

The Committee on Medical Education

The Case Western Reserve University SCHOOL OF MEDICINE CURRICULUM: Responsibilities and Roles of Faculty and Administration and Charge to the Committee on Medical Education

ARTICLE I: Responsibility and Role of the Faculty and Administration

The Case Western Reserve University School of Medicine curriculum represents the evolving product of the shared efforts of generations of scientists and clinicians, faculty and administrators, and students and their mentors. Continued growth of the curriculum requires the cooperative efforts of all these constituencies.

A. *Responsibility and Role of the Faculty*

The Faculty of the CWRU School of Medicine is responsible for the content, implementation, and evaluation of the medical education curricula for the University and College programs.

The faculty's contribution is made at multiple levels.

1. Individual faculty implement the curriculum in the classroom, laboratory, and clinic. At this level, each faculty member, in consultation with the block or course leader(s) determines the class-by-class content and method of instruction. The faculty are thus responsible for what is to be taught and how it is to be taught.
2. The Faculty of the School of Medicine also carries out its responsibilities at the committee level, through participation in curriculum block, clinical rotation and course planning, on the Curriculum Councils, and on the Committee on Medical Education.
 - a. The faculty delegates its responsibility and role in *policy oversight, broad planning issues, and overall evaluation* of the entire curriculum to the Committee on Medical Education.
 - b. Through membership on the CME Subcommittees, the faculty carries out its responsibility for curriculum *operational matters*.

B. *Responsibility and Role of the Administration*

1. *The Dean of the School of Medicine:* The Dean of the School of Medicine serves as its chief academic officer with overall responsibility to Case Western Reserve University for the entire academic program. In particular, the Dean has responsibility for ensuring the quality of the

educational program, setting policy for curricular structure, determining administrative support of education, setting the calendar, and other such over-arching matters. The Dean may delegate some or all of these responsibilities to the Vice Dean for Medical Education or other medical school staff.

2. *The Vice Dean for Medical Education:* The Vice Dean for Medical Education carries the Dean's academic and administrative authority.
 - a. The Vice Dean has direct supervisory responsibility over the units that lead and support the University program and joint clinical curriculum, i.e., the University program's Office of Curricular Affairs, Office of Student Affairs and Academic Societies, the Foundations of Clinical Medicine, and Office of Medical Education. The Vice Dean also serves as the Dean's liaison to all formally constituted committees and other groups involved in the curricular process.
 - b. The Vice Dean also has oversight of the Executive Dean of the College program. The Executive Dean of the College program has direct responsibility over the units which lead and support the College program curriculum, i.e., the College program's Office of Curricular Affairs, Office of Faculty Affairs, and Office of Admissions and Student Affairs

ARTICLE II. The Committee on Medical Education

Section 1: Charge. The faculty's Committee on Medical Education (CME) serves to evaluate, review, and make recommendations concerning overall goals and policies of the School's medical education program, which includes the University and College programs. The CME will have the following continuing responsibilities to the faculty: (i) formal approval, adoption, and review of the School's educational program objectives and ongoing monitoring to ensure that the objectives serve as guides for establishing curricula and provide the basis for evaluating the effectiveness of the educational program, (ii) reviewing class cohort performance in each competency as well as performance on USMLE exams, (iii) evaluating the overall content and appropriateness of the educational program and curriculum leading to the M.D. degree (including the M.D. portion of joint degree programs) on a defined and regular basis, including quality and outcomes of individual courses, blocks, clerkships, and overall curriculum, (iv) assuring that the quality of teaching is reviewed on a regular basis, (v) ensuring the horizontal and vertical integration within and between all phases of the educational program and curriculum, (vi) ensuring the appropriateness of the representation of each discipline within the curricular content, (vii) suggesting, promoting and evaluating new approaches to medical education, and (viii) reviewing the implementation of educational policy.

Section 2: Reports. The CME shall be responsible for reviewing regular communication from the College Curriculum Steering Council and the Western Reserve 2 (WR2)

Curriculum Committee and other CME subcommittees, the Vice Dean for Medical Education, the Executive Dean of the College program and others responsible for implementation of the curriculum.

The Committee shall report at regular intervals to the Faculty Council.

