

The Committee on Medical Education

The CWRU 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 curriculum.

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 and course planning, on the Curriculum Councils, and on the Committee for 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 faculty Committee on Medical Education.
 - b. Through membership on the Curriculum Councils, 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 and Academic Affairs or other medical school staff.

2. *The Vice Dean for Medical Education and Academic Affairs:* The Vice Dean for Medical Education and Academic Affairs carries the Dean's academic and administrative authority.
 - a. The Vice-Dean has direct supervisory responsibility over the units which lead and support the curriculum, i.e., the Office of Curricular Affairs, the Office of Student Affairs and Academic Societies, the Foundations of Clinical Medicine, and the 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 has supervisory responsibility over the chairs of the Basic Science and Clinical Curriculum Councils and chairs the Curriculum Monitoring Council.

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 medical education program. The Committee will have the following continuing responsibilities to the faculty: (i) defining the overall broad objectives of medical education, (ii) reviewing class cohort performance on Board qualifying 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, (iv) assuring that the quality of teaching is reviewed on a regular basis, (v) promoting the 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. The CME does not have responsibility for operational matters regarding the curriculum, only for overall goals and policy.

Section 2: Reports. The Committee is responsible for ensuring regular communication with the Curriculum Councils, the Vice Dean for Medical education and Academic Affairs and others responsible for implementation of the curriculum.

The committee will report at regular intervals to the Faculty Council. In addition, the Committee will report on an annual basis to the General Faculty, or more often as needed.

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

Section 4. Membership. The membership of the Committee on Medical Education 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 Committee.
- b) Ten (10) 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 science departments and at least 3 of the elected faculty shall be from pre-clinical 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. Students will vote for the representative from their programs.
- d) The Vice-Dean for Medical Education and Academic Affairs who chairs the Curriculum Monitoring Council.
- e) The Associate Dean for Curricular Affairs
- e) The four (4) other Curriculum Council chairs (see **Appendix 1A**). The addition of any new Council chairs to the committee shall not violate the Bylaws requirements that the majority of the voting members of the committee exclusive of the chair be elected by the faculty and that the number of non-voting members not exceed the number of voting members.
- f) Two (2) faculty members appointed by the Dean of the School of Medicine.

Should one or more of the Curriculum Council Chairs already be an elected member or become an elected faculty member of the CME, the Dean shall appoint additional faculty members equal in number to the number of Curriculum Council Chairs who have been elected as faculty members.

Section 5: Voting. Voting privileges shall be granted to the Chair of the CME, the ten elected faculty members, three student representatives- one each from the University Program, the College Program, and the MSTP Program, the two faculty members appointed by the Dean, and the chairs of the Basic Science Curriculum Council, Clinical Curriculum Council, Joint Clinical Oversight Group, and the Curriculum Steering Council. In the situation that one or more of the Council Chairs are elected faculty members of the CME, the additional Dean's appointment(s) replacing the Council Chair on the CME shall have voting privilege. All remaining CME committee members shall serve without voting privilege.

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 committee, 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 are not 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 committee, consultants, students and professional and lay persons.

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. It is recommended that the Chair of the CME be a member of the Executive Committee of the School of Medicine or any similar general planning and policy review body, at the pleasure of the Dean. In the absence of the Chair of the CME, a committee member designated by the Chair shall serve in his or her place.

ARTICLE III. Subcommittees

In carrying out the responsibilities delineated in Articles II, the CME may appoint subcommittees in consultation with the Vice-Dean for Medical Education and Academic Affairs. Subcommittees may be chaired by any member of the faculty, including members of the Committee on Medical Education, and may be composed of both faculty and students. External consultants may also be appointed to such subcommittees when appropriate. For example, the evaluation of the curriculum and quality of teaching could be charged to subcommittees comprised of the corresponding block or course directors, or clinical discipline leaders. 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 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 initial formal approval by the Committee on Medical Education. When a program is presented to Faculty Council, it is expected that certain features will be considered and reported on in detail, including: (a) object of the program, (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. At their discretion, Faculty Council may elect to present any such major changes to the entire faculty for discussion and formal approval.

APPENDIX IA

The *operational responsibility* for the medical curriculum is invested in five Curriculum Councils. The chair of the Curriculum Monitoring Council is the Vice Dean for Medical Education who is appointed by the Dean and serves as a non-voting member on the Committee for Medical Education. The chairs of the other four Councils are appointed by the Dean, with the advice of Faculty Council and serve as voting members of the faculty Committee on Medical Education.

Curriculum Councils

Section 1: There are five Curriculum Councils: (a) the Curriculum Monitoring Council, (b) the Basic Science Curriculum Council, (c) the Clinical Curriculum Council, and (d) the CCLCM Curriculum Steering Council, and (e) the Joint Clinical Oversight Group.

