



Title/Subject: Principles and Guidelines for Curriculum Development

Applies to: X faculty X students X staff Other

Policy System Process/Procedure X Guideline/Standard Position Description

PREAMBLE

Several different constructs guide the planning and management of the MD program: the mission, vision and values of the College of Medicine (COM), the accreditation standards of the Liaison Committee on Medical Education (LCME), the Southern Association of Colleges and Schools (SACS), and the Texas Higher Education Coordinating Board (THECB), and evidenced-based principles from medical education research studies.

PURPOSE

The purpose of the curriculum is to prepare students to become physicians capable of meeting the demands and expectations of postgraduate residency training and supervised medical practice.

PROGRAM OBJECTIVES

Principle I

Each curricular component has educational goals and objectives that in aggregate are specifically designed to meet the Medical Education Program Objectives (MEPOs).

CURRICULUM STRUCTURE AND CONTENT

Principle II

The curriculum is competency-based, requires students to assume graduated responsibility for patient care, and is consistent with the ACGME Core Competencies:

- Patient Care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal/Communication Skills
- Systems-based Practice
- Professionalism

Guideline 1

Achievement of competency is regularly assessed and documented utilizing specific outcome measures and is required for advancement.

Authority: Curriculum Committee

Policy/Process POC: Office of Academic Affairs

Effective Date: 2006

Review/Revision Schedule: Annually

Revised October 2019



Guideline 2

Formative feedback is provided at multiple points to ensure progress towards achievement of goals and objectives.

Guideline 3

Academic advising is provided to assist with individual learning needs.

Principle III

LCME prescribed curricular content areas are taught and assessed.

Principle IV

Curricular content reflects the health risks and disease burdens on society experienced in the context of our diverse health care delivery system.

Guideline 1

Curricular components are based on the biopsychosocial model of disease.

Guideline 2

Preventive health care is emphasized throughout the curriculum.

Guideline 3

The curriculum assures student experience across the spectrum of health care settings, including ambulatory, inpatient, critical care, and emergent.

Guideline 4

The curriculum includes a continuity of care experiences.

Principle V

Basic science and clinical sciences are integrated throughout the curriculum.

Guideline 1

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All curricular components are directed, designed and delivered by teams that include basic science and clinical science faculty.

Guideline 2

Curricular components and student grades are not discipline or department based.

Guideline 3

Responsibility for curricular component design and delivery rests with the course/block/clerkship directors with the support of the departments and approval of the Curriculum Committee.

Principle VI

Emphasis is placed on self-directed student learning with adequate time provided for independent study.

Principle VII

The curriculum is designed to build and promote interprofessional collaborative skills.

Principle VIII

The curriculum is designed to build and promote lifelong learning skills in our students.

LEARNING ENVIRONMENT

Principle IX

A personalized and nurturing faculty-student interaction is maintained at every level.

Principle X

There is a shared expectation of preparation, active participation, and partnering in learning by students and faculty.

LEARNING ACTIVITIES

Principle XI

The educational program is learner-centered, incorporating multiple methodologies and resources for teaching and learning to meet the diverse needs of our students.

PREPARATION OF TEACHERS

Authority: Curriculum Committee

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Principle XII

Faculty is provided the necessary resources and tools to become effective teachers, including generic and tailored faculty development programs based on a structured faculty evaluation system and other defined needs.

CURRICULUM EVALUATION

Principle XIII

The curriculum and its components are evaluated regularly by the Curriculum Committee, which is empowered to pursue continuous quality improvement and ensure achievement of the Medical Education Program Objectives (MEPOs).

Guideline 1

The curricular content review and evaluation and will include tracking and verification of compliance with LCME prescribed curricular content areas and definitions.

● **Revision History:**

Date of Change	Authority	Summary of Changes	Document Location
2006	Curriculum Committee	Adopted	<i>Office of Academic Affairs</i>
2017	Curriculum Committee	Revised	<i>Office of Academic Affairs</i>
2019	Curriculum Committee	Revised	<i>Office of Academic Affairs</i>

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