

# Curriculum Committee:

## *Charter*

### **Purpose**

The Curriculum Committee (CC) is a standing committee of the University of Pittsburgh School of Medicine (UPSOM) as listed in the Plan of Organization and is charged by the Dean to provide oversight and governance of the MD curriculum. The CC is responsible for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum. The CC is also 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. The CC monitors, reviews, and revises medical education program objectives, learning objectives, content, and instructional and assessment methods. The CC approves all Educational Curriculum policies. The Educational Policy Council approves all Educational Administrative policies not directly related to the curriculum.

There are four subcommittees which may change over time per approval of the CC:

- 1) Foundations Phase
- 2) Clerkships Phase
- 3) Bridges Phase
- 4) Assessment.

### **Composition**

**Faculty** members will either be appointed or elected, for a total of 16.

12 faculty will be appointed by the Dean or designee, with input from CC leadership. Faculty appointees should represent a broad range of specialties/departments as well as experience at the institution. Both basic and clinical sciences should be included. Both tenured and non-tenured faculty will be part of the membership.

Four faculty members on the committee are elected.

All faculty serve a term of three years for up to two total terms upon which they must take a one year hiatus before being eligible to rejoin the committee. Members may be asked to step down if they fail to participate in committee activities.

**Medical student** members are elected by their peers. Each class elects four representatives to the CC with each serving on one of the four CC subcommittees. The Student Executive Council (SEC) conducts elections every two years for each class of students. MD/PhD Students in the Medical Scientist Training Program (MSTP) may be elected through SEC elections and serve as CC representatives for their current medical school class while engaged in the MD program. The MSTP student governance can designate up to two additional representatives. Each student member serves for two years before sitting for another election; they may sit for election as many times as they wish until graduation. Each class of the MD program has one student vote and the MSTP students have one vote for a total of five total voting student members.

**Ex officio, non-voting** faculty members include:

- Vice Dean for Education
- Associate Deans for Admissions/Financial Aid, Clinical Education, Diversity, Equity, and Inclusion, Learning Environment, Medical Scientist Training Program (MSTP), and Student Affairs
- Assistant Deans for Accreditation and Continuous Quality Improvement, Foundations, and Medical Education
- Chairs of the four CC subcommittees.

The CC is led by the Associate Dean for Medical Education. A Vice Chair (non-decanal faculty member), is selected by the Dean or designee from among the 12 appointed faculty.

The CC has final authority on the matters listed above. The CC receives financial and administrative support from the Office of Medical Education (OMED). The CC provides a formal report to the Executive Committee at least annually.

## **Responsibilities**

The CC generally meets twice monthly to conduct its activities. Meetings are open to the UPSOM community (faculty, students, administrators, staff, etc.) except during Executive Session which is open only to CC members.

The CC has several responsibilities as listed below under the domains of design, integration, management/monitoring, and evaluation and continuous quality improvement.

Domain	Responsibilities
<b>Design</b>	Utilize 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, and content and content sequencing.
	Ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, and to review and revise the curriculum. Ensure that the faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.
	Determine graduation requirements for medical students.
	Approve required clinical experiences (conditions/procedures).
	Approve all Educational Curriculum policies.
	Approve proposals for new courses, clerkships, electives, and other curricular components.
	Establish and approve the academic calendar including determining the appropriate sequencing and scheduling of courses, clerkships, and electives.
	Approve any major changes to curriculum, including additions or deletions of medical education program objectives as well as major assessment changes.

<b>Integration</b>	Ensure that the curriculum is optimally integrated, both vertically and horizontally (e.g., basic and clinical science content).
	Review OMED's curricular mapping.
<b>Management/Monitoring</b>	Identify and address any gaps or redundancies within the curriculum.
	Provide central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.
	Ensure that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.
	Ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.
<b>Evaluation and Continuous Quality Improvement</b>	Conduct review of curricular phases (Foundations, Clerkships, and Bridges).
	Conduct whole curriculum review which utilizes 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.

