

A predominately faculty committee, with full authority and final approval over the curriculum for the medical education program leading to the MD degree at the Wayne State University School of Medicine. The committee derives its power and authority from the school's Faculty Senate.

Curriculum Management Committee

Charter



WAYNE STATE
School of Medicine

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I Section 1: Power and Authority

The Curriculum Management Committee (CMC), a predominately faculty committee, has full authority and final approval over the curriculum for the medical education program leading to the MD degree at the Wayne State University School of Medicine. Its authority originates by delegated powers from the School of Medicine Faculty Senate by-laws.



I Section 2: Dean's Role, Authority, and Responsibilities

In situations in which the Curriculum Management Committee's decisions rely on substantial financial commitments by the medical school or violate established policies, the dean of the medical school shall have final review and approval.



Wael Sakr, M.D.
Dean, Wayne State University School of Medicine

I Section 3: Purpose of the CMC

The CMC is a protocol-driven committee that emphasizes data-driven decision-making and CQI philosophies. Through its management and oversight of the curriculum, the CMC ensures that students learn the requisite knowledge, skills, attitudes and behaviors to be well prepared and highly qualified for subsequent medical licensure, postgraduate residency training, and a successful career in the field of medicine. In accordance with the Liaison Committee on Medical Education's (LCME) element 8.1 (Curricular Management), the CMC is the "institutional entity that oversees the medical education program as a whole and that has responsibility for the design, management, integration, evaluation and enhancement of a coherent and coordinated curriculum."

As delineated by LCME, the CMC is organized to design and deliver a "coherent and coordinated curriculum" that includes the (1) logical sequencing of curricular segments; (2) coordinated and integrated content within and across academic periods of study (i.e., horizontal and vertical integration); and (3) methods of instruction and student assessment appropriate to the student's level of learning and to the achievement of the program's educational objectives (Element 8.1).

The CMC ensures a coherent and coordinated curriculum through effective curriculum management, which involves the following activities: leading, directing, coordinating, controlling, planning, evaluating, and reporting. As such, The CMC maintains an effective system of curriculum management through:

- 1) Evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment, as available, as a frame of reference;
- 2) Monitoring of content and workload in each discipline, including the identification of omissions and unplanned redundancies;
- 3) Review of the stated objectives of each individual curricular component and of methods of instruction and student assessment to ensure their linkage to and congruence with programmatic educational objectives (Element 8.1).

I Section 4: Roles in the Curriculum

The CMC's role in the curriculum (as well as the roles of other individuals/groups) is summarized in the table below.

Table 1 | Roles in Curriculum

Task	Course/ Clerkship Directors and Faculty	CAO/ Associate Dean for Medical Education	Office of Medical Education Staff	Curriculum Committee	Curriculum Committee Subcommittee(s)
Educational Program Objectives	E, R, Rec	E, R, Rec	E, Rec	D, E, R, Rec, A	D, E, R, Rec
Course/clerkship learning objectives	D, R, Rec, A	E, R, Rec	E, R, Rec	D, E, R, Rec, A	D, E, R, Rec, A
Course/clerkship content and instructional methods	D, R, Rec, A	E, R, Rec	E, R, Rec	D, E, R, Rec, A	D, E, R, Rec, A
Course/clerkship quality and outcomes	D, R, Rec, A	E, R, Rec	D, E, R, Rec	D, E, R, Rec, A	D, E, R, Rec, A
Faculty/resident teaching	R, Rec	R, Rec, A	D, E, R, Rec	D, E, R, Rec, A	D, E, R, Rec, A
Curriculum content, Including horizontal and vertical integration	D, R, Rec	E, R, Rec	E, R, Rec	D, E, R, Rec, A	D, E, R, Rec, A
The outcomes of curriculum phases	R, Rec	E, R, Rec	E, R, Rec	D, E, R, Rec, A	D, E, R, Rec
The outcomes of the Curriculum as a whole	R, Rec	E, R, Rec	E, R, Rec	D, E, R, Rec, A	D, E, R, Rec

