

# Curriculum Committee

## Curriculum Committee

### Mandate and Responsibilities

#### Mandate

Curriculum Committee is responsible for identifying the curricular content, integration and implementation of all components in both Basic and Clinical science program. Along with this the committee sets up the Educational objectives required in each course, method of instruction and assessment methods to measure the achievement of these objectives. The mandate of the Curriculum Committee is to coordinate the design, management, approval, integration, evaluation and enhancement of a dynamic curriculum that ensures students are equipped with the necessary knowledge, skills and attitude and behavior to get into the residency program. This Mandate of Curriculum Committee is in alignment with standard 6.2 of the revised ACCM standards.

#### Organization of the committee:

The following organizational chart defines the organizational hierarchy of the committee:

Table: Organization of the Curriculum Committee

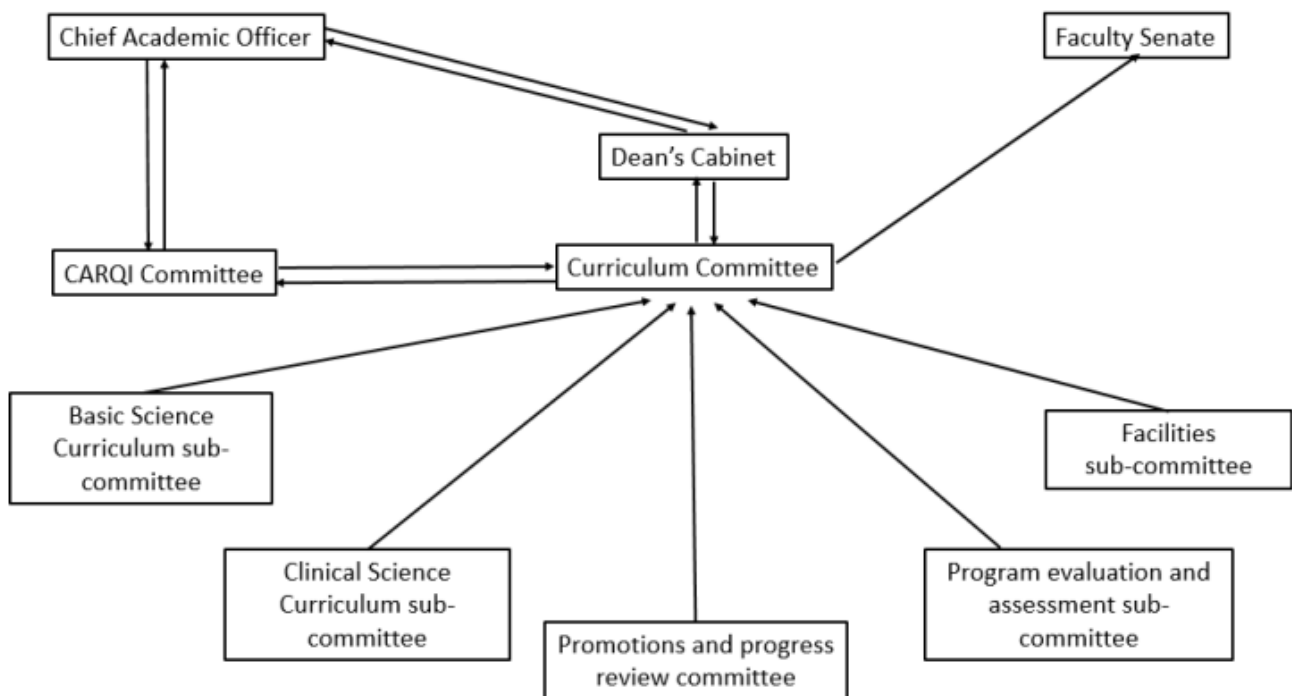
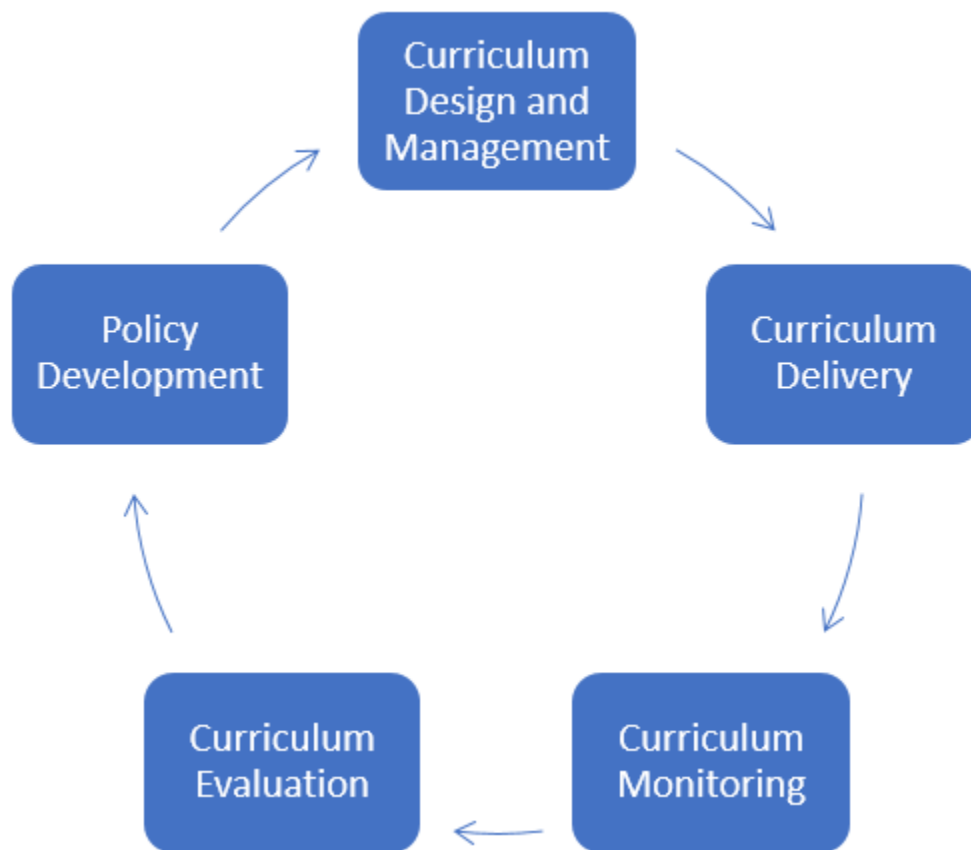


