LCME®

LIAISON COMMITTEE ON
MEDICAL EDUCATION

Connecting with the Secretariat Webinar

How to Manage the Curriculum
August 19, 2021
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.

- The LCME's concept of "curricular management" is broader than coordination and administration of tasks to achieve a goal.

- Curricular management = design, management (as defined above), content monitoring/sequencing/integration, evaluation, and enhancement of a coherent and coordinated medical curriculum

Elements 8.1, 8.2, 8.3, and 8.4: The 10,000-Foot View

- **Key point:** Curriculum management, LCME-style, is a classic example of **SYSTEM** – an organized set of people and things working together as parts of an interconnected network to get things done efficiently and effectively and to detect and respond to short-term perturbations/needs and long-term challenges/needs efficiently and effectively.

- Element 8.1: Organizational **STRUCTURE** and **AUTHORITY** of the people responsible for the curriculum

- Element 8.2: **INFRASTRUCTURE/SCAFFOLDING** defined and utilized by those groups of people (i.e., medical education program objectives)

- Element 8.3: **FUNCTIONAL MECHANISMS** through which the people (8.1) utilize the infrastructure/scaffolding (8.2) to manage the curriculum (i.e., design, management, content monitoring/sequencing/integration, evaluation, and enhancement)

- Element 8.4: **READ-OUT** (measurable **outcomes**) of how well the structure/ infrastructure/functional mechanisms of the curriculum management system are working to meet program goals

- **Critical point:** The LCME cares about the components, structure, and functioning of this system because it is accrediting medical education programs, not individual students.

Standard 8: Curricular Management, Enhancement, and Evaluation (Overview)

The individual elements (8.1 – 8.4) are linked. Together, they allow schools to demonstrate that there is an effective, data-based system for curriculum management.

- 8.1 (Curricular Management) – The Curriculum Committee has appropriate authority and is structured to manage the curriculum.

- 8.2 (Use of Medical Education Program Objectives) – The EPOs guide content selection; the learning objectives support this by being linked to the educational program objectives.

- 8.3 (Curricular Design, Review, Revision/Content Monitoring – There is a regularly scheduled and implemented process to evaluate the segments of the curriculum and the curriculum as a whole; content is monitored to ensure that there is appropriate content amount and placement.

- 8.4 (Evaluation of Educational Program Outcomes) – The outcomes of the curriculum, including the attainment of the program objectives, are evaluated.

A medical school has in place an institutional body (e.g., 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.

Summary of Intent

To ensure that:

- There is a formal faculty committee (i.e., the "Curriculum Committee") that has appropriate and codified authority for the curriculum

- The committee with authority to manage the curriculum is structured to carry out that responsibility

- The curriculum committee uses its authority to manage the curriculum

Pitfalls

- The bylaws/institutional policies do not codify the authority of the "curriculum committee" to manage the curriculum.

- The reporting relationship(s) of the "curriculum committee" indicate that it is not the final authority to "oversee the medical education program as a whole."

- By its membership, the curriculum committee does not appear to be a "faculty" committee.

- The activities of the curriculum committee, as reflected in its minutes, do not illustrate that it has or exercises the appropriate authority.

Element 8.1: Curricular Management

Tips

- Make sure the charge of the Curriculum Committee, as reflected in formal policy/bylaws, defines its authority.

- Make sure there is evidence that the Curriculum Committee exercises its authority, even if some tasks (such as course evaluations) are delegated to subcommittees or carried out by administrators. The Curriculum Committee is where final decisions are made.

- While the dean may overrule the Curriculum Committee in specific circumstances (e.g., the availability of resources), in general, the Curriculum Committee has the final "say" related to educational program policy.

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.

Summary of Intent

- Medical education program objectives (EPOs), as defined in Element 6.1, are used to determine what is taught in the curriculum and to guide curriculum evaluation (e.g., whether what is taught is sufficient and appropriately placed).

- The creation of course and clerkship learning objectives and linking them to the EPOs is key to the process of determining what content is taught, where in the curriculum the content is taught, and to making decisions about content sufficiency and placement related to the educational program objectives.

Pitfalls

- The DCI does not clearly describe how the EPOs are actually used in the planning and evaluation of the curriculum. For example, existing course/clerkship content is lumped into EPOs instead of considering what content should be included in an EPO and then apportioning it throughout the curriculum.

