



Guiding Principles for the Preclerkship Curriculum

Policy #
9-102

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Summary

This document outlines guiding principles for the design and implementation of the preclerkship curriculum in the MD program.

Related LCME Standards

See below under [Related Information](#)

Applicability & Scope

These mandatory guidelines apply to the Preclerkship Phase of the MD program and encompass the structure, content, and delivery of the curriculum.

Definitions

Competencies – Statements of defined skills or behavioral outcomes (i.e., that a physician should be able to do) in the following areas: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice and Population Health. Medical students are required to demonstrate mastery of each competency at an appropriate level prior to completion of the medical education program and receipt of the MD degree.

Education Program Objectives (EPOs) – Broad statements, in measurable terms, of the knowledge, skills, behaviors, and attitudes that a medical student is expected to exhibit as evidence of achievement of all programmatic requirements by the time of medical education program completion. All EPOs are linked to one of the competencies.

Learning Outcomes – Observable and measurable desired and expected outcomes of learning experiences in the medical curriculum (e.g., knowledge, skills, attitudes, and behavior).

Lecture – Involves one-way instruction with structured presentations to deliver information efficiently to a large audience. Learners have opportunities for questions and/or direct engagement with

the instructor. The primary purpose is imparting knowledge, presenting concepts, or introducing new topics quickly and comprehensively.

Protected Unscheduled Time (PUT) – Designated blocks of time in the block weekly schedules that are intentionally left unscheduled. Students have the flexibility to use this time as they see fit.

Policy Statement

I. General Principles

- A. The MD curriculum at the College of Medicine – 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:
- 1) The curriculum is designed by means of faculty-approved sets of *Competencies*, which are expressed through *Education Program Objectives*, the attainment of which are confirmed through measurable *Learning Objectives*. [\[LCME Elements 6.1, 8.2\]](#)
 - 2) Students will participate in patient care and other clinical experiences beginning in the first week of the curriculum. [\[LCME Element 8.3\]](#)
 - 3) The curriculum expresses an organ-systems organization in a logical and reinforcing sequence. [\[LCME Elements 7.2, 8.1\]](#)
 - 4) Deliver curricular content required for successful preparation for licensing examinations, clerkships, and the competent practice of medicine. [\[LCME Elements 7.1, 7.2, 7.4, 7.6\]](#)
 - 5) Minimize content redundancies and the delivery of unessential minutiae. [\[LCME Elements 8.3\]](#)
 - 6) Include longitudinal content within and across blocks and phases. [\[LCME Elements 7.1, 7.5, 7.6, 7.7\]](#)
 - 7) Integrate clinical and basic science disciplines, the social and behavioral sciences, and the humanities. [\[LCME Elements 7.1, 7.2, 7.5, 7.6\]](#)
 - 8) Ensure that multiple disciplines are integrated in the content for each instructional block. [\[LCME Elements 8.3\]](#)
 - 9) Meet all specific content areas identified in LCME accreditation standards. [\[LCME Standard 7\]](#)

II. Education Program Objectives

- A. The *Education Program Objectives (EPOs)* frame the organization and delivery of program content and instructional experiences. [\[LCME Elements 6.1, 8.2, 8.3, 9.4\]](#) The EPOs shall be mapped:
- 1) To the course objectives for each instructional block or course [\[LCME Elements 6.1, 8.2, 9.6\]](#)
 - 2) To the learning objectives for each instructional session [\[LCME Elements 8.2, 9.6\]](#)
 - 3) Through learning objectives to disciplines and threads [\[LCME Elements 8.2, 8.3, 9.6\]](#)
 - 4) Through learning objectives to the required methods for assessing and monitoring student learning and performance [\[LCME 8.4, 9.4, 9.5, 9.7, 9.8\]](#)

III. Instruction and Learning

- A. 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. [\[LCME Elements 6.3, Standard 7, 8.3, 8.8\]](#) The continuum takes into account:
- 1) Students' cumulative acquisition of medical and patient-care knowledge [\[LCME Elements 7.1, 7.2, 7.5, 7.6, 7.7\]](#)
 - 2) The development of student abilities to solve complex problems [\[LCME Elements 7.3, 7.4\]](#)
 - 3) Cooperative learning and active participation of students [\[LCME Elements 6.3, 7.8\]](#)
 - 4) The development of self-directed and life-long learning skills [\[LCME Element 6.3\]](#)
 - 5) Student responsibility and accountability toward meeting learning goals [\[LCME Element 6.3\]](#)
 - 6) Student skills in the acquisition of knowledge, including the use of information technology [\[LCME Elements 6.3\]](#)
 - 7) Opportunities for students to gain skills and participate in interprofessional teams across the health professions [\[LCME Elements 7.8, 7.9\]](#)
 - 8) Regular opportunities to learn and practice the oral, written, and presentation skills required of clinicians [\[LCME Elements 7.8\]](#)
 - 9) The use of multiple methods of instruction, adapted from the MedBiquitous Curriculum Inventory Working Group Curriculum Inventory Standards [\[LCME Elements 8.1, 8.8\]](#)
 - 10) Two (2) half days per week, totaling 8 hours averaged over 2 consecutive weeks, will be Protected Unscheduled Time (PUT) for students. Four (4) hours of this time will be provided on Friday afternoons. [\[LCME Elements 8.8\]](#)
 - 11) Block weekly schedules will adhere to the weekly student workload requirements stated in the [Preclerkship Student Workload Policy](#).
 - 12) Learning events will begin no earlier than 8:00 am and end by 5:00 pm; this includes 1-hour of protected time (for lunch, Dean's Hours, enrichment activities, etc.) from 12:00–1:00 pm [\[LCME Elements 6.3, 8.8\]](#)
 - 13) Minimum of 1 calendar day off from new content prior to high-stakes exam [\[LCME Elements 8.8\]](#)
 - 14) No more than 50% of learning events shall be lectures [\[LCME Standard 6; Elements 8.3, 8.8\]](#)
 - 15) Mid-term exams will be administered on Mondays, or the first non-holiday weekday, as applicable [\[LCME Elements 8.8\]](#)
 - 16) Two hours per block will be dedicated to content spiraling [\[LCME Elements 8.3\]](#)
 - 17) Instructional sessions will be mandatory if they meet any of the following criteria [\[LCME Elements 8.8\]](#):
 - a) A patient is present,
 - b) A panel of faculty have been assembled to present,
 - c) A special guest is presenting (special guest status is determined by distance traveled, regional/national expertise),
 - d) The session has active learning component or is experiential,
 - e) The session includes interprofessional activities,

