

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, course, or clerkship 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, within the overall context of the curriculum.
2. The Faculty of the School of Medicine also carries out its responsibilities at the committee level, through participation in curriculum block or course, clinical rotation and course planning committees, the Curriculum Councils, and 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

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- 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 programs and curricula 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, (viii) reviewing the implementation of educational policy, and (ix) ensuring areas of concern around Liaison Committee on Medical Education (LCME) compliance and expectations are being addressed.

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Section 2: Reports. The CME shall be responsible for reviewing regular communication from the College Program's Curriculum Steering Council and the University Program's 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 and will be an additional voting member outside of the 13 elected or 2 appointed faculty members.
- a. Thirteen (13) 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.
- b. Student representatives: four students from the University program- elected representatives from each class, 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. The student representatives from each program may designate as many alternates as are required to ensure full representation at all CME meetings.
- c. The two Associate Deans for Curriculum (University and College programs).
- d. The Vice Dean for Medical Education.
- e. The Executive Dean for the College program.
- f. Two Basic Science Deans for both the college and university programs
- g. The Associate Dean for Graduate Medical Education rotated through the 3 hospital affiliated institutions.
- h. The two Assistant Deans for Clinical Education
- i. The Assistant Dean for Diversity, Equity and Inclusion for Students
- j. Two (2) faculty members appointed by the Dean of the School of Medicine.

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- k. One representative of the Society Deans in the University program and one with the equivalent role in the College program.

Section 5: Voting. Voting privileges shall be granted to the Chair of the CME, the 13 elected faculty members, a total of four students including one from the pre clerkship phase of the University program, one from the clerkship phase of the University program, one from the college program and one from the medical scientist training program, the two faculty members appointed by the Dean, Assistant Dean Diversity, Equity and Inclusion for Students, 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. The quorum required to conduct the committee's business shall be the presence of 50% or more of the voting members, with a majority of the voting members present being elected or appointed faculty members.

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, either in person or via videoconference. Failure to attend at least 80% of the meetings may result in removal from the Committee. Alternates will not be permitted, with the exception of the student representatives as described in Section 4(c). 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 appointed by the Chair of the Faculty Council with the advice of the Dean and other CME members. 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.

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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) methods of student assessment, (g) method for evaluation of the program, (h) estimated time and cost of the program, and (i) when necessary, a recommendation as to what portion of the current curriculum the new program will replace.

APPENDIX

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, and the Joint Clinical Oversight Group. The Curriculum Monitoring Committee and the Continuous Quality Improvement Committee monitor, assess and analyze the regulatory components of the CQI plan and the effectiveness of the curriculum.

Section 1: 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 University program curriculum leaders will have input into the structure of their curriculum.

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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, design and implement programs to ensure basic science and early clinical skills mastery and facilitate the smooth implementation of methods of student assessment.

The Curriculum Steering Council (College program)

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

Specifically, 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 assess student performance, 5) monitoring the quality of teaching, and 6) ongoing review of the components of the curriculum. The Curriculum Steering Council will appoint sub-committees (Basic Science Education, Clinical Education, Foundations of Clinical Medicine, Research Education, College Assessment and Outcomes Committees, and Art and Practice of Medicine Committee) to manage the planning, implementation, and oversight of these respective components of the College program curriculum with the same functions and general responsibilities as described above for the University program's WR2 Curriculum Committee. The College program Associate Dean for Curricular Affairs and each of the sub-committees may appoint temporary task forces, working groups, or sub-committees of their own to manage the curriculum with approval from the Curriculum Steering Council.

The Continuous Quality Improvement Committee (CQIC)

This committee is responsible for monitoring and updating the CQI plan which includes selecting LCME elements for monitoring, analyzing data for the selected LCME elements within the CQI plan, and reporting to the CME regarding LCME elements.

Curriculum Monitoring Committee (CMC)

This committee monitors the effectiveness of instructional and assessment methods for the achievement of block/course/clerkship objectives, educational program objectives, content and content sequencing, student workload, and evaluation of block/course/clerkship teacher quality (as detailed in LCME expectations).

