

Block/Course Change Policy for Years 1 and 2

Approved: January 16, 2013

The Tucson track curriculum for Years 1 and 2 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.

- I. Desired changes in an individual block or course in years 1 or 2 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).

- II. The following proposed changes to an individual block or course in years 1 or 2 **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 personnel teaching 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 appropriate thread director.

Procedures

To propose any of the changes itemized in II above:

- The block/course director completes the “Block Change Request Form” and submits the completed form to the Interim Assistant Dean for Medical Student Education (ADMSE).
- 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 Interim Assistant Dean for Medical Student Education 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 ADMSE 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 Standards:

ED-33. There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.

The phrase "integrated institutional responsibility" implies that an institutional body (commonly a curriculum committee) will oversee the medical education program as a whole. An effective central curriculum authority will exhibit the following characteristics:

- Faculty, medical student, and administrative participation.
- Expertise in curricular design, pedagogy, and evaluation methods.
- Empowerment, through bylaws or decanal mandate, to work in the best interests of the institution without regard for parochial or political influences or departmental pressures.

The phrase "coherent and coordinated curriculum" implies that the medical education program as a whole will be designed to achieve its overall educational objectives. Evidence of coherence and coordination includes the following characteristics:

- Logical sequencing of the various segments of the curriculum.
- Content that is coordinated and integrated within and across the academic periods of study (i.e., horizontal and vertical integration).
- Methods of pedagogy and medical student assessment that is appropriate for the achievement of the program's educational objectives.

Curriculum management signifies leading, directing, coordinating, controlling, planning, evaluating, and reporting. Evidence of effective curriculum management includes the following characteristics:

- Evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment as a frame of reference.
- Monitoring of content and workload in each discipline, including the identification of omissions and unplanned redundancies.

- *Review of the stated objectives of each individual course and clerkship (or, in Canada, clerkship rotation), as well as the methods of pedagogy and medical student assessment, to ensure congruence with programmatic educational objectives.*

Minutes of the curriculum committee meetings and reports to the faculty governance and deans should document that such activities take place and should report on the committee's findings and recommendations.

ED-34. The faculty of a medical education program must be responsible for the detailed design and implementation of the components of the curriculum.

Faculty members' responsibilities for the medical education program include, at a minimum, the development of specific course or clerkship (or, in Canada, clerkship rotation) objectives, selection of pedagogical and assessment methods appropriate for the achievement of those objectives, ongoing review and updating of content, and evaluation of course, clerkship/clerkship rotation, and teacher quality.