



**Guiding Principles for Preclerkship Curriculum**

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**Guiding Principles**

	LCME Element(s)
<b>A. General Principles</b>	
The MD 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:	
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 measurable <i>Learning Outcomes</i> .	8.2 Use of Medical Educational Program Objectives 6.1 Program and Learning Objectives (ED-01A, 3)
b. Students will participate in patient care and other clinical experiences beginning with the first week of the curriculum	8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35)
c. The curriculum expresses an organ-systems organization in a logical and reinforcing sequence	7.1 Biomedical, Behavioral, Social Sciences (ED-10, ED-11) 7.2 Organ Systems/ Life Cycle/ Primary Care/ Prevention/Wellness/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (ED-10, ED-13) (ED-10) 8.1 Curricular Management (ED-33)
d. Deliver curricular content required for successful preparation for licensing examinations, clerkships and the competent practice of medicine.	7.1 Biomedical, Behavioral, Social Sciences (ED-10, ED-11) 7.2 Organ Systems/ Life Cycle/ Primary Care/ Prevention/Wellness/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (ED-10, ED-13)
e. Minimize content redundancies and the delivery of unessential minutiae	8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35; ED-37) 7.4 Critical Judgment/Problem-Solving Skills (ED-6) 7.3 Scientific Method/Clinical/ Translational Research (ED-17A)
f. Locate longitudinal content and themes within and across blocks, phases, and across years.	7.1 Biomedical, Behavioral, Social Sciences (ED-10, ED-11) 7.5 Societal Problems (ED-20) 7.6 Cultural Competence/Health Care Disparities/Personal Bias (ED-21, ED-22) 7.7 Medical Ethics (ED-23)

	<b>LCME Element(s)</b>
g. Integrate clinical and basic science disciplines, the social and behavioral sciences, and the humanities;	7.1 Biomedical, Behavioral, Social Sciences (ED-10, ED-11) 7.2 Organ Systems/ Life Cycle/ Primary Care/ Prevention/Wellness/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (ED-10, ED-13)
h. Ensure that multiple disciplines are integrated in the content for each instructional block; and	8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 9.6 Setting Standards of Achievement (ED-29)
i. Meet all specific content areas identified in LCME accreditation standards.	All Elements in Standard 7: Curricular Content
<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 mapped within:	8.2 Use of Medical Educational Program Objectives (ED-01) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 6.1 Program and Learning Objectives (ED-01A, 3) 9.4 Variety of measures of student achievement/Direct observation of core clinical skills (ED-26, ED-27. ED-28)
a. The learning objectives for each instructional block or course	6.1 Program and Learning Objectives (ED-01A, 3) 8.2 Use of Medical Educational Program Objectives (ED-01)
b. The learning objectives established for each instructional session	8.2 Use of Medical Educational Program Objectives (ED-01) 9.6 Setting Standards of Achievement (ED-29)
c. Disciplines and threads	8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 9.4 Variety of measures of student achievement/Direct observation of core clinical skills (ED-26, ED-27. ED-28) 9.6 Setting Standards of Achievement (ED-29)
d. The methods and tools required to assess and monitor student learning (e.g. student evaluations, focus groups, narrative, and summative assessments)	9.4 Variety of measures of student achievement/Direct observation of core clinical skills (ED-26, ED-27. ED-28) 9.5 Narrative Assessment (ED-32) 9.8 Fair and Timely Summative Assessment (ED-30) 8.4 Program Evaluation (ED-46)
e. The design and content of examination items and other measurements of performance (e.g., student examinations, OSCEs, etc.)	9.4 Variety of measures of student achievement/Direct observation of core clinical skills (ED-26, ED-27. ED-28) 9.5 Narrative Assessment (ED-32) 9.7 Formative Assessment and Feedback (ED-31) 9.8 Fair and Timely Summative Assessment (ED-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:	8.1 Curricular Management (ED-33) 9.4 Variety of Measures of Student Achievement/Direct Observation of core clinical. Skills (ED-26) 9.6 Setting Standards of Achievement (ED-29) 8.4 Program Evaluation (ED-46)

