

Block/Course Change Policy for the Pre-clerkship Phase

TEPC Approved: January 16, 2013

The curriculum for the pre-clerkship phase has been designed to be developmental, advancing the level of learning expectations as students move through the curriculum; provide learning experiences that will enable students to meet the competencies specified in the educational program objectives; ensure appropriate and balanced coverage of the sciences basic to medicine and other disciplines; integrate psychosocial, economic, health care systems, and cultural content (“thread” content) throughout the organ-system blocks; employ a variety of learning strategies, with an emphasis on active learning and the development of life-long learning skills; and assure students have adequate time outside of scheduled class time to engage in independent learning. Block/course directors and the Tucson Educational Policy Committee (TEPC) share responsibility for assessing the block/course and proposing adjustments to improve the quality of the block/course while maintaining a curriculum that reflects these characteristics.

To that end, authority to implement changes in the block/course is allocated as described below.

1. Desired changes in an individual block or course in the pre-clerkship phase may be implemented by the block/course director **without review** or approval:
 - Minor adjustments in the content of an individual session (i.e. any change or improvement in the content that does not require changes to the learning objectives for that session).
2. The following proposed changes to an individual block or course in the pre-clerkship phase **must be approved** prior to implementation in order to assess the potential impact of the change on the characteristics and goals of the curriculum as it was designed:
 - Changes that alter the format of unscheduled time in the block or a change in teaching methodology (i.e. adding or deleting lectures, laboratories, case-based instruction, team-based learning).
 - Changes that affect the faculty instructors in the block.
 - Changes that affect the objectives for the session/block/course (i.e. removing or adding a session/block/course objective) and/or affect the balance of competencies addressed by the block/course.
 - Changes that affect any of the processes of student performance assessment (e.g. additional or fewer examinations, substantial changes to the number of items on examinations, changes in the grading of the IRAT and/or GRAT, additions or deletions of methods for student performance assessment in a block, changes to existing methods of student performance assessment, such as the peer evaluation systems, etc.)
 - Changes that remove or add time dedicated to a thread topic as these need to be first approved and then discussed with the Pathways in Health and Medicine Director and appropriate thread director.

Procedures

To propose any of the changes itemized in 2 above:

- The block/course director completes the “Block Change Request Form” and submits the completed form to the Associate Dean Curricular Affairs (ADCA).
- The requests will be made on a rolling basis for the blocks with the request being due at the latest two months prior to the start of the block on an annual basis (a schedule will be provided with deadlines for all blocks each academic year).
- The ADCA reviews the impact of the proposed change on the curriculum and determines if the impact warrants review and approval by the TEPC or approves the proposed change for implementation. The block/course director will be notified of this decision.
- If the ADCA decides to forward the proposal to the TEPC, the block/course director may withdraw the proposal or change the proposal. If he/she decides to change the proposal, he/she will complete a second Block Change Request Form.
- The block/course director will be notified immediately after its decision is made.

Relevant LCME Standards:

8.1 Curricular Management: A medical school has in place an institutional body (i.e., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

Curricular Management: Involves the following activities: leading, directing, coordinating, controlling, planning, evaluating, and reporting. An effective system of curriculum management exhibits the following characteristics: 1) evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment, as available, as a frame of reference, 2) monitoring of content and workload in each discipline, including the identification of omissions and unplanned redundancies, and 3) review of the stated objectives of each individual curricular component and of methods of instruction and student assessment to ensure their linkage to and congruence with programmatic educational objectives. (Element 8.1)

8.3 Curricular Design, Review, Revision/Content Monitoring: The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.