

Policy Name/Number: Periodic and Comprehensive Evaluation of Curriculum Policy / MSEC-0314-10

Committees, Departments, or Individuals Responsible for Implementation: MSEC	
McGowen, PhD / MSEC Chair (2014-2019)	
Most Recent Revision Date: 8/20/2024	Policy Advisory Committee Review Date: 8/20/2024

(A) Policy Statement:

The **Medical Student Education Committee (MSEC)** conducts a systematic and comprehensive evaluation of all required courses and clerkships, phases of the curriculum, and the curriculum as a whole on a prescribed periodic basis. Following the evaluation of the curriculum as whole (program evaluation), appropriate modifications are implemented to the curriculum and Institutional Educational Objectives to assure a coherent and coordinated curriculum.

(B) Purpose of Policy:

To assure a coherent and coordinated curriculum. This policy pertains to LCME requirements of Element 8.3 (Curricular Design, Review, Revision / Content Monitoring) and Element 8.4 (Evaluation of Educational Program Objectives).

(C) Scope of Policy (applies to):

Quillen College of Medicine Curriculum

(D) Policy Activities:

There are five MSEC standing subcommittees that participate in the monitoring and evaluation of the curriculum. The M1/M2 Review Subcommittee reviews required courses from the pre-clerkship phase of the curriculum and the M3/M4 Review Subcommittee reviews required courses and clerkships from the clinical phase. The Phase Review Subcommittee conducts evaluations of the pre-clerkship and clinical phases of the curriculum. The Curriculum Integration Subcommittee (CIS) reviews integrated content threads and curriculum content reports. The Institutional Outcomes Subcommittee reviews curriculum benchmarks and overall curriculum performance.

Standing subcommittee membership (other than Phase Review) consists of faculty, including at least one MSEC voting member, and at least one medical student. Members are appointed by MSEC and the MSEC Chair.

The **Phase Review Subcommittee** is comprised of the chairs of the other standing subcommittees and medical education program administration.

Program evaluation is based on the work of all five subcommittees and other ad hoc groups charged with evaluating specific aspects of the curriculum as a whole.

Curriculum Evaluation and Revision Process

The periodic and comprehensive evaluation of the curriculum is accomplished in two (2) parts over five (5) years. The first part is conducted during a three (3) year evaluation cycle which includes annual and comprehensive reviews of all required courses and clerkships, annual phase evaluations, and evaluation of integrated curriculum threads. During this period, the director of each required course and clerkship submits two (2) annual self-studies and at least one (1) comprehensive self-study according to an established schedule, or sooner as deemed necessary based on a variety of factors outlined below. Course/clerkship director self-studies form the basis of subcommittee reviews. Annual reviews of all required courses/clerkships focus on educational outcomes and course effectiveness (e.g., student satisfaction, course quality, alignment with Institutional Educational Objectives, and curriculum integration). Comprehensive reviews additionally focus on a three (3) year trend analysis of effectiveness, including teaching, assessment, content, sequencing, integration, gaps and unplanned redundancies. Integrated curriculum content threads continue to be reviewed every three years with a focus on educational outcomes, teaching, assessment, content, sequencing, integration, gaps and unplanned redundancies. Based on the results of the review, course/clerkship directors may be required to submit a Continuous Quality Improvement (CQI) Plan to MSEC.

Phases of the curriculum are defined as pre-clerkship and clinical phases. Phase evaluations are conducted annually and consider educational outcomes, teaching, assessment, quality, organization, sequencing, integration, cohesiveness, alignment with Institutional Educational Objectives, gaps and unplanned redundancies, learning environment, student satisfaction with phases, sufficiency of educational resources, and overall effectiveness of the phase.

During the second part of the curriculum evaluation process (years four [4] and five [5]), MSEC evaluates the curriculum as a whole. Findings from this process determine what changes may be needed. In year five (5), identified curriculum revisions are planned. During years four (4) and five (5), each course and clerkship continues to be reviewed, but the review is conducted as an administrative review. The same data is considered, but the review is conducted by selected members of the M1/M2 and M3/M4 Review Subcommittees and/or educational administrators (review team). The reviewing team reports

the findings of the administrative review of each course/clerkship directly to MSEC rather than going through the entire subcommittee.

Roles and Responsibilities

Annual and Comprehensive Reviews of Required Courses, Clerkships, and Phases Office of Academic Affairs

- Distributes MSEC-approved annual or comprehensive self-study form to pre clerkship course directors at the conclusion of their course and to clinical clerkship directors no later than the end of Period 4.
- Receives the completed self-study forms from directors.
- Distributes the forms and supporting documentation to the appropriate review subcommittee.
- Provides staff support to subcommittees.