Section 3: Administrative Support. The Dean shall be requested to supply appropriate administrative support for these functions via the Vice Dean for Medical Education, the Office of Curricular Affairs, or other administration representative(s) appointed by the Dean.

Section 4: Membership. The membership of the CME shall be:

- a. The Chair, who shall have had active teaching experience within the curriculum within the last 5 years. The Chair shall be an elected or appointed member of the CME.
- b. Twelve (12) elected faculty members, who shall, at the time of election, be actively teaching within the curriculum or shall have taught previously within the curriculum. At least 3 of the elected faculty shall be from clinical departments and at least 3 of the elected faculty shall be from basic science departments.
- c. Five (5) student representatives: two students from the University program, one in the pre-clerkship curriculum and one in the clinical curriculum; two students from the College program, one in the pre-clerkship curriculum and one in the clinical curriculum; and one student from the MSTP program.
- d. The two Associate Deans for Curriculum (University and College programs).
- e. The Vice Dean for Medical Education.
- f. The Executive Vice Dean for the College program.
- g. The four Assistant Deans for the University program: Assistant Dean for Clinical Education, Assistant Dean for Basic Science Education, Assistant Dean for Health Systems Science and Assistant Dean for Medical Student Research
- h. The Assistant Deans for Clinical Education, Basic Science and Research Education for the College program.
- i. The Associate Dean for Graduate Medical Education.

- j. Two (2) faculty members appointed by the Dean of the School of Medicine.
- k. One representative of the Society Deans in the university program and one with the equivalent role in the College program.
- l. The addition of any new subcommittee chairs to the CME shall not violate the bylaws requirements that the majority of the voting members of the CME shall be elected by the faculty and that the number of non-voting members not exceed the number of voting members.

Section 5: Voting. Voting privileges shall be granted to the Chair of the CME, the 12 elected faculty members, three student representatives¹—one each from the University program, the College program, and the MSTP program, the two faculty members appointed by the Dean, the Executive Vice Dean for the College program, and the two Associate Deans for Curriculum. There will also be one vote for the Society Deans in the University program and one vote for the equivalent role in the College program. All remaining CME members shall serve without voting privilege. Faculty with multiple voting roles will have one vote.

Section 6: Term of Membership. Elected and appointed faculty members shall serve for a term of three years and be eligible for election or appointment to a consecutive three-year term. Student members shall serve one-year terms and be eligible to serve additional terms. After two consecutive 3-year terms, faculty members will not be eligible to serve for the next two years.

Section 7: Replacement of Members. If an elected faculty member resigns from the CME, in accord with the By-Laws, the person receiving the next most votes in the most recent election shall be appointed to the CME. The appointed replacement will serve only until the end of the academic year in which appointment occurs, at which time the position will be filled by election. If an elected member takes a leave of absence for one year or less, a replacement as above will be made for the duration of absence of the elected member who will resume his or her position on return from leave, unless the end of leave coincides with the end of his or her elected term.

Section 8: Responsibilities of Members. Members shall attend regular meetings of the Committee. Failure to attend may result in removal from the Committee. Alternates will not be permitted. In addition to regular attendance, it is a major responsibility of a member to lead or serve with subcommittees in special studies or to report and discuss information with the faculty, consultants, students, and laypersons.

Section 9: Chair of the Committee on Medical Education. The Chair of the Committee shall be nominated by the Chair of the Faculty Council with the advice of the Dean. The appointment shall be made by the Faculty Council. The Chair shall serve a 3-year term and may serve one additional consecutive 3-year term. A Chair shall not serve longer than six years, at the end of which time an interruption of at least two years shall occur

before reappointment as Chair is possible. Should the Dean form an ad hoc Advisory Committee or any similar general planning and policy review body, it is recommended that the Chair of the CME be a member. In the absence of the Chair of the CME, a CME member designated by the Chair shall serve in his or her place.

Section 10: Committee on Medical Education Executive Committee. The CME Executive Committee membership will include the Chair of the CME, the Vice Dean for Medical Education, the Executive Vice Dean for the College program, the two Associate Deans for Curriculum (University and College programs), the JCOG Co-Chairs, one Society Dean and one elected member of the CME chosen by the twelve elected members. The CME Executive Committee has the primary responsibility for developing the agenda for the CME meetings and act on behalf of the CME if administrative issues arise between meetings. The CME Executive Committee shall meet between the monthly CME meetings.

