Curriculum committee minutes are silent
  - Data on aggregate EPO performance is not provided

- There is no description of individual outcome measures with suboptimal performance or for actions taken to address performance gaps

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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: What Does the LCME Expect?

- A codified (formal) process for obtaining quality evaluation (data-based) of EACH required course/clerkship
- The process defines WHO (or what office) is responsible for making sure it happens
- The appropriate curriculum governance committees review the feedback data
- A codified (formal) process for obtaining feedback from students on the quality of their teachers and supervisors
- A high response rate for questionnaire and surveys
- A formal process for providing feedback to students on their evaluations of courses/clerkships

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# Element 8.5: When the LCME Does Not Get What It Expects, What are the Most Common Reasons (aka Pitfalls)?

- No formal process
- Only on some courses/clerkships
- Responsible individual or office not identified
- Curriculum governance not involved/no evidence of involvement
- No feedback on teachers/supervisors
- Low response rate to surveys and questionnaires
- No mechanism for feedback to students
- Mechanism present, but feedback not conveyed

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# 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.

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# Element 8.6: What Does the LCME Expect?

- A defined process for students to log encounters
- The process defines WHO (or what office) is responsible for monitoring at the clerkship level, and when that is to occur.
- There is a mechanism to make adjustments as needed to ensure student success in meeting the requirements.
- The process defines when and by progress toward completion is discussed with the student.
- The process defines what individuals and committees monitor aggregate data at the central level, and how the data are used to evaluate adequacy of patient exposure during the clerkship.
- How is the use of alternate methods being monitored and used to make adjustments in the educational experience or list of requirements?

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# Element 8.6: When the LCME Does Not Get What It Expects, What are the Most Common Reasons (aka Pitfalls)?

- Tools for logging not evident or not used
- Monitoring who/how/when at the clerkship level is not defined
- No process for central monitoring of aggregate data
- No evidence of central monitoring (such as curriculum committee minutes)
- Alternate method utilization rate not evaluated/not acted on

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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.

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# Element 8.7: What Does the LCME Expect?

**Actions to Support Comparability**

- Distribution of learning objectives, RCEs, and assessment tool(s) to faculty
- System of communication between clerkship/course leadership and site leadership/faculty
- Distribution of student performance and satisfaction with teaching, clinical experience at each site

**Monitoring of Comparability**

- Systematic, centralized collection and monitoring of data to determine that there is comparability across clinical sites within a course/clerkship: completion of RCEs, use of alternative experiences, clinical grades, subject exam scores, total grades, STEP 2 scores, student ratings of teaching and professionalism, etc.
- Identification of individual or groups responsible for reviewing and acting on comparability data
- Regular reporting of comparability data to the curriculum committee with documented action on issues

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# Element 8.7: When the LCME Does Not Get What It Expects, What are the Most Common Reasons (aka Pitfalls)?

**Lack of an effective comparability monitoring system**

- Demonstrated differences in clinical experiences at sites, examples: I/O time, student performance, ability to complete RCEs, student satisfaction, assessment quality
- Demonstrated differences in student ratings of pre-clerkship courses at different teaching sites
- Lack of identification of issues by school leadership/CC and PLANs to rectify issues

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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: What Does the LCME Expect?

**Pre-Clerkship Phase**

- Formally approved policy/guidelines addressing the amount of scheduled and required preparatory time in a given week during the pre-clerkship phase, dissemination of policy/guidelines to students and faculty
- Blocks of self-directed learning time available to students in most average weeks
- Mechanism to collect student reporting of time actually spent in scheduled and unscheduled activities

**Clerkship Phase**

- Formally approved policy relating to medical student duty hours (including on call requirements) in the clerkships and dissemination of requirements to students, faculty, and residents
- System to collect data on clerkship duty hours and reporting of aggregate data to the CC
    - Mechanism for students to report duty hours violations either during or at the completion of clerkship, without fear of retaliation.
    - Identification of individual(s) responsible for receiving violations and actions that can be taken to address issues.

*CC monitoring of aggregate data on scheduled time in pre-clerkship phase and clinical workload*

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# Element 8.8: When the LCME Does Not Get What It Expects, What are the Most Common Reasons (aka Pitfalls)?

**Pre-Clerkship**

- School has a policy/ guidelines that specifies scheduled time but not unscheduled time
- Lack of calculation of student academic workload, or one that is reasonable
- No system of collecting data from students on workload
- Lack of action to address student issues on workload

**Clerkship**

- Lack of monitoring of clerkship student workload (duty hours, assignments)

Lack of monitoring of pre-clerkship and/or clerkship workload by the curriculum committee.

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# Submitted Question

A faculty leader over a phase of the curriculum is aware that improvements need to be made to the phase and would like to hold an Improvement Summit to prioritize ideas for future iterations of the phase. The Improvement Summit would include more people than just those on the phase level subcommittee and is not the same thing as the formal evaluation of the phase, which will occur later.