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

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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 is 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, 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 Curriculum Steering Council (College program) is chaired by the College Associate Dean for Curricular Affairs and be composed of at least 14 members: the Executive Dean, the College program Associate Dean for Curricular Affairs, and the chairs of the Clinical Education Committee, Basic Science Education Committee, Research Education Committee, and College Assessment and Outcomes 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 Associate Dean for Curricular Affairs, with at-large faculty selected by the Associate Dean for Curricular Affairs with the approval of the Chair of the CME.
- c. The Continuous Quality Improvement Committee is chaired by the Director of Continuous Quality Improvement and administratively supported by the Accreditation Specialist. Membership includes the Vice Dean for Medical Education, Associate Deans for Curriculum (University and College programs), Assistant Dean for Longitudinal Clinical Programs (University Program), Assistant Dean of Clinical Education (College Program), representatives from Student Affairs from both the College and University programs, Assistant Dean of Diversity Equity and Inclusion for Students, and the Directors of Student Assessment (University Program and College Program). Invited Guests include Executive Dean of the College Program. Additional members are selected by the committee chair in consultation with the Vice Dean for Medical Education. Members will be invited for three-year renewable terms to be reviewed

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annually by the Director of Continuous Quality Improvement and the Vice Dean for Medical Education.

- d. The Curriculum Monitoring Committee (CMC) is co-chaired by the Associate Deans for Curriculum of the University and College programs and will include not less than 9 and not more than 12 voting members who will be appointed by the co-chairs and will serve 4-year renewable terms. The committee members will be selected based on their experience with the University Program and College Program curricula. At least one of the committee members will be an elected member of the CME and two will be students (one from the University Program and one from the College Program). Directors of Assessment and Evaluation from the University and College Programs will be included as non-voting guests of the committee.
- e. The Joint Clinical Oversight Group will be composed of the Assistant Deans for Clerkship/Clinical Education (who will serve as JCOG co-chairs, the Vice Dean for Medical Education, the Associate Deans for Curriculum 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 1: Chairs of CME Subcommittees: The Chairs of the Curriculum subcommittees 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 2: Curriculum Blocks, Courses and rotation planning committees.

- 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 Science Education 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 in consultation with the Associate Dean for Curricular Affairs with approval from the Curriculum Steering Council.

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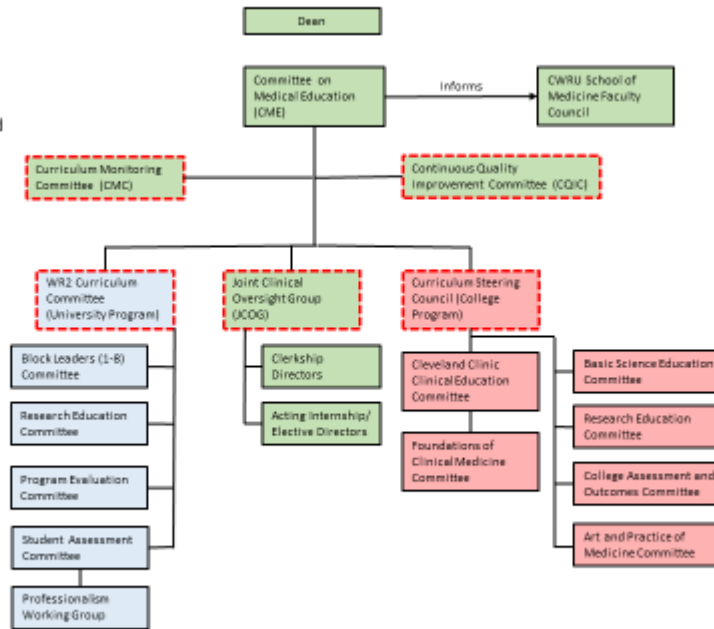
- b. Clinical Core Clerkships may include the disciplines of Medicine, Family Medicine, Surgery, Pediatrics, Obstetrics/Gynecology, Psychiatry, Neurology, Geriatrics, and Emergency Medicine.

Each Core Clinical Clerkship 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 Directors at each site will organize the delivery of the common curriculum and assessment system determined by JCOG and CME in their clinical disciplines and will be responsible for its implementation, student assessment 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 (including Acting Internships) and monitoring their content, delivery, and educational rigor. JCOG will summarize and report this information annually to the CME.

CWRU School of Medicine Curriculum Policy and Governance

Blue = University Program
 Pink = College Program
 Green = University and College Programs Combined
 CME subcommittees- red dashed outline



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