Definitions

(D) Design/develop = Develop/create the product or process that is the basis of the task (e.g., the educational program objectives, the plan and tools for course evaluation)

(E) Evaluate = Carry out a process to collect data/information on quality/outcome

(R) Review = Receive and consider the results of an evaluation of the product or process and/or of its outcomes

(Rec) Recommend = Propose an action related to the process or product based on a review or evaluation

(A) Approve/Take Action = Have final responsibility for an action related to the product or process

I Section 5: Membership Composition

The CMC is composed of 24 voting members.

Membership Category	Appointment	Voting Privileges	Terms
CMC Chairs (Quantity: 2)	The faculty co-chair and administrative co-chair are selected by the Vice Dean of Medical Education.	*Voting *The faculty co-chair has voting privileges. *The administrative co-chair, has tie-breaking voting rights, otherwise no voting privileges.)	The faculty co-chair serves a four-year term and is eligible for reappointment twice. There are no terms limits for the administrative co-chair.
Faculty Members (Quantity: 14)	Faculty members are elected by the Faculty Senate. One of these members serves as the CMC faculty co-chair.	Voting	Faculty members serve four-year terms and are eligible for reappointment by the Faculty Senate. There is a maximum of three consecutive four-year terms.
Clinical Partners (Quantity: 6)	Faculty and/or administrators from the clinical partners (one from each clinical site) are appointed by the Vice Dean of Medical Education.	Voting	No term limits
Student Members (Quantity: 8)	Student members are appointed by the WSUSOM Student Senate. Two members are appointed per class – one primary representative and one alternate representative.	*Voting Primary student representatives have voting privileges. *Alternate student representatives only attend and vote in the absence of the primary student representative.	No term limits
Ex-Officio Members (Quantity: 10)	Administrators are appointed by the Vice Dean for Medical Education.	*Non-voting *The administrative CMC chair, has tie-breaking voting rights, otherwise no voting.	No term limits

I Section 6: CMC Duties

The CMC duties below ensures that a culture of continuous quality improvement is maintained in all aspects of curriculum management.

- 1) Monitor and approve the regular systematic course/clerkship reviews with respect to objectives, content, instructional activities, time allocation, evaluative procedures, outcomes, and to make decisions for improvement, including changes in curriculum delivery and course leadership.
A formal review of each course/clerkship occurs annually.
- 2) Monitor and approve the regular systematic reviews of the medical education curriculum, including segments of the curriculum and the curriculum phases, and review of the entire/overall curriculum to make recommendations for revisions to ensure the achievement of the medical education program objectives (formal review every five years).
- 3) Ensure there is horizontal and vertical integration (i.e., that curriculum content is coordinated and integrated within and across academic years/phases).
- 4) Approve minor and major proposed curriculum revisions. Any changes to course objectives, assessment methods, or teaching delivery methods must be approved by the Curriculum Management Committee.
- 5) Review the quality of the education being delivered at each of the partnered Clinical sites ensuring comparable education experiences and equivalent methods of assessment across all Clinical Campus Partners.
- 6) Conduct regular reviews of processes and procedures designed for the students' evaluation of faculty performance and to make recommendations for improvement.
- 7) Set priorities and charge subcommittees to improve the curriculum. Review recommendations of subcommittees and approve all curriculum and program changes.
- 8) Review all activities conducted by the subcommittees or other ad-hoc committees convened by the Curriculum Management Committee.
- 9) Monitor and enforce existing policies related to curriculum management and to develop and recommend new policies to the Dean.
- 10) Continually report to the students, faculty, staff and administration on Curriculum Management Committee activities.

I Section 7: Meetings

Agenda:

Meeting agendas are developed by the chairs of the CMC. Committee members are encouraged to suggest agenda items. The agenda and all meeting materials are provided to the committee one week in advance.