The Curriculum Monitoring Council (University Program) and the CCLCM Curriculum Steering Council (College Program)

These councils, within their respective programs, have responsibility for 1) decisions regarding educational objectives, their allocation across years of the programs 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 Basic Science Curriculum Council (University Program) and the Clinical Curriculum Council (University and College Programs)

These councils ensure that the implementation of the basic science and clinical curricula occur for students in a logical and stepwise manner over time, and that all of the curriculum leaders have input into the structure of their curriculum.

The Basic Science Curriculum Council manages the planning, implementation, and oversight of all components of the basic science curriculum for the University program. The Council facilitates the sharing of best educational practices among course leaders, designs and implements programs to ensure basic science mastery, and facilitates the smooth implementation of methods of student assessment.

The Clinical Curriculum Council manages the planning, implementation, and oversight of all components of the clinical curriculum, including the Fundamentals of Clinical Medicine, basic core and advanced core clinical experiences, and electives. It is 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.

The Joint Clinical Oversight Group (University and College Programs)

The Joint Clinical Oversight Group monitors and evaluates clinical experiences provided by affiliated teaching hospitals of the Case Western Reserve University School of Medicine. The Joint Clinical Oversight Group (JCOG) is responsible for overseeing program evaluation and will collect evidence to ensure 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. Discipline leaders/ Block Leadership 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 Councils

- a. The Basic Science Curriculum Council is composed of the council chair, block leaders for the Foundations of Medicine and Health component of the University curriculum, the Associate Dean for Curricular Affairs, the chair of the Clinical Curriculum Council, the Director of Student Assessment, and the Vice Dean for Medical Education and Academic Affairs.
- b. The Clinical Curriculum Council is composed of the council chair, the block leaders for the basic and advanced core clinical blocks, the discipline specific leaders within each block, the longitudinal theme leaders, the Society Deans, and the Associate Dean for Curricular Affairs, and the Vice Dean for Medical Education and Academic Affairs..
- c. The Curriculum Monitoring Council is composed of 15 members: the Vice Dean for Medical Education (chair), the Associate Dean for Curricular Affairs, chair of the CME, chair of the BSCC, chair of the CCC, Associate Dean for Student Research, chair of the Student Assessment Committee, chair of the Program Evaluation Committee, two at large clinical faculty members and two at large basic science faculty members – one of each appointed by the Vice Dean and one of each appointed by the Chair of the CME , one representative from the College Program appointed by the Vice Dean, and one representative from the MSTP program appointed by the Vice Dean, and the chair of the Student Committee on Medical Education.
- d. The CCLCM Curriculum Steering Council is composed of 12 members: the Executive Dean (co-chair), the Associate Dean for Student Affairs, the chair of the Clinical Education Committee, the chair of the Course Directors Committee, the chair of the Research Education Committee, the chair of the Student Assessment Committee, two at large clinical faculty, two at large basic science faculty and two University Program faculty.
- e. The Joint Clinical Oversight Groups is composed of the council co-chairs (university and college programs), the Vice Dean for Medical Education and Academic Affairs, the Executive Dean, members from all affiliated teaching sites and all core clinical rotations, and 4 students in the core clinical rotations (2 from the College and 2 from the University programs).

Section 2: Chairs of Curriculum Councils: Each Curriculum Council is chaired by a faculty member whose contributions in this regard will be supported by funds provided by the Dean's Office. Upon recommendation of the Committee on Medical Education in

consultation with Faculty Council, the Dean or his designee shall appoint the Chairs of the Curriculum Councils.

The Chairs of the Curriculum Councils serve on the CME and are further charged with periodically reporting to the CME regarding operational matters. In addition, each Chair provides an annual summary and report of actions jointly to the CME and Faculty Council

Section 3: Curriculum Blocks and Courses.

- a. Curriculum Block and course planning teams are responsible for organizing the content of and presenting the major content areas in basic and clinical medical science offered in the pre-clerkship portion of the curriculum. Each Block/Course is also responsible for evaluation of student performance in its particular area.

Each Block(University Program) is led by a Block Leader, recruited from the faculty and appointed by the Vice Dean for Education and Academic Affairs working in conjunction with the Chair of the BSCC and the chair(s) of the relevant department(s).

Each course (College Program) is led by a Course Director, recruited from the College faculty and appointed by the Executive Dean for Education.

- b. Basic Core and Advanced Core clinical blocks include the disciplines of Medicine, Family Medicine, Surgery, Pediatrics, Women's Health and Obstetrics/Gynecology, Psychiatry, and Neurosciences and are taken after the completion of the pre-clerkship curriculum.

Each Basic Core and Advanced Core block will have a director, appointed by the Vice Dean/Executive Dean working in conjunction with the Clinical Curriculum Council chair and the chair(s) of the relevant department(s). Block directors will organize the content of the basic and advanced core blocks and be responsible for their implementation and evaluation.