ARTICLE III. Subcommittees

In carrying out the responsibilities delineated in Article II, the CME may appoint subcommittees in consultation with the Vice Dean for Medical Education. The charge of each subcommittee shall include a provision for reports to its parent appointing committee on a defined and regular basis.

ARTICLE IV. Program of Medical Education

The program of medical education of Case Western Reserve University School of Medicine should continually evolve in concert with changes in medical science and clinical practice. This will best take place if freedom of discussion, expression of divergent views, sound educational experimentation, and the vigorous participation of faculty members, departments and students in the evolutionary process are encouraged.

Major changes in the medical education curriculum in structure, overall content, organization and evaluation affecting the curriculum *as a whole* are expected to be presented to Faculty Council after formal approval by the CME. When an overall curriculum revision is presented to Faculty Council, it is expected that certain features will be considered and reported on in detail, including: (a) objectives of the revised program and its relationship to the School's overall educational objectives, (b) methods for conduct of the program, including the delegation of authority when more than one department is involved, (c) detailed description of the program with a schedule of hours required for the conduct of the program, (d) if experimental trial on a small scale is necessary, a report of such trial will be included, (e) methods of teaching, (f) method for evaluation of the program, (g) estimated time and cost of the program, and (h) when necessary, a recommendation as to what portion of the current curriculum the new program will replace.

APPENDIX IA

The *operational responsibility* for the medical curriculum shall be invested in the College program's Curriculum Steering Council and its subcommittees, the University program's WR2 Curriculum Committee and its subcommittees, the Joint Clinical Oversight Group, and the Program Evaluation and Assessment Committee. (See attached organizational chart of the CME).

CME Reporting Councils and Subcommittees

The WR2 Curriculum Committee (University program)

This committee, working with the Joint Clinical Oversight Group, shall ensure that the implementation of the pre-clerkship, clinical and research curricula occur for University program students in a logical and stepwise manner over time, and that all of the curriculum leaders will have input into the structure of their curriculum.

The WR2 Curriculum committee shall manage the planning, implementation, and oversight of all components of the pre-clerkship curriculum for the University program, including the Foundations of Clinical Medicine program (FCM). The Committee shall facilitate the sharing of best educational practices among course leaders, designs and implements programs to ensure basic science and early clinical skills mastery, and facilitates the smooth implementation of methods of student assessment.

The Curriculum Steering Council (College program)

This council shall have responsibility within the College program for 1) decisions regarding educational objectives, their allocation across years of the program and among the various courses, clinical rotations and electives, 2) teaching methods and instructional formats, 3) ensuring that content is coordinated and integrated within and across academic periods of study, 4) ensuring use of appropriate methods to evaluate student performance, 5) monitoring the quality of teaching, and 6) ongoing review of the components of the curriculum. The Curriculum Steering Council will appoint four subcommittees (Basic Science Education, Clinical Education, Research Education, and Student Assessment Committee) to manage the planning, implementation, and oversight of these respective components of the College program curriculum with the same functions as described above for the University program's WR2 Curriculum Committee.

The Program Evaluation and Assessment Committee

The Program Evaluation and Assessment Committee (PEAC) shall provide quality control and improvement for the curriculum, through careful monitoring of program evaluation data and regularly scheduled reviews of courses, clerkships, blocks and years of the curriculum. PEAC shall report its findings and recommendations, including recommendations for policy, to the Committee on Medical Education.

PEAC shall be composed of at least 8 members: the Chair or Co-Chairs, shall be appointed by the Vice Dean for Medical Education. In addition, membership will include: the Director of the Assessment and Evaluation for the University program, the Director of Evaluation for the College program, two at large clinical faculty members (one each from the University and College Programs), and two at large basic science faculty members (one each from the University and College Programs). The University program's Associate Dean for Curriculum, Assistant Dean for Basic Science Education, Assistant Dean for Clinical Education, and Assistant Dean for Medical Student Research, and the College Program's Associate Dean for Curriculum and Assistant Dean for Clinical Education shall have advisory capacity to PEAC, but not membership.