Closed Minutes and Public Memos:

Meeting minutes are drafted by the CMC secretary for approval by the chairs. Action items are documented and followed up on in a timely manner. Each subcommittee is responsible for submitting its minutes to the CMC secretary. Minutes are accessible to CMC members. A quarterly memo with curriculum updates and changes is shared with students, faculty and staff.

Meeting Frequency:

The CMC meets the fourth Wednesday of each month from 4pm-6pm via Zoom.

Attendance:

Members are required to attend the majority of all CMC meetings. CMC members are expected to inform the CMC chairs and/or CMC secretary if unable to attend.

Quorum:

A quorum of 50% of the CMC faculty members elected by the Faculty Senate is necessary for a formal vote.

Voting:

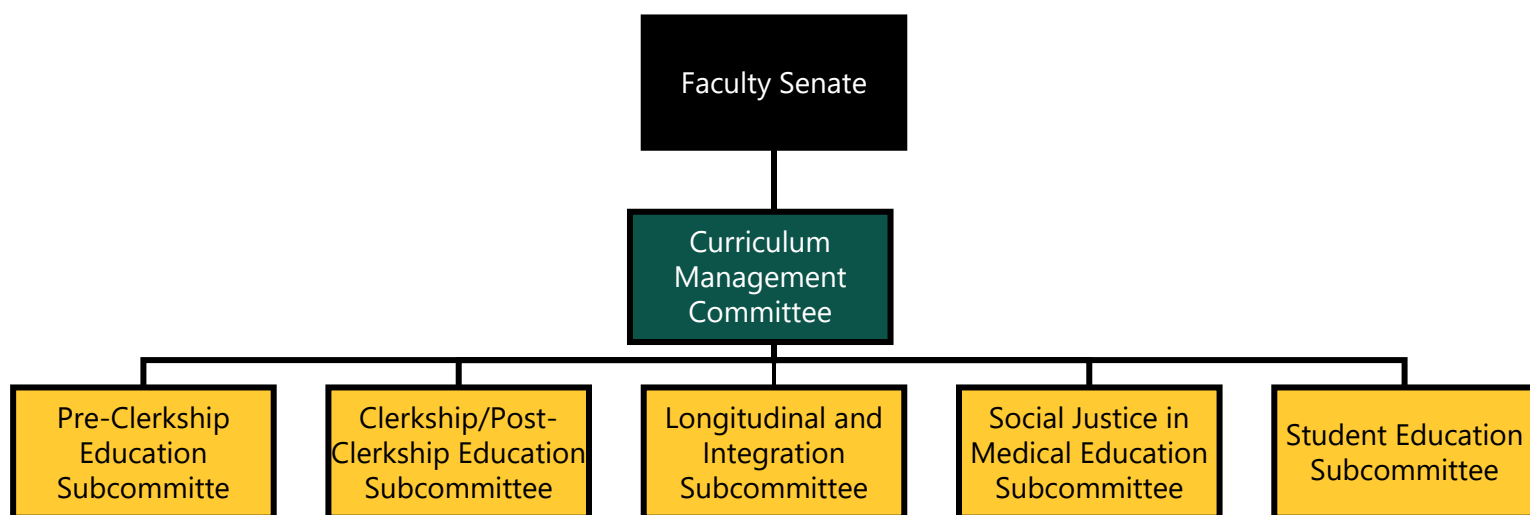
A simple majority vote is necessary to approve any motion reviewed by the CMC. Proxy voting is not permitted.

Section 8: CMC Structure and Subcommittees

The CMC establishes subcommittees that are voted and approved by the CMC.

In addition to the standing subcommittees, ad hoc subcommittees may be created as necessary at the behest of the CMC. Five standing subcommittees function as operational workgroups in support of the CMC (see diagram 1).