- Course and clerkship learning objectives have not been developed. If they exist, they are not accessible to students/faculty and/or there is no evidence that they are used to support evaluation of the adequacy of content placement and content sufficiency.

Tips

- In curriculum evaluation or the development of a curriculum revision, start with the EPOs (don't simply appear to package existing content into existing EPOs).

- Make sure that the course and clerkship learning objectives are stated clearly, so they can be easily linked to the relevant EPO(s) in the curriculum database.

- Make sure that there is a complete set of course/clerkship learning objectives (i.e., that important areas that are covered in the curriculum are not left out of the learning objectives).

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

Summary of Intent

- The school specifies the roles and responsibilities of different groups in curriculum development, implementation, and evaluation

- There is a regularly-scheduled process for evaluation of the segments of the curriculum (years or phases) and the curriculum as a whole.

- There is a process and appropriate tools for content monitoring. Content gaps and redundancies are identified/acted upon so that sufficient content is appropriately placed in the curriculum.
  - The ability to meet this element's intent depends on the linkage of content/learning objectives to EPOs as demonstrated in Element 8.2.

Pitfalls

- There is no tool for identifying where content is taught. If there is a curriculum database, it is not used or access to it is limited so its usefulness is compromised. Gaps and curriculum redundancies are not identified.

- There is no defined schedule for evaluation of the phases of the curriculum or of the curriculum as a whole.

- Evaluation of the phases of the curriculum does not occur or only consists of the evaluation of individual courses or clerkships within that phase.

- Evaluation of the curriculum as a whole does not occur or various components are missing from the review process (e.g., evaluation of content and/or of the appropriateness of instructional format).

- The reviews of phases and the curriculum as a whole do not result in relevant/needed changes.

Tips

- The roles and responsibilities of different groups involved in curriculum development, implementation, and evaluation are clearly defined (in the DCI table) and can be explained, if needed, to a survey team.

- There are clear and comprehensive processes for regularly-scheduled phase and curriculum reviews.

- There is evidence that the evaluations occur and that the results are acted upon. For example, content gaps and redundancies are identified and addressed.

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.

Summary of Intent

- To ensure that the outcomes of the curriculum, including the achievement of the individual educational program objectives, are evaluated

- To ensure that schools identify reasons for and create strategies to address suboptimal performance in outcome measures related to one or more educational program objectives

Pitfalls

- The school does not evaluate the attainment of individual EPOs. Individual measures for an EPO are not considered collectively in making the decision about the attainment of the EPO. The school has not clearly specified what is required to demonstrate that the intended outcome of the EPO has been met.

- Measures used to determine attainment of an EPO are non-specific to the EPO (e.g., overall USMLE performance rather than performance in the items/components specific to the EPO).

- Some required outcome measures, such as the performance of graduates, are missing.

- Strategies to identify and/or address outcome measures that exhibit suboptimal performance are missing or incomplete.

Tips

- The DCI requests that the school select three EPOs and show how the attainment of each is evaluated. Make sure that:
  - The measures included are relevant to the specific EPO (ideally, the measures come from Element 6.1).
  - There is a clear process for using the results of the individual measures to decide if the intent of the EPO has been met.
- Steps have been taken to identify outcome measures with suboptimal performance (as defined by the school) and strategies have been developed and implemented to address the problem areas(s).

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.

Summary of Intent

- <u>Structured</u> processes for collecting feedback from students in order to make improvements in the educational program and enhance learning.

    (Courses, blocks, phases, clerkships, threads, content areas, teachers)

- The collected feedback is reviewed by the appropriate individuals and groups (committees).

- There is evidence that the information is at least considered, if not acted upon, to make changes and improvements where appropriate.

Element 8.5 Medical Student Feedback

Pitfalls

- Feedback is not structured in such a way to make it useful and "portable"
- Feedback is not communicated "upward" to appropriate groups/individuals
- Chain of responsibility is not defined
- Feedback is not included in evaluation of courses, clerkships…
- No evidence that feedback is reviewed, considered, acted upon by curriculum governance structure
- Feedback is not used for faculty development/improvement
- Students are not aware that their feedback is being considered or that improvements are made based on their feedback
- Feedback response rates are low

Tips

- Develop policy or define procedure for collecting and reporting feedback through the curriculum governance process – define who is responsible for collecting, reporting, acting

- Document where feedback is considered, and actions taken based on feedback (i.e., committee minutes/clerkship faculty meetings)

- Communicate to students how and where their feedback is being used. "You said, we did" (helps with response rates)

- If feedback suggestions are not possible, communicate why and seek alternative solutions

- Develop process for feedback to individual teachers (including residents)

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.