The Joint Clinical Oversight Group (University and College programs combined)

The Joint Clinical Oversight Group (JCOG) shall be responsible for ensuring that the clinical rotations and student assessment methods are equivalent across teaching sites, for setting policy on issues affecting students during clinical rotations, for facilitating the timely completion of student evaluations, and for facilitating the sharing of best educational practices among clinical course leaders. JCOG shall monitor and evaluate clinical experiences provided by affiliated teaching hospitals of the Case Western Reserve University School of Medicine. JCOG shall be responsible for overseeing program evaluation and collecting evidence to ensure comparability of clerkship experience and compliance with LCME and institutional requirements. Data about the clinical curriculum will be collected from students and/or faculty across sites using methods that ensure confidentiality and provide site-specific feedback as desired. Clerkship Directors and other curriculum leaders will receive data/reports in time to enable them to work collaboratively and inform decisions about curricular effectiveness and make improvements.

Membership of the Curriculum Committees and Councils

- a. The WR2 Curriculum Committee shall be chaired by the Associate Dean for Curriculum for the University program. Membership should at least include: the Vice Dean for Medical Education, the University program's Assistant Deans for Basic Science Education, Clinical Education, Health Systems Science and Medical Student Research, the Executive Director of the Office of Curricular Affairs, the Director of the Office of Assessment and Evaluation, and the Director of Academic Computing.
- b. The Program Evaluation and Assessment Committee is composed of at least eight members: the Chair or Co-Chairs, who will be appointed by the Vice Dean for Medical Education, the Director of the Assessment and Evaluation for the University program, the Director of Evaluation for the

College program, two at large clinical faculty members, and two at large basic science faculty members. The University program's Associate Dean for Curriculum, Assistant Dean for Clinical Education, and Assistant Dean for Medical Student Research will have non-voting membership.

- c. The Curriculum Steering Council (College program) will be composed of at least 14 members: the Executive Dean (Council chair), the College program Associate Dean for Curricular Affairs, and the chairs of the Clinical Education Committee, Basic Science Education Committee, Research Education Committee, and Student Assessment Committee. In addition, there will be one at-large clinical faculty, one at-large basic science faculty, the College Administrator, two University program faculty, three College program students and additional faculty as deemed appropriate by the Executive Dean, with at-large faculty selected by the Executive Dean with the approval of the Chair of the CME.
- d. The Joint Clinical Oversight Group will be composed of the Assistant Deans for Clinical Education (University and College programs) who will serve as JCOG co-chairs, the Vice Dean for Medical Education, the Executive Dean, the two Associate Deans for Curriculum, members from all affiliated teaching sites and all core clinical rotations, and 4 students in the core clinical rotations (2 from the College program and 2 from the University program). The Chair of the CME will be an ex officio member of the JCOG.

Section 2: Chairs of CME Subcommittees: The Chairs of the Curriculum subcommittees shall serve on the CME and shall be further charged with periodically reporting to the CME regarding operational matters. In addition, each Chair will provide an annual summary to the CME and Faculty Council.

Section 3: Curriculum Blocks, Courses and rotations.

- a. Curriculum Block and course planning teams shall be responsible for organizing the content of and presenting the major content areas in the basic/medical sciences offered in the pre-clerkship portion of the curriculum. Each Block/Course shall also be responsible for assessment of student performance in its particular area.

Each Block (University program) shall be led by one or more Block Leaders, recruited from the faculty and appointed by the Vice Dean for Medical Education working in conjunction with the Associate Dean for Curriculum and Assistant Dean for Basic Sciences and with approval from the chair(s) of the relevant department(s).

Each course in the College program shall be led by a Course Director recruited from the College faculty and appointed by the Executive Dean with approval from the Curriculum Steering Council.

- b. Clinical Cores may include the disciplines of Medicine, Family Medicine, Surgery, Pediatrics, Obstetrics/Gynecology, Psychiatry, Neurology, Geriatrics, and Emergency Medicine.

Each Core Clinical at each affiliated hospital site shall have a director who works in conjunction with the co-chairs of the Joint Clinical Oversight Group (JCOG). Clinical Core Leaders at each site will organize the delivery of the common curriculum determined by JCOG and CME in their clinical disciplines and will be responsible for its implementation and evaluation and reporting these activities to the JCOG annually.

- c. JCOG with consent from the CME will also have responsibility for establishing criteria for clinical electives and monitoring their content, delivery, and educational rigor. JCOG will summarize and report this information annually to the CME.