	LCME Element(s)
a. Students' cumulative acquisition of medical and patient-care knowledge	7.1 Biomedical, Behavioral, Social Sciences (ED-10, ED-11) 7.2 Organ Systems/ Life Cycle/ Primary Care/ Prevention/Wellness/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (ED-10, ED-13) 7.5 Societal Problems (ED-20) 7.6 Cultural Competence/Health Care Disparities/Personal Bias (ED-21, ED-22) 7.7 Medical Ethics (ED-23)
b. The development of student abilities to solve complex problems	7.3 Scientific Method/Clinical/ Translational Research (ED 17A) 7.4 Critical Judgment/Problem-Solving Skills (ED-6)
c. Cooperative learning and active participation of students	6.3 Self-Directed and Life-Long Learning (ED-5A) 7.8 Communication Skills (ED-19)
d. The development of self-directed and life-long learning skills	6.3 Self-Directed and Life-Long Learning (ED-5A)
e. Student responsibility and accountability toward meeting learning goals	6.3 Self-Directed and Life-Long Learning (ED-5A)
f. Student skills in the acquisition of knowledge, including the use of information technology	6.3 Self-Directed and Life-Long Learning (ED-5A) 8.1 Curricular Management (ED-33)
g. Opportunities for students to gain skills and participate in interprofessional teams across the health professions	7.9 Interprofessional Collaborative Skills (ED-19-A) 7.8 Communication Skills (ED-19)
h. Regular opportunities to learn and practice the oral, written and presentation skills required of clinicians	7.2 Organ Systems/ Life Cycle/ Primary Care/ Prevention/Wellness/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (ED-10, ED-13) 7.8 Communication Skills (ED-19)
i. The use of multiple methods of instruction, adapted from the MedBiquitous Curriculum Inventory Working Group Curriculum Inventory Standards, and the distribution of each method within and among blocks/courses.	8.1 Curricular Management (ED-33) 8.8 Monitoring Student Time (ED-38)
j. Two half-days per week will be protected for students' self-directed learning, for a total of 8 hours per week.	8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
k. A minimum of <b>45</b> hours of work by each student is required for each unit of credit (1 week = 45 hours of work), per ABOR Policy Number 2-224 (Academic Credit), Policy Date 9/2016.	8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
l. The block weekly schedule will adhere to the Weekly Template of approximately <b>26-30</b> hours of scheduled contact hours (i.e. large group active learning, TL, exam, discussion, lab, etc.).	8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
m. Based on the 45 hours of work for each unit, approximately <b>13-15</b> hours of those contact hours will be protected for students' independent learning (i.e. independent study; homework).The 13-15 hours includes the two half-days per week in Section j.	8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)

		LCME Element(s)
n. Maximum total hours of learning events per week:		8.1 Curricular Management (ED-33) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
<b>Curriculum Component</b>	<b>Learning Events/Week</b> <b>Maximum Total Hours</b> <b>(45 hrs per unit/week)</b>	
Blocks/Courses/Pathways in Health and Medicine	20-24	
Doctor & Patient/Societies	4	
Clinical Reasoning Course	2	
Protected Time for Self-Directed and Life Long Learning	13-15	
<b>Total</b>	<b>45</b>	
For classes 2023 and future classes, Pathways continues to be integrated in various time allotments (1, 2, 4 or 8 hrs) in consultation with block directors, students, TCMS and following TEPC approval		
o. Learning events will begin at 8:00 am and end by 5 pm		8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
p. Maximum of one day off from new content prior to high stakes exam		8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
q. No more than 50% of learning events shall be traditional lectures		8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
r. Mid-term exams will be administered on Mondays		8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
s. Content spiraling will be dedicated to 2 hours per block		8.1 Curricular Management (ED-33) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35)
t. Flipped classroom instructional methods require student attendance (e.g. team-based learning, clinical correlations, medical spiral curriculum, etc.)		8.1 Curricular Management (ED-33) 8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
u. The Clinical Reasoning Course will be dedicated to Friday mornings: 8am – 10am = 1 <sup>st</sup> & 2 <sup>nd</sup> semester students, 10am – 12pm = 3 <sup>rd</sup> semester students		8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
v. Block and course draft planning schedules (including CRC and Pathways to Health & Medicine) are due four months in advance before start of course		8.1 Curricular Management (ED-33) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35)
w. Block and course directors will present block schedules (Block Change Form) during TCMS and TCCS meetings each year		8.1 Curricular Management (ED-33) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35)
x. Course directors, discipline directors, core teaching faculty and thread directors will set standing planning meetings to design an integrated, coordinated curriculum design of each block		8.1 Curricular Management (ED-33) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)

	LCME Element(s)
<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 (e.g. course exams, OSCEs, USMLE Step 1 performance, grading in the TLs) must be mapped to the EPOs and approved at committee (TCMS or TCCS) prior to TEPC.	9.4 Variety of measures of student achievement/Direct observation of core clinical skills 9.6 Setting Standards of Achievement
Blocks and courses must incorporate at least one activity that provides students with narrative feedback from a faculty member or resident. Narrative feedback must be in written format, and must focus on specific and objective behaviors or skills. Course coordinators are responsible for collecting documents of completion for each student while the course is still in progress. Documentation will be considered “signed” if physically signed, PDF signed and/or submitted to MedLearn. At the conclusion of each course, signed documentation will be submitted to the Office of Curricular Affairs.	9.5 Narrative Assessment
<b>E. Learning Environment</b>	
The learning environment manifests the highest standards of personal, social and professional integrity and support for students.	3.5 Learning Environment/Professionalism
<b>F. Medical Student Feedback Evaluations</b>	
Evaluations for Fall courses will be opened two weeks prior to the last day of the blocks/courses with a close date of one week prior to the end of the blocks/courses.  Rationale for exception: UA Vitae data will be uploaded from MedLearn to UA Vitae at the end of the Fall 2019 semester. We have been asked by Faculty Affairs, College of Medicine Information Technology Services (COM-ITS) , and the University Information Technology Services (UITS), to make this data available a little earlier in the semester so the data can be verified prior to the University Winter Closure to meet the UA Vitae deadline established by Faculty Affairs (sometime in January).	8.5 Medical Student Feedback 4.4 Feedback to Faculty