

# Tucson Educational Policy Committee Principles of Design for Years 1 and 2

Approved by TEPC 6/5/2013

<b>A. General Principles</b>	
The ArizonaMed curriculum in Tucson is designed through educational principles that are distinctive to the program. The faculty adopt these principles to ensure medical students will be well prepared for advanced study in any clinical discipline. The principles are:	<b>LCME Standard*</b>
a. The curriculum is designed by means of faculty-approved sets of <i>Educational Competencies</i> , which are expressed through <i>Educational Program Objectives</i> , the attainment of which are confirmed through <i>Measurable Outcomes</i> .	ED-1,1A
b. Students will participate in patient care and other clinical experiences beginning with the first year of the curriculum	ED-35
c. The curriculum expresses an organ-systems organization in a logical and reinforcing sequence	ED-5, 7, 11, 33
d. Deliver the most current understandings of medical knowledge	ED-5, 7, 11, 33
e. Deliver that content required for successful preparation for licensing examinations and beginning graduate medical education	ED-5, 7, 11
f. Minimize content redundancies and the delivery of unessential minutiae	ED-6, 17A, 37
g. Locate longitudinal content and themes within and across blocks, and across years;	ED-8
h. Integrate clinical and basic science disciplines, the social and behavioral sciences, and the humanities;	ED-10, 11
i. Ensure that multiple disciplines are foundational to the content for each instructional block; and	ED-29
j. Meet all specific content areas identified in LCME accreditation standards.	ED-13, 19-23
<b>B. Learning Objectives</b>	
The <i>Educational Program Objectives (EPO)</i> frame the organization and delivery of program content and instructional experiences. “Educational Program Competencies” are used as surrogate references to the EPOs, and these are explicitly linked within:	ED-3, 27, 35
a. The educational objectives for each instructional block or course	ED-01-01A, 3
b. The learning objectives established for each instructional session	ED-29
c. Instructional methods	ED-28, 29
d. The methods and tools required to assess student learning	ED-30, 32
e. The design and content of examination items and other measurements of performance (e.g., surveys)	ED-28, 30
<b>C. Instruction and Learning</b>	

Instruction is progressive, attending to students' advancing knowledge, cognitive and critical-thinking skills, and professional attributes. Instructional experiences are designed to express a continuum of lesser-to-greater sophistication and challenge as students progress across years. The continuum takes into account:	ED-26, 27, 29, 46
a. Students' cumulative acquisition of medical and patient-care knowledge	
b. The development of student abilities to solve complex problems	ED-6
c. Cooperative learning and active participation of students	ED-5A, 19
d. The development of independent learning skills	ED-5A
e. Student responsibility and accountability toward meeting learning goals	ED-5A
f. Student skills in the acquisition of knowledge, including the use of information technology	ED-5A, 33
g. Opportunities for students to participate in interprofessional teams	ED-19
h. Regular opportunities to learn and practice the oral, written and presentational skills required of clinicians	ED-38
i. The use of multiple methods of instruction, and the distribution of each method within and among blocks/courses	ED-38
j. Two afternoons per week will be protected for students' independent study.	ED-38, ED-5A
<b>D. Assessment of Student Performance</b>	
A plan for the assessment of student performance that supports the principles for learning and instruction as expressed above.	ED-26, ED-29
<b>E. Learning Environment</b>	
The learning environment manifests the highest standards of personal, social and professional integrity and support for students.	ED-38; ED-19

\*LCME Standard as of AY14-15. Standard number and order has since been revised. The Office of Medical Student Education and Accreditation office maintain copies of a table linking the former to the current accreditation standards.