Students:

• Submit all evaluations of courses and faculty within two (2) weeks of the course/clerkship ending. See MSEC-0823-33 *Evaluation Completion Requirements* for additional details.

Course/Clerkship Directors:

- Submit an annual or comprehensive self-study within four (4) weeks of distribution of course evaluations and self-study forms.
- Participate in the subcommittee's annual or comprehensive review process as needed.
- Submit a Course/Clerkship CQI Plan to MSEC as requested.

Standing Curriculum Review Subcommittees

M1/M2 and M3/M4 Review Subcommittees:

- Develop and follow a protocol for accomplishing their work.
- Conduct annual and comprehensive reviews based on appropriately completed course/clerkship director self-study forms and supplemental information using teams of subcommittee members and/or ad hoc faculty and students selected by the subcommittee, but not to include the course/clerkship director or key teaching faculty for the

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- course/clerkship under review.
- Make determinations about whether a course/clerkship is meeting expectations using an approved course/clerkship review rubric.
- Recommend course/clerkship directors complete a CQI Plan dependent upon the findings of the course/clerkship review.

For Annual reviews, each subcommittee submits a report to MSEC within eight (8) weeks of receipt of the completed self-study that includes:

- A summary of the review findings, including educational outcomes, student satisfaction, quality of teaching, learning environment, and currency and accuracy of learning objectives.
- Short-term and long-term recommendations and/or needed follow-up.
- Changes in the course or clerkship that will need to be reflected in the curriculum management system and/or reviewed as part of the curriculum as a whole review.

Exceptions to the timeframe above are in Years 4 and 5 when the review team will complete an administrative review within thirty (30) days of receipt of the course director's self-study and submit it to MSEC at the next possible meeting.

For Comprehensive reviews, each subcommittee submits a report to MSEC within eight (8) weeks of receipt of the completed self-study form that includes:

- A comprehensive summary of the review findings, including all elements of an annual review, plus analysis of course/clerkship trends, teaching, assessment, content, sequencing, integration, gaps and unplanned redundancies.
- Short-term and long-term recommendations and/or needed follow-up.
- Changes in the course/clerkship that will need to be reflected in the curriculum management system.

A comprehensive review may be deemed necessary outside the established review cycle based on a variety of factors including, but not limited to:

- Issues identified in the annual self-study or student evaluation of the course/clerkship.
- Concerns about NBME/final exam scores.
- Changes in major teaching faculty.
- Faculty initiated curriculum change.

In the event a course/clerkship meets any of the following, the review subcommittee may recommend the course/clerkship director complete and submit to MSEC a CQI Plan.

- Any single element (e.g., Assessment, Feedback, and Grading or Educational Outcomes, etc.) on the course/clerkship review rubric with two or more items rated as below expectations
- Three or more total items rated below expectations
- Prior recommended changes not addressed with no reasonable explanation
- Other circumstances as identified by the curriculum review subcommittee, MSEC, or MSEC Chair.

Curriculum Integration Subcommittee:

- Develops and follows a protocol for accomplishing their work.
- Conducts reviews of and reports to MSEC on curriculum content to monitor effectiveness of selected curricular topics.
- Uses teams of subcommittee members and/or ad hoc faculty and students to review each curriculum thread every three (3) years.
- Submits a report to MSEC on each thread every three (3) years that includes:
 - o A summary of the review findings.
 - o Recommendations and/or needed follow-up.
 - o Changes in coverage of the thread that will need to be reflected in the curriculum management system.

Institutional Outcomes Subcommittee:

- Establishes objective benchmarks for each Institutional Educational Objective category and other curriculum goals.
- Evaluates each established outcome measure at least annually.
- Provides biannual reports to MSEC summarizing the performance of the curriculum in relation to established benchmarks.

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• Recommends items for further action or benchmark modifications.

