

# Curriculum Committee:

## *Mandate*

### **Purpose**

The Curriculum Committee is charged with the task of providing oversight and governance of the MD curriculum. The group is charged with designing, monitoring, evaluating, and maintaining the high quality of the School of Medicine's curriculum. This includes the development of program-wide learning objectives (leading to the MD degree), ultimately ensuring that such objectives are being fulfilled by our curriculum, so that our graduates are well-prepared to practice medicine.

### **Composition/Reporting**

The committee will be led by a Chair and Vice Chair, selected by the Vice Dean. The individuals in those leadership roles will be faculty who have broad experience in basic science and clinical medicine, who have had leadership roles in different phases of the curriculum.

The committee will also include faculty, medical students, and *ex officio* (non-voting) members who have expertise and curricular involvement.

**Medical student** members are elected by their peers. Each class selects four representatives to the committee. Each student member serves for one year before sitting for another election; they may sit for election as many times as they wish until graduation. The medical school classes will conduct elections annually, run by the Student Executive Council (SEC). MD/PhD (Medical Scientist Training Program) students may be elected during these SEC elections; MSTP student governance can designate additional representatives during the graduate years, up to a maximum of four.

**Faculty** members will either be appointed or elected, up to a maximum of 20.

Some faculty will be appointed by the Vice Dean, with input from committee leadership, to terms of three years. Faculty appointees should represent a broad range of specialties/departments as well as experience at the institution. Both basic and clinical sciences should be included. Both tenured and non-tenured faculty will be part of the membership.

Terms for faculty members are three years but members serve at will. They can step down at any time, or they may be asked to step down if they fail to participate in committee activities.

At least two faculty members on the committee are elected, to terms of two years. They may run for reelection as often as they wish.

**Ex officio** members include:

- Vice Dean of the University of Pittsburgh School of Medicine
- Associate and Assistant Deans for Medical Education, Clinical Education, and Student Affairs
- Associate Dean for Admissions and Financial Aid
- Associate Dean for Faculty Affairs
- Assistant Deans for Medical Student Research
- Associate Dean for the Medical Scientist Training Program (MSTP)
- Associate Dean for Continuing Medical Education

The Curriculum Committee reports directly to the Vice Dean and the Executive Committee, working collaboratively with the Office of Medical Education (OMED). The Committee provides a formal report to the Executive Committee at least annually.

**Activities**

The Curriculum Committee will generally meet twice monthly to conduct its activities. These meetings will be open to the university community (faculty, students, administrators, staff, etc.).

The committee has several primary functions with respect to the curriculum: design, monitoring/management, integration, evaluation, and continuous quality improvement:

<b>Domain</b>	<b>Activities</b>
<b>Design</b>	Set the program learning objectives for the granting of the MD degree, including required clinical conditions/procedures <ul style="list-style-type: none"> <li>• Review program learning objectives and required clinical conditions annually, with a more detailed full review at least every four years</li> </ul>
	Set and review goals and objectives for major units of the curriculum (blocks, courses, clerkships), ensuring that the components support overall program learning objectives

	Determine graduation requirements for medical students
	Establish general educational policy for the School of Medicine
	Approve proposals for new courses, clerkships, electives, and other curricular units
	Determine the appropriate sequencing and scheduling of courses and clerkships, setting calendar priorities
	Approve any major changes to curriculum, including additions or deletions of content/learning objectives as well as major assessment changes
<b>Integration</b>	Ensure that the curriculum is optimally integrated, both vertically and horizontally (e.g., basic and clinical science content)
	Review and collaborate with OMED's curricular mapping
	Support and assist with content tagging in learning management and other systems
	Circulate information about content placement and changes to allow for better coordination across blocks and segments
<b>Monitoring</b>	Identify and address any gaps or redundancies within the curriculum
	Assess quality within courses, clerkships, blocks, and segments <ul style="list-style-type: none"> <li>• Review blocks, major curricular threads, and parallel tracks annually as a full committee</li> <li>• Review curricular segments (Foundations, Clerkships, and Bridges) annually, with a more detailed full review every two years</li> </ul>
	Consider student/faculty grievances about curricular issues

	Empower student committee representatives to monitor course and clerkship outcome metrics, to meet with course/clerkship directors to discuss directly, and to present formal reports to the full committee at least annually on topics related to student curricular concerns
<b>Evaluation</b>	Collect and analyze outcome data related to curricular effectiveness in fulfilling program-wide learning objectives <ul style="list-style-type: none"> <li>Review the success of the overall curriculum annually, with a more detailed full review at least every four years</li> </ul>
	Ensure appropriateness and effectiveness of student evaluation procedures across the curriculum
	Assure adherence to accreditation and other regulatory standards
<b>Continuous Quality Improvement</b>	Continuously review relevant internal/external outcome data, national benchmarks, and best practices in medical education to determine what can be done to improve curricular management and outcomes
	Collaboratively promote innovation, scholarship, and educational best practices to enhance teaching quality throughout the curriculum

The monitoring, evaluation, and CQI domains reflect the core functions of data collection, data analysis, and action planning that embody an overall quality improvement approach.

## **Subcommittees/Task Forces**

The Curriculum Committee is empowered to form subcommittees and ad hoc task forces that report to the full committee at least annually, that address ongoing and short-term work related to committee functions.

Task forces will be created by a vote of the full committee, to address specific curricular needs, outlined in “mandates” that describe composition, reporting, deliverables, etc. The work of task forces will conclude when the Curriculum Committee determines that they have achieved their goal.