To ensure the "curriculum committee is receiving necessary information and is acting in all of its areas of responsibility" does it or the phase subcommittee:

a. need be made aware of why the summit needs to occur and then vote to approve the need for the summit before it occurs
b. be made aware that the summit will occur (informational item)
c. be informed after the summit occurs should any changes to the phase need to be voted on
d. A and C

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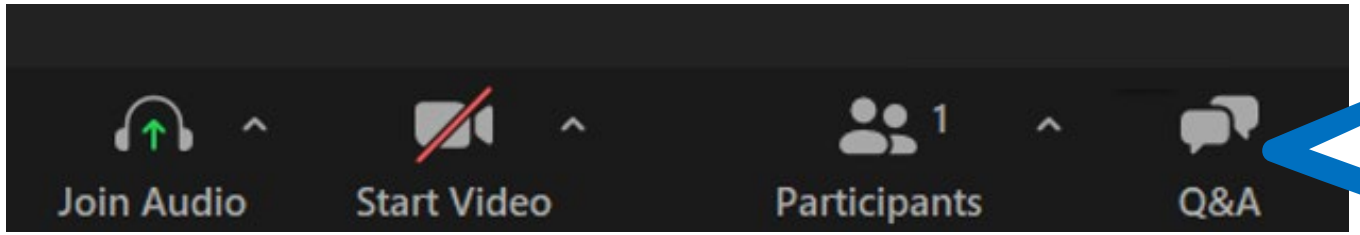
# Q&A

## How to ask a question in Zoom:

Hover your mouse over the bottom of the screen to bring up the toolbar.




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

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

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# LCME Secretariat Private Consultations at Learn, Serve, Lead 2025: The AAMC Annual Meeting

LCME Private Consultations are available November 2-4, 2025, by appointment.
Submit and complete the online form to schedule:
https://www.jotform.com/lcme/lcme-consultation-request


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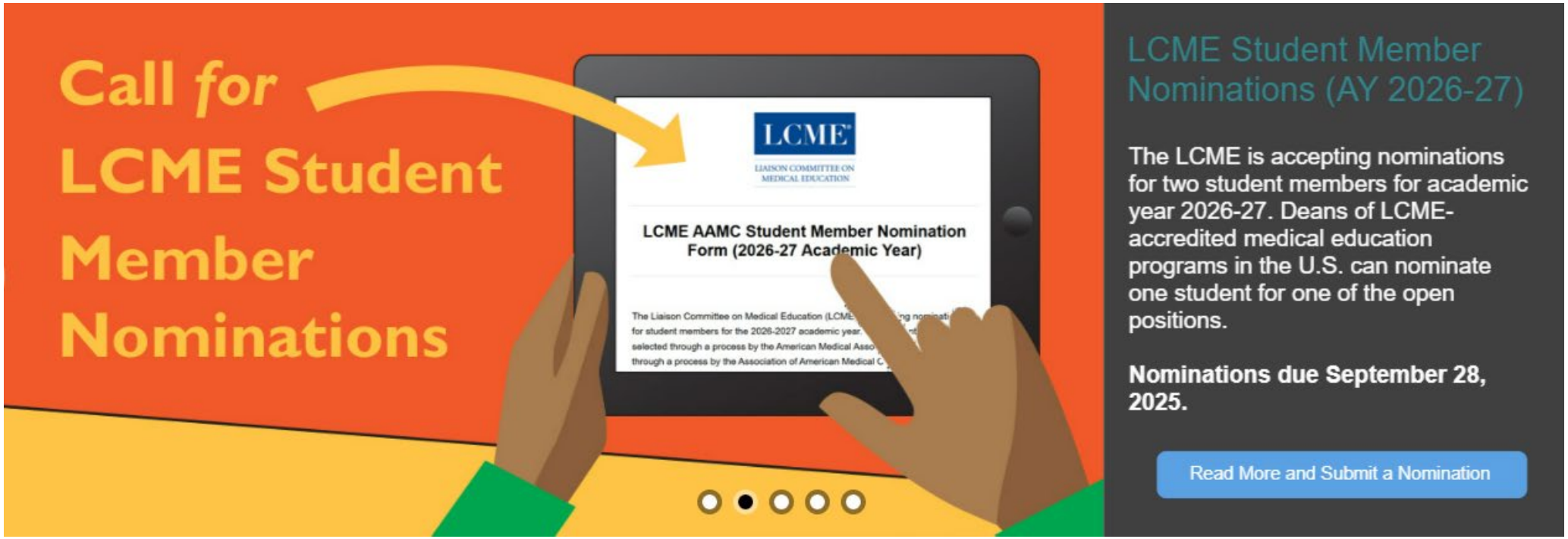
# Call for LCME Student Member Nominations

Student member nominations for the AMA and AAMC position must be received by September 28th, 2025.

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# Next Webinar

## Focus on Distributed Learning: Shared Governance and Other Issues and Suggested Approaches to Addressing Them

Thursday August 14, 2025 | 1:30 pm – 3:00 pm ET

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