

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Policy on Curricular Design, Review, Revision/Content Monitoring; and on Evaluation of Educational Program Outcomes**Policy Number:** 950-06-032

Responsible Officer:	Associate Dean for Assessment and Evaluation
Responsible Office:	Office of Undergraduate Medical Education
Origination Date:	7/8/2021
Date of Revision:	05/18/2023, 12/21/2023
Review Date:	08/2022
Scope:	All Medical Students, Faculty and Staff

I. Policy Summary**A. Purpose**

To ensure that the UCR School of Medicine enhances the quality of its medical education program as a whole, the MEC and its subcommittees collect a variety of outcomes data, including national norms of accomplishment, that demonstrate how well its medical students are achieving the medical education program objectives.

B. Overview

The Liaison Committee on Medical Education requires that:

LCME element 8.3 - “The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.”

LCME element 8.4 - “A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance the quality of the medical education program as a whole. These data are collected during program enrollment and after program completion.”

Related LCME Standards

8.1: Curricular Management

8.2: Use of Medical Education Program Objectives

8.3: Curricular Design, Review, Revision/Content Monitoring

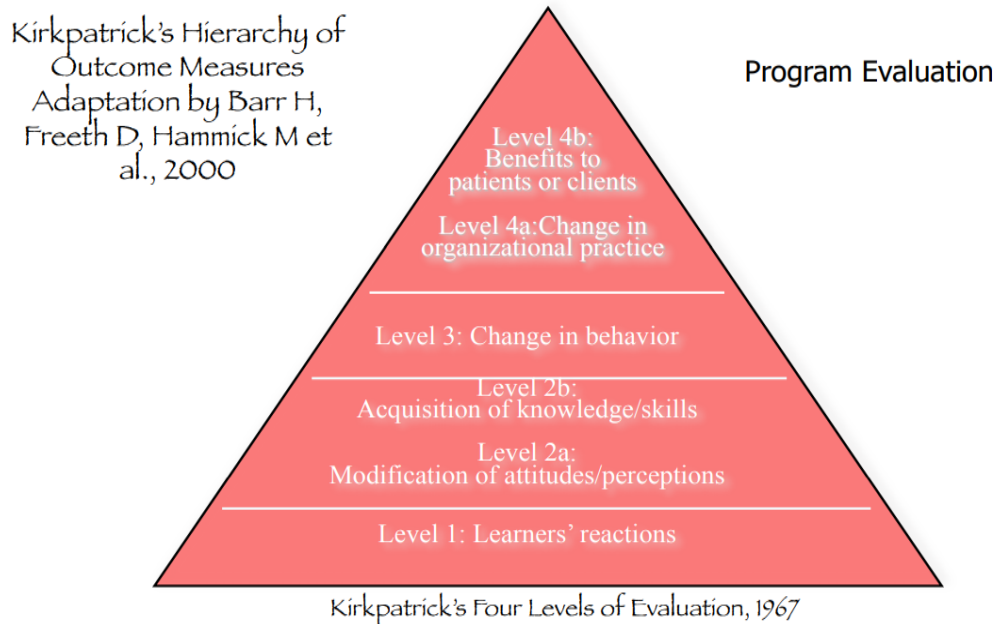
8.4: Evaluation of Educational Program Outcomes

II. Principles

Medical students eligible for graduation from the University of California, Riverside School of Medicine will have demonstrated to the faculty their competence in the medical school’s educational program

objectives (EPOs). The UCR SOM EPOs are stated in Policy 950-06-031 Policy on Use of Medical Education Program Objectives.

The faculty of the medical school follow Kirkpatrick's hierarchy as an overarching framework to inform decisions about methods for determining how well the medical education program is performing on horizontal and vertical integration, sufficiency and/or appropriateness of content placement, curricular structure, and methods of instructional delivery and assessment:



III. Process

The faculty of the UCR School of Medicine summarize the EPOs as follows:

1. Patient Care
Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Knowledge for Practice
Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
3. Practice-Based Learning and Improvement
Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
4. Interpersonal and Communication Skills
Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
5. Professionalism
Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
6. Systems-Based Practice

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

7. Interprofessional Collaboration

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care

8. Personal and Professional Development

Demonstrate the qualities required to sustain lifelong personal and professional growth.

IV. Policy Text

The UCR School of Medicine uses its formally adopted EPOs to guide:

- A. How the faculty develop, design, and implement all components of the medical education program, including ongoing monitoring, review, and placement and improvement of curricular content, effectiveness of teaching skills, and quality of the medical education program as a whole; and
- B. How the faculty assess the medical students' competencies in all required knowledge, skills and behaviors.
 - 1. The Medical Education Committee (MEC) and its Pre-Clerkship Curriculum (PCCS), Clinical Curriculum (CCS) and Medical Education Integration (MEIS) Subcommittees are provided data from the Office of Assessment and Evaluation (OAE) and they use deidentified and aggregated outcomes data from multiple sources including curriculum mapping of the EPOs to evaluate the medical school's educational program objectives and their outcomes.
 - 2. The faculty of the medical school charges the OAE with providing broad oversight of the evaluation of medical education program objectives, and with ensuring that the results are made available to the students, faculty, staff and the MEC and its subcommittees.

V. Procedures

- A. Sources for evaluating the medical school's EPOs include deidentified and aggregated data from:
 - 1. Faculty assessments of students,
 - 2. Average scores on internally developed examinations including objective structured clinical examinations (OSCEs) and multiple-choice item quizzes and exams.
 - 3. Students' performance on state and nationally standardized examinations, and
 - 4. Aggregated student evaluations of their instructors and of their curricula.
- B. OAE collects and reports these program evaluation data.
- C. The faculty directors of each course and clerkship receive the program evaluation data from the Office of Assessment and Evaluation.
- D. For all courses in the pre-clerkship phase, the PCCS conducts annual block reviews and reports the final results to the Medical Education Committee.
- E. For all clerkships/selectives and rotations in the clerkship phase, the CCS conducts reviews twice a year and reports the final results to the Medical Education Committee.
- F. As part of its annual review of the medical education curriculum as a whole, the MEC oversees its PCCS and CCS in conducting phase reviews every two years for the pre-clerkship and clerkship phases respectively.
- G. OAE provides the data for the review of all four years of the medical education curriculum and ensures that results of curricular reviews are conducted in the MEC every four years.

VI. Related Information

Please also see:

1. 950-06-031 Policy on Use of Medical Education Program Objectives
2. 950-06-002 Review and Approval of Proposals for Educational Program Changes
3. 950-06-038 Program Evaluation System for UCR SOM

Approvals:

MEDICAL EDUCATION COMMITTEE (12/21/2023)

DocuSigned by:

Pablo Joo

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PABLO JOO., MD,
SENIOR ASSOCIATE DEAN, MEDICAL EDUCATION
SCHOOL OF MEDICINE

DATE

DocuSigned by:

Paul Hackman

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PAUL HACKMAN, J.D., L.L.M.
CHIEF COMPLIANCE AND PRIVACY OFFICER,
SCHOOL OF MEDICINE

DATE

DocuSigned by:

Deborah Deas

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DEBORAH DEAS, M.D., M.P.H
VICE CHANCELLOR, HEALTH SCIENCES
DEAN, SCHOOL OF MEDICINE

DATE