



# **University of Central Florida** **College *of* Medicine**

## **M.D. Program Curriculum Committee**

### **Policies and Procedures Manual**

**Revised July 14, 2017**

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## TABLE OF CONTENTS

<b><u>PURPOSE</u></b> .....	2
<b><u>GOALS AND OBJECTIVES</u></b> .....	2
<b><u>POLICY AND PROCEDURES MANUAL</u></b> .....	3
<b><u>POLICIES</u></b> .....	3
<u>COMMITTEE STRUCTURE/MEMBERSHIP</u> .....	3-4
<u>MEETINGS</u> .....	4-5
<u>SUBCOMMITTEES</u> .....	5
<u>Year Subcommittees</u> .....	5-6
<u>Longitudinal Curricular Themes Subcommittee</u> .....	6
<u>Program Evaluation</u> .....	6
<u>TASK FORCES</u> .....	7
<b><u>PROCEDURES</u></b> .....	7
<u>NEW PROGRAM PROPOSAL AND PROGRAM CHANGE REVIEW</u> .....	7
<u>GENERAL REVIEWS</u> .....	8
<u>Continuous Review Process</u> .....	8
<u>External Review</u> .....	8
<u>Module/Clerkship Director Surveys and Reports</u> .....	8
<u>Student Surveys</u> .....	8
<u>Student Module/Clerkship Critiques</u> .....	8-9
<u>Course Materials Library</u> .....	9
<u>REPORTS</u> .....	9
<b><u>APPENDIX 1: CCOM MEMBERSHIP</u></b> .....	10
<b><u>APPENDIX 2: CCOM ORGANIZATION</u></b> .....	11

## **Purpose**

The MD Program Curriculum Committee (CCom) is a standing committee of the faculty that oversees the entire medical education program. CCom is charged by the Faculty Council via the Bylaws and is responsible for the detailed development, overall design, management, integration, evaluation, enhancement, and implementation of all components of the MD educational program. Its specific responsibilities include the overall medical education program objectives; the learning objectives for each module, clerkship, selective, elective, and theme; the instructional and assessment methods for the achievement of those objectives; the content and its sequencing; ongoing review to allow the content to be updated; and the systematic evaluation of module, clerkship, selective, elective, theme and teacher quality. CCom continually monitors, reviews, and revises the medical educational program objectives, learning objectives, content, and instructional and assessment methods to ensure the effectiveness of the curriculum.

## **Goals and Objectives**

- To learn and become familiar with current concepts in medical curriculum development and innovation as well as the latest technology, pedagogy, and evidence-based educational methods.
- To assure the curriculum is in accord with the standards of the Liaison Committee on Medical Education and curricula of accredited U.S. medical schools by:
  - Reviewing, evaluating, and monitoring the COM M.D. program curriculum against available objective standards and measurable outcomes on a continuing basis
  - Making changes in the curriculum based upon the results of objective internal and external reviews in order to improve the quality of the educational program and student outcomes
  - Reviewing and evaluating proposed offerings and curriculum changes
  - Assessing student performance on internal/external examinations to determine that outcomes are achieved
- To implement curricular additions/changes.
- To monitor, coordinate, and assure the implementation of horizontal and vertical integration of the COM curriculum.
- To optimize the efficiency and effectiveness of medical education by using planned redundancy and integration and focusing on key concepts needed in the future practice of medicine.
- To address curricular concerns of students, faculty, and external review bodies through a transparent process to assure that all concerns are evaluated, reviewed, and addressed.

## **Policy and Procedures Manual**

This manual will be regarded as the working policy and procedures of the UCF College of Medicine M.D. Program Curriculum Committee (CCom).

### **Policies**

#### **Committee Structure/Membership**

The M.D. Program Curriculum Committee is one of the college's standing committees charged and described in the Faculty Bylaws.

CCom has five primary subcommittees:

1. The M1/M2 Subcommittee is composed of the module directors of each of the modules, a member from the Clinical Skills and Simulation Center, and students.
2. The M3/M4 Subcommittee is composed of the clerkship directors of each of the clerkships, representatives from the hospital affiliates, a member from the Clinical Skills and Simulation Center, and students.
3. The Program Evaluation Subcommittee is composed of elected faculty. Members are basic science and clinical science faculty from each year of the curriculum, a member from the Assessment Office, and students.
4. The Longitudinal Curricular Theme Subcommittee is composed of the theme directors of each of the curricular themes and students.
5. The Clinical Skills Assessment Subcommittee is composed of the Practice of Medicine 1 and 2 module directors and 4 of its core faculty; 4 core clerkship directors; 2 to 3 core clerkship faculty; and staff from the Assessment Office.