Standing subcommittees, which also have detailed mandates, include:

<b>Subcommittee</b>	<b>Role</b>
Foundations Curricular Design	Assessing/monitoring courses in the Foundations curricular segment, collaborating with faculty on improvement
Clerkship Directors	Assessing/monitoring clerkships, collaborating with clerkship directors on improvement
Bridges	Assessing/monitoring all components of the Bridges curriculum, collaborating with course directors in improvement
Mapping/Integration	Mapping content throughout the curriculum, insuring appropriate coverage, and supervising thread leaders
CCQI	Ensuring ongoing curricular quality improvement through monitoring outcome data and initiating action plans when needed
Executive	Coordinating committee activities, rapidly addressing issues between meetings, and advising the Vice Dean on operations
Nominations	Vetting and approving candidates to serve on an election slate to become Curriculum Committee members
Assessment	Monitoring and setting standards for both knowledge and performance-based competency assessments

Resource	Assessing requests for funding new educational activities, and making recommendations to the school
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Subcommittees and task forces consist of relevant stakeholders, including students, faculty members, administrators, and others as needed to insure a breadth of perspectives. Further details on selection and participation in these groups can be found in a separate document, “Curriculum Committee Subcommittees: Membership Assignment Procedures.”

**Reports**

Reports to the committee will occur at frequencies described above, and more often if requested. In fulfilling its oversight mandate, the Curriculum Committee will conduct these reviews seriously and comprehensively, but also collaboratively. Data related to reports will be circulated in advance to membership for review, and to improve discussion.

After reports, the Curriculum Committee will discuss issues raised. Reports related to courses, clerkships, segments, the overall curriculum, program learning objectives, and clinical conditions/procedures must be approved by a vote. Recommendations for curricular action, once approved by the Curriculum Committee, will be formally presented to relevant faculty leaders (e.g., the course director and/or department chair) and administrators (OMED deans or Vice Dean) for review and implementation. A response to suggested action plans must be submitted to the Curriculum Committee Executive Subcommittee within one month.

**Actions**

Curricular outcomes are monitored continuously by both OMED and the CCQI subcommittee. If a problem is identified (e.g., a course with a poor overall quality measure, or a decrease in Step 2CK pass rate), OMED or CCQI will report the problem to the Curriculum Committee Executive Subcommittee (CCES) for discussion, consideration, and action planning (especially if rapid action is needed). CCES will report the issue to the full Curriculum Committee at the next meeting.

At that point the Curriculum Committee will provide feedback, resources, or suggestions for ways to address the difficulty. The committee will delegate responsibility for acting on these recommendations, to either the CCES, OMED, an ad hoc group (e.g., a task force), or a single individual (e.g., a thread leader). The responsible entity will take recommended actions and later provide follow-up to the full committee within three months, and again at one year

(monitored by CCQI). The Curriculum Committee will then determine if further action or follow-up is warranted.

The CCQI will continue to track any problems identified, at least quarterly, until the problem is resolved, with reports coming back to the full committee.

### **Curricular Changes**

As outlined above, the Curriculum Committee has central oversight on major changes to the curriculum. Course and clerkship directors are not empowered to make major changes without Curriculum Committee approval.

<b>Major Changes</b>	<b>Examples</b>
Course/clerkship-level learning objective changes	Adding a course learning objective on implicit bias mitigation
Eliminating key content that affects program learning objectives	Deciding to no longer offer a lecture entitled “DNA Polymorphisms” or any content related to that topic
Adding new key content	Starting a new didactic session in a clerkship on ethics
Major assessment changes	Moving from criterion-based to normative grading, or changing from Honors/Pass/Fail to Pass/Fail

Minor changes, however, can be made more expeditiously by course/clerkship directors, or their respective subcommittees.

<b>Minor Changes</b>	<b>Examples</b>
Format changes	Switching from a lecture format to a small group
Faculty changes	Using a new faculty member to teach an existing lecture
Timing changes	Shortening a lab from two hours to 90 minutes
Sequence changes	Shifting a lecture on Asthma from before to after COPD
Grade weightings	Reducing the weight of an essay from 20% to 10%, and increasing exam weighting by 10%

Proposals for major curricular changes must be reviewed with and vetted by either CCES or the designated/appropriate subcommittee. That subcommittee will gather necessary data and discuss the merits of the change with the requesting faculty. Afterwards, CCES (or other appropriate subcommittee), ideally with the requesting faculty, will present the change to the full Curriculum Committee for approval (by vote).

Broader curricular changes (e.g., shortening the phase of study, or the elimination of previously required courses/clerkships) may require approval from the Vice Dean and/or Executive Committee.

### **Committee Logistics, Voting, and Budget**

Curriculum Committee meetings will be open to the public. Minutes will be kept and made public. Materials related to curricular performance will be made available to committee members but their circulation to others is prohibited without approval of committee leadership.

When voting motions are raised or needed, votes will be tallied and a simple majority will prevail. A minimum quorum of ten members is required for action. Faculty members of the Curriculum Committee will each have a vote; ex officio members will not. Each class year of students will count as one vote (MS1s, MS2s, MS3s, MS4s, and graduate students).

The Curriculum Committee has budgetary control of oversight tasks outlined above. It can review requested resources and make recommendations as to the level of funding; needed funds will be secured through OMED's budget if available. OMED will also provide necessary administrative support and data for the functioning of the committee.

### **Approvals**

Dean, School of Medicine, originally approved December 16, 2019.

Curriculum Committee, revisions approved June 17, 2024.

Education Policy Council, revisions approved xxxx.

Executive Committee, revisions approved xxx.

Dean, School of Medicine, revisions approved xxxx.