- f) Students will be working, sharing, and/or presenting as part of small groups, or
 - g) Additional resources, beyond those used for a typical session, were expended to prepare the session.
- 18) Friday mornings will be dedicated to the Clinical Reasoning Course (CRC): 8:00–10:00 am for 1st & 2nd semesters; 10:00 am–12:00 pm for 3rd semester [\[LCME Elements 6.3, 8.8\]](#)
- 19) Block and course draft planning schedules (including CRC, Doctor & Patient, Scholarly Project, and Pathways in Health & Medicine) are due 4 months in advance before start of course [\[LCME Elements 8.1, 8.3\]](#)
- 20) Block and course directors will present block schedules (as part of their Course Oversight & Yearly Operational Tracking Evaluation [COYOTE] Form) during Tucson Curriculum Management Subcommittee (TCMS) meetings each year [\[LCME Elements 8.1, 8.3\]](#)
- 21) Course directors, discipline directors, core teaching faculty, and thread directors will set standing planning meetings to maintain an integrated, coordinated curriculum design for each block [\[LCME Elements 6.3, 8.1, 8.3, 8.8\]](#)

IV. Assessment of Student Performance

- A. The plan for the assessment of student performance, mapped to learning objectives and disciplines, supports the principles expressed above ([Section I](#) and [Section III](#)) and must be approved by the TEPC. [\[LCME Elements 9.4, 9.6\]](#)
- B. Narrative assessment of medical student’s performance in blocks and longitudinal courses must be provided in accordance with the [Narrative Assessment Policy](#). [\[LCME Element 9.5\]](#)

V. Learning Environment

- A. The learning environment manifests the highest standards of personal, social, and professional integrity and support for students. [\[LCME Element 3.5\]](#)

VI. Medical Student Feedback Evaluations

- A. Mid-block evaluations will open the day of a midterm and remain open for 2 weeks. [\[LCME Elements 8.5\]](#)
- B. End-of-block evaluations will open the day of a final exam and remain open for 2 weeks. [\[LCME Elements 8.5\]](#)

Related Information

Policies

[COM-T Policy 9-103: Preclerkship Student Workload Policy](#)

[COM-T Policy 3-104: Narrative Assessment Policy](#)

Resources

[Preclerkship Block Weekly Schedule Template](#)

[Liaison Committee on Medical Education \(LCME\) Standards & Publications](#)

Related LCME Standards

Standard 3 Academic and Learning Environments

3.5 Learning Environment/Professionalism

Standard 6 Competencies, Curricular Objectives, and Curricular Design

6.1 Program and Learning Objectives

6.3 Self-Directed and Life-Long Learning

Standard 7 Curricular Content

7.1 Biomedical, Behavioral, Social Sciences

7.2 Organ Systems/Life Cycle/Prevention/Symptoms/Signs/Differential Diagnosis, Treatment Planning

7.3 Scientific Method/Clinical/Translational Research

7.4 Critical Judgment/Problem-Solving Skills

7.5 Societal Problems

7.6 Structural Competence, Cultural Competence and Health Inequities

7.7 Medical Ethics

7.8 Communication Skills

7.9 Interprofessional Collaborative Skills

Standard 8 Curricular Management, Evaluation, and Enhancement

8.1 Curricular Management

8.2 Use of Medical Educational Program Objectives

8.3 Curricular Design, Review, Revision/Content Monitoring

8.4 Evaluation of Educational Program Outcomes

8.5 Medical Student Feedback

8.8 Monitoring Student Time

Standard 9 Teaching, Supervision, Assessment, and Student and Patient Safety

9.4 Assessment System

9.5 Narrative Assessment

9.6 Setting Standards of Achievement

9.7 Formative Assessment and Feedback

9.8 Fair and Timely Summative Assessment

Revision History

9/1/2021: The Tucson Educational Policy Committee approved revisions to the policy to include a formal definition for Protected Unscheduled Time.

6/26/2024: The Tucson Educational Policy Committee approved revisions to the policy to align with the Preclerkship Student Workload Policy, and other revisions to clarify the mapping of EPOs, mandatory instructional sessions, assessment of student performance, and timing of medical student feedback evaluations.

9/9/2021: The Tucson Educational Policy Committee approved revisions to the policy.

10/17/2018: The Tucson Educational Policy Committee approved revisions to the policy.

5/5/2013: The Tucson Educational Policy Committee approved the policy.