Summary of Intent

- The schools has in place an effective centralized system to ensure that all students are meeting the required clinical experiences, and to make adjustments to the curriculum as need to optimize the opportunities for all student to achieve the required clinical experiences; and ensure the availability of alternative experiences when circumstances do not allow live patient experiences.

(Note: 8.6 is about monitoring student completion of the experiences; 6.2 is about defining the experiences)

Element 8.6 Monitoring of Completion of Required Clinical Experiences

Pitfalls

- Lack of a defined centralized system; lack of tools for monitoring

- No evidence that curriculum governance bodies are reviewing the collected information

- No evidence that data is being used to ensure adequacy of patient exposure/support of learning objectives

- No process for timely review of student progress

- No evidence that curriculum governance is identifying gaps requiring the use of alternate methods and considering adjustments in either requirements or clinical experiences

Tips

- Define when and by what CENTRAL body completion data is reviewed and acted upon.

- Define who has responsibility for report/acting

- Define in course/clerkship materials when and by whom the data is reviewed with individuals, and what actions can be taken

- Track alternative method utilization – document consideration of changes in requirements/ clinical settings/curriculum to meet the requirements

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 during clerkships.

Summary of Intent

- The school has effective policies and procedures regarding the amount of time medical students spend in required activities – academic workload during the pre-clerkship phase, and the duty hours for the clerkship phase.

- There is centralized monitoring to ensure these policies and procedures are followed.

- Policies and procedures create a balance for required activities, study/review time, and personal time in support of student well-being.

Pitfalls

- It can be difficult to develop a reasonable estimate of the time students need to complete activities that are required outside of regularly-scheduled class time.

- Centralized monitoring to ensure policies and procedures are followed does not occur on a regular basis or there is no follow-up to address issues.

- Students may be hesitant to report violations of duty hours policies.

Tips

- Have formal policies in place addressing academic workload in the pre-clerkship curriculum and duty hours in the clerkship curriculum!

- Include questions about academic workload and duty hours in the end of course/clerkship evaluations.

- Include student representatives in the review of student data regarding academic workload and duty hours and in the development of approaches to address identified concerns.

Questions from webinar chat

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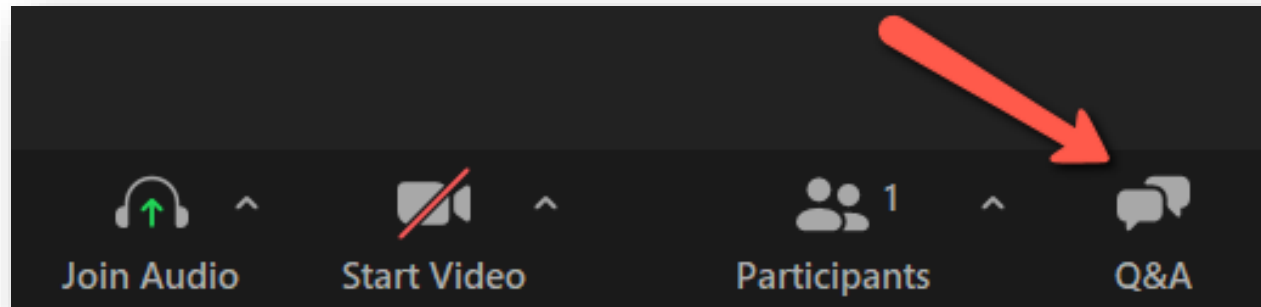
Click the Q&A icon and a box will open where you can submit a question.

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

LCME Secretariat Private Consultations

The Liaison Committee on Medical Education (LCME) Secretariat will host private virtual consultations for schools with survey visits in AY 2021-22 and AY 2022-23. LCME Private Consultations are available November 8th, 9th, and 12th by appointment. To request a virtual consultation, please complete and submit the online request form:

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

Next Webinar: Thursday, September 23, 2021

Topic of the Month:

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

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Mythbusters I!

Submit anonymously through the online form here:

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"But the LCME says we have to _____"

Send us your comments by Tuesday, September 14th.

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