Phase Review Subcommittee:

- Synthesizes reports from MSEC standing subcommittees as well as additional supplemental information (USMLE year-end reports, student end-of-year retrospective reviews of the curriculum, status of Institutional Educational Objectives coverage, GQ, etc.) to evaluate curriculum phases.
- Evaluates the effectiveness of the pre-clerkship phase and clinical phase of the curriculum, taking into account the primary purposes of each segment of the curriculum (individual courses and clerkships and distinct time periods of the curriculum) and how these function in relation to one another.
- Reports findings to MSEC annually that include:
 - Educational outcomes
 - Overall quality of phases
 - Appropriateness of organization and sequencing
 - o Adequacy of horizontal and vertical integration
 - Alignment with Institutional Educational Objectives
 - o Identification of gaps or unnecessary redundancies
 - o Description of learning environment
 - o Student satisfaction with phases and quality of teaching
 - o Sufficiency of educational resources
 - o Recommendations and/or needed follow-up

Medical Student Education Committee (MSEC):

- Reviews all subcommittee and ad hoc committee reports, with any accepted action items being scheduled and monitored to ensure effective implementation or its progress.
- [MSEC chair] submits summaries of accepted Annual and Comprehensive reports to the Administrative Council.
 - o [MSEC chair] submits summaries of accepted Annual and Comprehensive reports to department chairs.
 - o Identifies priorities for the next year at the end of the academic year.
 - Hosts a joint "annual meeting" with all Course and Clerkship Directors that focuses on:
 - Feedback and assistance among the pre-clerkship and clinical directors.
 - Horizontal and vertical integration of curricular content.
 - Addressing gaps and unplanned redundancies across the curriculum.
 - Identifying areas in need of improvement.

MSEC Evaluation of the Curriculum as a Whole

MSEC reviews the curriculum as a whole (program evaluation) and determines whether changes are needed to ensure a coherent and coordinated curriculum. This evaluation occurs in Year four (4), following the three (3) year cycle of annual and comprehensive course/clerkship and thread reviews as well as continued annual course/clerkship and thread reviews in Years 4 and 5.

The review includes the ongoing evaluation of data related to student mastery of the curriculum via their performance on curriculum outcome measures reported to MSEC by the Institutional Outcomes Subcommittee.

Curriculum modifications generally will be planned in year five (5) of the curriculum review cycle and in a manner that adequately accommodates a variety of administrative and practical issues that affect adoption. Changes will be implemented in a logical sequence after planning is complete. Changes that do not require significant planning or reorganization may be implemented at other times. For example, curriculum modifications that affect the academic calendar may require a year or more of advance planning, but session-level changes may require less than a semester to adopt. In all circumstances, the relevant timeframe should be identified in advance and built into the plan so that curriculum modifications are implemented in a timely manner and ensure curricular objectives are met.

MSEC determines the overall effectiveness of the Quillen College of Medicine curriculum by answering the following questions:

- 1. Does the curriculum include all required content, including sufficient coverage related to each of the institutional educational objectives? What evidence supports this conclusion?
- 2. Are there concerns about the overall quality of the curricular content in any segment or phase of the curriculum? How should these concerns be addressed?
- 3. To what extent is curriculum logical in its sequencing? What factors need to be considered regarding sequencing and what modifications should be considered?
- 4. To what extent is curriculum content organized, coherent and coordinated?
- 5. In what ways is curricular content integrated within and across academic phases of study (horizontally & vertically integrated)? Is this adequate? Where could additional integration occur?
- 6. In each segment and phase of the curriculum, do the methods of pedagogy support attainment of the institutional educational objectives? Are they appropriate for the stated learning objectives? Clinically relevant? Student-centered? Effective? What evidence supports the quality of teaching?
- 7. To what extent are assessments linked to objectives and competency-based? Providing adequate formative and summative feedback? Measuring cognitive and non-cognitive achievement? What needs to occur to improve assessments throughout the curriculum?
- 8. To what extent are we achieving our educational objectives and accomplishing our mission?
 - To answer the questions, MSEC synthesizes data from a variety of sources including, but not limited to:
 - LCME Accreditation Standards
 - Institutional Educational Objectives
 - Evaluation of each segment and phase of the curriculum (M1/M2 & M3/M4)
 - o Curriculum Review Subcommittee reports
 - Curriculum Integration Subcommittee reports
 - o Phase Review Subcommittee reports
 - Institutional Outcomes Subcommittee reports
 - o Curriculum content and mapping reports
 - Summary of MSEC actions
 - o Review of MSEC Annual Meeting feedback from course and clerkship directors
 - Feedback from students

The evaluation of the curriculum as a whole is accomplished by dividing the process among working groups according to the following timeframe which may need to be adjusted based on an identified administrative or practical issue that could affect adoption of the curriculum modification:

July-August Identify members and tasks of working groups;

organize data to respond to questions

September- February Working groups collect and begin analyzing

appropriate data and developing reports

January-March MSEC reviews working group reports,

synthesizes information into a comprehensive report and identifies actions commensurate with

final report

March-April Development of plan for and implementation of

approved actions