	Conduct ongoing monitoring, review, and revision of medical education program objectives, learning objectives, content, and instructional and assessment methods including evaluating course, clerkship, and teacher quality.
	Ensure appropriateness and effectiveness of student evaluation procedures and processes to collect and consider medical student evaluations of courses, clerkships, teachers, and other relevant information across the curriculum to help evaluate medical education program quality.
	Assure adherence to curricular accreditation and other regulatory standards.
	Continuously review relevant internal/external outcome data, national benchmarks, and best practices in medical education to enhance the quality of the medical education program as a whole.
	Collaboratively promote innovation, scholarship, and educational best practices to enhance teaching and assessment quality throughout the curriculum.

## **Subcommittees and Task Forces**

The CC is empowered to form subcommittees and ad hoc task forces that report to the full committee at least annually that address ongoing and short-term work related to committee functions.

Task forces are created by a vote of the full committee, to address specific curricular needs, outlined in charters that describe composition, reporting, and deliverables. The work of task forces concludes when the CC determines that they have achieved their goals, and in general should not continue for longer than two years.

Standing subcommittees, which also have detailed charters, include:

<b>Subcommittee</b>	<b>Responsibilities</b>
Foundations Phase	Design, implementation, and oversight of the curriculum of the Foundations curricular phase. Collaborate with course directors and faculty on continuous quality improvement of the curriculum, teaching, and assessment of this phase.
Clerkships Phase	Design, implementation, and oversight of the curriculum of the Clerkships curricular phase. Collaborate with course directors and faculty on continuous quality improvement of the curriculum, teaching, and assessment of this phase.
Bridges Phase	Design, implementation, and oversight of the curriculum of the Bridges curricular phase. Collaborate with course directors and faculty on continuous quality improvement of the curriculum, teaching, and assessment of this phase.
Assessment	Set assessment standards for both knowledge and clinical assessments, monitor and evaluate outcomes and quality of assessments, collaborate with faculty on continuous quality improvement of the assessment system and approaches.

Subcommittees and task forces consist of relevant stakeholders, including students, faculty members, administrators, and others as needed to ensure a breadth of perspectives. Further

details on selection and participation in these groups can be found in a separate document, "Curriculum Committee Subcommittees: Membership Assignment Procedures."

## **Reports, Actions, and Monitoring**

Reports related to courses, clerkships, phases, the overall curriculum, medical education program objectives, and required clinical experiences (clinical conditions/procedures) must be approved by a vote. Recommendations for curricular action approved by the CC are sent to the OMED deans and/or Vice Dean for Education for implementation. The Office of Accreditation and Continuous Quality Improvement (OACQI) provides the assessment and evaluation data for curricular review and monitors CC approved actions.

## **Curricular Changes**

As outlined above, the CC has central oversight of major changes to the curriculum. CC approval is required for major changes.

<b>Major Changes</b>	<b>Examples</b>
Course/clerkship-level learning objectives	Adding a course learning objective on telehealth.
Adding or eliminating key content that affects medical education program objectives	Deciding to change content that results in change(s) to course learning objective(s).
Major assessment	Changing from Honors/Satisfactory/Fail to Satisfactory/Fail.

Minor changes, however, can be made more expeditiously by course/clerkship directors, or their respective CC subcommittees with report to the CC as part of annual course report expectations.

<b>Minor Changes</b>	<b>Examples</b>
Instructional format	Switching from a lecture format to a small group.
Faculty	Using a new faculty member to teach an existing lecture.
Session duration	Shortening a lab from two hours to 90 minutes.

Session sequence	Shifting a lecture on Asthma from before to after COPD.
Grade weightings	Reducing the weight of an essay from 20% to 10%, and increasing exam weighting by 10%.

Proposals for major curricular changes must be reviewed with and vetted by the designated/appropriate subcommittee. That subcommittee gathers necessary data and discusses the merits of the change with the requesting faculty. Afterwards, the appropriate subcommittee, ideally with the requesting faculty, presents the change to the full CC for approval by vote.

### **Committee Logistics and Voting**

CC meetings are open to the UPSOM community. Minutes are kept and public to the UPSOM community. Materials related to curricular performance are made available to committee members but their circulation to others is prohibited without approval by CC leadership.

There are a total of 21 voting members including 16 faculty and five students with each class year of students (MS1, MS2, MS3, and MS4) and one MSTP student counting as one vote each. A quorum is 11 voting members. A simple majority of the quorum is needed for a motion or vote to be approved.

### **Approvals**

Dean, School of Medicine, originally approved December 16, 2019. Latest revision approved May 5, 2025.