The committee is responsible for reviewing all subcommittee activities, drafting and approving reports, creating, approving and administering committee and subcommittee procedures and processes. All proposals for new educational programs and substantial changes of existing, previously approved programs will be reviewed, and, if approved by CCom, are implemented, and supported by the College.

For the purpose of this manual, educational programs include all undergraduate medical education activities in the College of Medicine including modules, clerkships, selectives, acting internships, and electives.

The M.D. Program Curriculum Committee is composed of voting and non-voting members and chaired by the Associate Dean for Faculty and Academic Affairs. The voting members include faculty representatives from the M1/M2, M3/M4, LCT,

Program Evaluation and Clinical Skills Assessment Subcommittees, a faculty member representing the HB (*Human Body*) modules from the M1 year, a faculty member representing the S (*Systems*) modules from the M2 year, a faculty member representing the *Psychosocial Issues in Health Care, Practice of Medicine* and *Focused Inquiry and Research Experience* modules, four additional faculty members (three from clinical affiliates and one at-large), and four student representatives, one from each class. Clinical and at-large members will represent the major affiliated sites for training of medical students, and UCF GME programs. The term of appointment on CCom is three years.

The committee also has representatives from Faculty Development, the Health Sciences Library, Student Affairs, and Planning and Knowledge Management (Assessment, Educational Technology, and Knowledge Management) who serve as non-voting, ex-officio members. The Assistant Deans for Medical Education are also ex-officio to the committee as each chairs the M1/M2 or M3/M4 subcommittees, respectively. Other members (such as technical, reference or research personnel) may serve a non-voting, ad-hoc role as needed by the CCom to fulfill its mission. These members are appointed by the Chair. A COM staff member is assigned to support committee functions.

Four student members (one from each class) represent their constituencies as voting members on the committee. Student members are elected by their class for a one-year term. Each is eligible to be re-elected by their constituents. Four student alternates are also elected and appointed.

The committee Vice-Chair (Chair of Program Evaluation Subcommittee) is elected by the Faculty Council for a term of three years. The Vice-Chair assumes the functions of the Chair whenever the Chair is unavailable. The Vice-Chair may vote in all committee business.

### Meetings

The committee meets monthly. More frequent meetings may be necessary and subcommittees and task groups may meet, as needed. Physical meetings are announced at least one week in advance of the scheduled meeting time. Committee meetings will have an agenda circulated prior to the meeting and minutes will be produced by the committee Chair and circulated for approval by committee members. Business of the committee may be conducted by electronic means when appropriate. A quorum is defined as one-half of the voting members being present – physically, electronically, by proxy, or via designated faculty representation.

The committee meetings are open to all faculty members and students of the College of Medicine. Student representatives will be included in all committee votes and may submit a student addendum appended to the minutes of the committee.

## **Subcommittees**

The standing subcommittees support the committee's functions. Each subcommittee has defined charges, timetables, and memberships, as well as a chairperson approved by the committee. The standing subcommittees will meet as needed. Subcommittee meetings will be announced at least one week in advance and will have an agenda circulated prior to the meeting. Minutes will be produced by the Chair and circulated for approval by members prior to being submitted to the full committee. Business of the subcommittees may be conducted by electronic means when appropriate. A quorum is defined as one-half of the voting members being present – physically, electronically, or via designated faculty representation. The subcommittee Chair may vote only to break a tie of the voting members. Each subcommittee may have non-voting, ex-officio representatives from Faculty Development, the Health Sciences Library, Student Affairs, and Planning and Knowledge Management, as needed.

### **Year Subcommittees**

There are subcommittees for the first and second years and third and fourth years. Each standing subcommittee focuses on undergraduate medical curricular issues specific to those years. The year subcommittees will facilitate communication among the year's educational program directors and discuss curricular issues within the year.

The year subcommittees are charged to review all proposals for new undergraduate COM medical education experiences and significant modifications or changes in existing programs offered within their respective academic years. The year subcommittees review each educational program for educational objectives, content, delivery, scheduling and student assessment. Each proposal is reviewed in the context of the continuum of medical education and its relationship and communication with all other undergraduate medical programs. Following the receipt of either a new program proposal or program change for modification of an existing program, the CCom Chair reviews the request form for clarity and completeness and when the application is complete, forwards the form to the subcommittee Chair to present the proposal to the subcommittee for review, consideration, comments, and suggestions at the next scheduled subcommittee meeting. Once the subcommittee has approved the proposal, the proposal is forwarded to CCom for a recommendation to the Chief Academic Officer of the College of Medicine.

Membership of each subcommittee consists of the appointed directors of the educational programs presented in those years. A representative from the Clinical Skills and Simulation center serves on each subcommittee. A student representative (and alternate) from the M1 and the M2 class serves as a designated member of the M1/M2 subcommittee. A student representative (and alternate) from the M3 and the M4 class serves as a designated member of the M3/M4 subcommittee.