Diagram 1 | CMC Structure



Subcommittee Chairs

Subcommittee chairs (must be CMC members) are recommended by the CMC co-chairs, subject to approval by the full CMC.

Subcommittee Charters

Each subcommittee is responsible for developing a charter that will define how the subcommittee will accomplish its charge as defined by the CMC. Charters are subject to approval by the CMC.

Charters include meeting frequency, membership criteria, definition of voting privileges, quorum, and other operational procedures.

■ Pre-Clerkship Education Subcommittee Charge

The Pre-Clerkship Education Subcommittee (PES) oversees the management of segments 1 and 2. The responsibilities of the PES are delegated by the CMC and include following the directives to resolve curricular areas of concern through process improvement methodology, as well as develop the working groups and action plans to address issues or problems. The PES also monitors the activities associated with the day-to-day delivery of the curriculum. The Chair of the PES submits subcommittee minutes and reports on the subcommittee's activities to the CMC.

■ Clerkship/Post-Clerkship Education Subcommittee Charge

The Clerkship/Post-Clerkship Education Subcommittee (CPCES) oversees the management of the curriculum for required clinical clerkships. The responsibilities of the CPCES are delegated by the CMC and include resolving curricular areas of concern through process improvement methodology as well as developing the working groups and action plans to address any issue gap and opportunity identified. The CPCES also monitors the activities associated with the delivery of the curriculum. The CPCES is also responsible for monitoring the elective process for students that have finished the required clerkship rotations, including assessing the quality of the current electives, determining gaps in the electives offered and opportunities for new electives, as well as annually reviewing the post-clerkship schedule to ensure students are prepared for residency training. The CPCES will oversee students' readiness for residency training, assuring that all graduating physicians have been provided the knowledge and skills and attitudes to prepare them for residency training. This includes providing the necessary opportunities to meet the core entrustable professional activities for entering residency, as well as equip students with the necessary clinical and research and other opportunities through career advising to successfully obtain the residency of their choice. The Chair of the CPCES submits subcommittee minutes and reports on the subcommittee's activities to the CMC.

■ Longitudinal and Integration Subcommittee Charge

The Longitudinal and Integration Subcommittee (LIS) addresses curricular elements that are not specific to a phase as well as the integration of elements across phases (e.g. student research, quality and safety). The LIS evaluates and coordinates longitudinal curricular themes, interprofessional education, and the horizontal and vertical integration of curriculum throughout the entire timeframe of medical school. The responsibilities of the LIS are delegated by the CMC. The Chair of the LIS submits subcommittee minutes and reports on the subcommittee's activities to the CMC.

■ Student Education Subcommittee Charge

The charge of the Student Education Subcommittee (SES) is to ensure the meaningful engagement of medical students in the design, development, monitoring of effectiveness and the continuous improvement of the undergraduate medical curriculum by providing direct access and open, bidirectional communication between the CMC and an ongoing, independent student subcommittee. The primary role of the SES is to provide feedback, practical suggestions and formal proposals to the CMC about the curriculum in the form of reports and participation in regular meetings. Operationally, the SES provides a platform for student-led collation, discussion, and dissemination of information relevant to the curriculum. In addition, the SES is a vehicle for regularly scheduled formal and informal interactions with course directors, teaching faculty, and medical education administration for the purpose of optimizing bidirectional communication and supporting curricular continuous improvement. The Chair of the SES submits subcommittee minutes and reports on the subcommittee's activities to the CMC.

■ Social Justice in Medical Education Subcommittee Charge

The Social Justice in Medical Education Subcommittee (SJMES) addresses curricular issues of racism in medicine, social justice, diversity, and equity. The responsibilities of the SJMES are delegated by the CMC and include recommending additions to the curriculum to address educational gaps in these areas, as well as developing the working groups and action plans to address such issues. The SJMES also monitors the current curriculum to recommend necessary changes. The Chair of the SJMES submits subcommittee minutes and reports the subcommittee activities to the CMC.