Each subcommittee Chair is an ex-officio member of the Curriculum Committee with knowledge and understanding of the year's academic issues. The Chair of the Curriculum Committee is a non-voting member of each subcommittee and chairs the meetings whenever the subcommittee Chair is unavailable.

### **Longitudinal Curricular Themes Subcommittee**

The Longitudinal Curricular Themes (LCT) Subcommittee is charged with the ongoing review of the interdisciplinary curricular topics that are designed to encompass the skills and attributes that will make the College of Medicine student an excellent physician. The subcommittee gathers information and reports to the CCom.

The Longitudinal Curricular Themes (LCT) Subcommittee is chaired by the LCT Executive Director who is a voting member of CCom. The membership of the Longitudinal Curricular Themes Curriculum Subcommittee is comprised of each respective LCT Director, the two Assistant Deans of Medical Education (*ex-officio*), and non-voting, ex-officio members from Faculty Development, Health Sciences Library, and Planning and Knowledge Management (Knowledge Management, Assessment, and Educational Technology). A student representative and alternate from the second and third years serve on the subcommittee. Additional student input may be solicited from the student representatives on the year subcommittees

### **Program Evaluation Subcommittee**

The Program Evaluation Subcommittee is charged with the internal and external review of the currency, efficiency, applicability, and effectiveness of the medical curriculum. The subcommittee is responsible for gathering information and reporting to CCom.

The Program Evaluation Subcommittee is chaired by the Vice-Chair of CCom and co-chaired by the Assistant Dean of Planning & Knowledge Management. The membership of the subcommittee includes faculty representation from each of the four academic years, (a basic sciences and clinical sciences representative), and representatives from Faculty Development and Planning and Knowledge Management (*ex officio*). A student representative and alternate from each class serves on the Program Evaluation Subcommittee. Additional student input may be solicited from the student representatives on the year subcommittees. The CCom Chair is a non-voting member of the subcommittee and chairs the meetings whenever the subcommittee Chair or co-Chair are unavailable.

## **Clinical Skills Assessment Subcommittee**

The Clinical Skills Assessment (CSA) Subcommittee is charged with overseeing summative clinical skills and performance assessments, including assessment methods, pass/fail standard setting, case and rubric development as well as remediation for students who fail or have marginal performance on assessments. The subcommittee reports to the CCom. The subcommittee's goal is to develop and implement innovative clinical skills assessments to demonstrate students' achievement of developmentally-appropriate clinical competence in ACGME core clinical competencies (communication and interpersonal skills, including professionalism, medical knowledge, history taking and physical exam skills, clinical reasoning and procedural skills) and core Entrustable Professional Activities (EPAs).

The CSA subcommittee is chaired by the Medical Director of the Clinical Skills and Simulation Center who is a voting member of CCom. The membership of the subcommittee is comprised of the Practice of Medicine I and II module directors, 4 Practice of Medicine I and II core faculty, 4 core clerkship directors, 2-3 core clerkship faculty, and staff from the assessment office.

## **Task Forces**

Task forces are appointed for focused projects serving the committee or subcommittee making the appointment. A written charge and proposed timetable to the task force is made by the charging committee or subcommittee.

The members of the task force may be full-time, part-time, or affiliated/volunteer faculty, medical students, or others regarded as helpful to the task force and its charge.

Task forces normally do not have administrative staff or financial support and are not required to keep minutes of their meetings. Task forces submit a final written report to the charging committee or subcommittee and this report is included in the minutes of that group. Task forces have focused charges and, generally, complete their charges and issue their final report within 2 to 4 months of their creation. When the final report is accepted by the charging committee or subcommittee, the task force is dissolved.



## **Procedures**

### **New Program Proposal and Program Change Review**

All new educational program (modules, clerkships, selectives, acting internships, and electives offered within the COM) proposals and proposals for significant changes in existing programs are reviewed by CCom. The faculty member submitting the new program proposal or the appointed director of an existing program is designated as the proposal sponsor. The proposal must be submitted for the agenda for the next scheduled year subcommittee meeting. The Chair of the Curriculum Committee or designee reviews the form for completeness. The sponsor is notified of the date and time for discussion of the proposal by the chair of the respective year subcommittee and will be requested to present the proposal in person. Following the presentation, the subcommittee considers the proposal. Approved proposals are forwarded to the CCom and reviewed. If approved, the proposal is forwarded with recommendations to the Chief Academic Officer for final consideration.

### **General Reviews**

#### **Continuous Review Process**

The process of curriculum review is similar to the process of Continuous Quality Improvement (CQI). The review is continuous and a portion of the process occurs at all times during the academic year. The review is goal-oriented toward improving quality by planned change rather than review and reporting only.

#### **External Review**

The external comparative review of the curricula from the Association of American Medical Colleges (AAMC) accredited North American medical schools is used as a comparative standard for curricula. This comparative review of the entire curriculum will be repeated no less than every 3 years. Comparative reviews of individual educational programs should be included as a part of every focused program review.

#### **Module/Clerkship Director Surveys and Reports**

A survey of educational program directors occurs annually to determine needs and fruitful avenues for innovation and curricular improvement. Module/Clerkship Directors submit an annual report to the Program Evaluation Subcommittee and the Curriculum Committee summarizing course topics, content, focused learning objectives, teaching methodologies, student formative and summative assessment, assessment and grade distribution from summative examinations, opportunities for integration with other programs, and planned modifications.

## **Student Surveys**

Each year students are surveyed to determine study habits and time demands of the COM educational programs. In addition, periodic focused surveys are conducted to determine the appropriateness of the breadth and depth of information provided by the curriculum in preparation for clinical rotations and standardized examinations. The AAMC Graduation Questionnaire results are utilized to assess the educational program, as are surveys to Residency Program Directors assessing graduates performance after the first year of residency.

## **Student Module/Clerkship Critiques**

The number of respondents, percentage of respondents, average, standard deviation, and ranges of student critiques numeric summary information for each educational program are reviewed. Persistent low scoring areas are noted for additional review of student comments and, if indicated, faculty self-review, or peer- and administrative-review provided with assistance from CCom. In general, specific faculty critiques and comments are not part of the curricular review process. If so directed by the Chief Academic Officer, the students' critique of faculty are reviewed to determine their individual impact on the educational content, delivery, and curriculum. Specific faculty critique reviews are reported only to the Associate Dean for Faculty and Academic Affairs and not to the entire committee.

## **Course Materials Library**

A library of all written and electronic educational program materials including module/clerkship examination and grading policies, syllabi, slide presentations, texts, atlases, and course companions is maintained and revised as necessary. This library is stored and available to the entire faculty. All electronic course materials available via the course management system are available to all committee members.

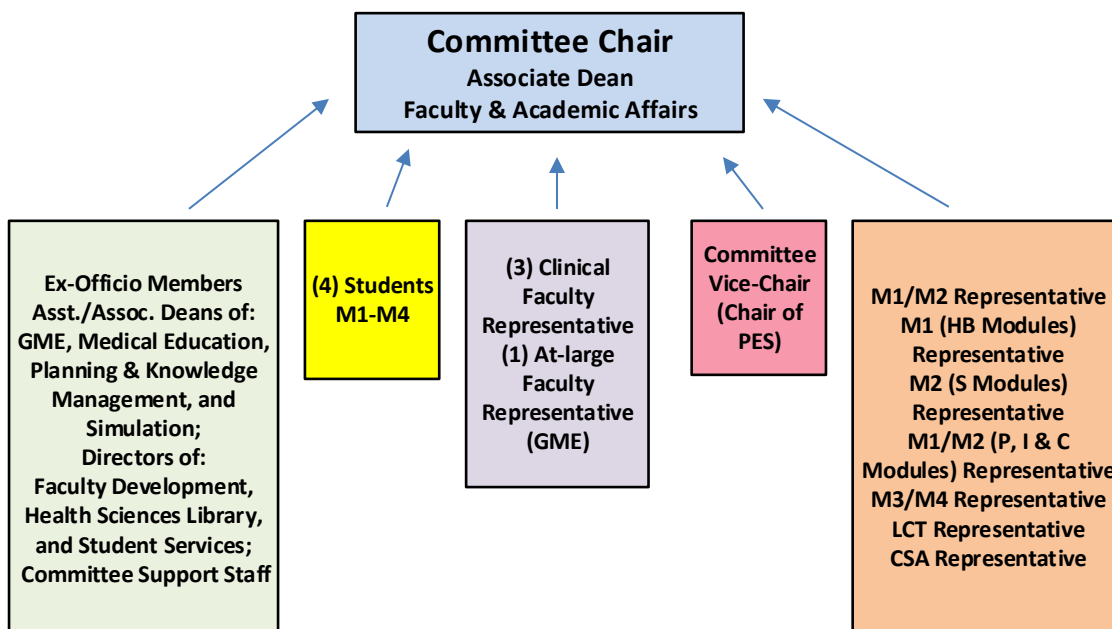
## **Reports**

The committee provides reports to the Executive Faculty and the College of Medicine Enterprise, as needed.

## Appendix 1: CCom Membership

### University of Central Florida College of Medicine

#### M.D. Program Curriculum Committee Membership



## Appendix 2: CCom Organization