Table: Functions / Responsibilities of Curriculum Committee



**Responsibilities:**

The functions/ responsibilities of the curriculum committee are formed in alignment with standards 6.2, 6.3 and 6.4 of revised ACCM standards.

**Curriculum Designing:** The Curriculum Committee is responsible for structuring the curriculum in a manner that addresses the established goals, competencies and educational objectives of the medical school. The curriculum committee designs the academic program for the semester approves the academic Calendar which will guide the system chairs to coordinate the activities of the organ system. The committee will ensure that the curriculum complies with the accreditation standards and provide evidence for such compliance.

**Curriculum Review:** The committee will constantly review, evaluate and periodically update the curriculum ensuring that there is comprehensive coverage of all the content/competencies throughout the curriculum. The efficient way of reviewing the curriculum is by mapping of learning objectives of each organ system and clerkships to educational objectives, educational objectives to competencies and competencies to the school’s mission. The committee works closely with all the system chairs and discusses whether the content or competencies distribution in the organ system is logical and coherent.

**Curricular Integration:** The committee will ensure that there is adequate vertical and horizontal integration of the curriculum. This integration will ensure that the students are taught everything from a clinical perspective. This two-way integration will also help students understand the content better, as correlation and interpretation are better.

### Curriculum Delivery and Monitoring

**Scheduling:** The curriculum committee is responsible for preparing and dynamically revising checklists that define action plans/expectations for system chairs for the smooth running of the system. The curriculum committee in liaison with the sub-committee will prepare a schedule for 2 weeks. This schedule is discussed in the bi-monthly integration meeting for any conflicts, identify lacunae of topics and prevent unwanted redundancy.

**Timely Assessment:** The curriculum committee creates, approves and shares the Academic Calendar with the system chairs and the faculty. This calendar will guide the system chairs and the faculty on the conduction of Assessment. Students are assessed by both formative and summative assessment, but the academic outcome is decided by the summative assessment.

**Monitoring:** The committee closely monitors the content of the syllabi of individual systems. These syllabi specify the content and workload of the respective system. The syllabi will clearly state the standard for the content depth and content relevance dynamically and temporally.

### Curriculum Evaluation

The curriculum committee work and provide relevant evidence towards the school's compliance with those accreditation standards that are directly or indirectly relevant to the curriculum. Timely Evaluation of curriculum is one of the major standards set by most of the accrediting agencies and hence this component becomes a very important responsibility of the curriculum committee.

Curriculum Evaluation is done under 3 subheadings

- a. **Process Evaluation:** Student feedback at the end of every clerkship or at the end of every organ system is used to prepare a report on the process. Block Evaluation report for every organ system (in Basic Sciences) and Clinical Clerkship Data report at the end of a specific clerkship (in Clinical Sciences) are the tools to review the Educational process. These reports are used by the curriculum committee to find the lacunae in the process and address them subsequently.
- b. **Outcome Evaluation:** Student summative scores in the assessments form the basis for outcome evaluation. The following assessment scores are used by the committee for its outcome evaluation.
  - i. Student scores on internally developed examinations
  - ii. Results of USMLE / NBME Exams
  - iii. Student performance in CCSA1 / CCSA2

- c. **Need Evaluation:** Any deficiencies/shortcomings noted either in process evaluation or outcome evaluations are noted, discussed and addressed under "Need Evaluation.

## **Policy Development and Communication**

**Defining and implementation of policies:** The Curriculum Committee defines and implements policies for Curriculum design, Curriculum content, Methods of delivery of the curriculum, Duration of delivery of the curriculum, Review of the curriculum and recommends them to the Deans, for perusal and approval.

**Directing the functioning of the sub-committees:** The curriculum committee is authorized to direct the functioning of the basic science and clinical science sub-committees and to request the sub-committees to convene meetings when required.

**Liaising with teaching faculty:** Establishing a faculty leadership structure that functions towards the achievement of curricular goals and compliance with accreditation standards

Timely communication to all teaching faculty either directly or through the established faculty leadership, about revisions, if any, to the curricular structure and content.

## **Leadership & Membership**

**Appointment:** The members and the chair of the committee are appointed by the Chief Academic Officer based on their academic qualification, academic rank in the institution and experience in Medical education.

**Leadership:** The Curriculum Committee is led by the Chair. Where the Chair is absent for any reason, an Acting Chair may be appointed by the Chair.

**Responsibilities of Members:** All members will participate actively in the committee by reviewing all pre-circulated material. The members will ensure to attend at least 70% of the meetings and also participate in working groups as requested by the chair.

**Term of Membership:** Appointed members will normally serve a three-year term following which their membership can be renewed.

## **Meeting Procedures**

**Frequency and Duration of Meetings:** Meetings will be held at least once every semester. Additional meetings may be convened in a semester at the call of the Chair.

**Conflict of Interest:** Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. The

declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

### **Decision-Making:**

- a. Decisions that establish modifications to the curriculum/ curriculum committee policies, directions to subcommittees, directions to faculty members will be discussed in the context of specific motions.
- b. Motions shall be passed by a majority vote of members and recorded in the minutes.
- c. Where consensus-based decision-making is required, everyone involved in the decision must agree on the individual points discussed before they become part of the decision. The following principles apply during consensus-based decision making:
- d. Not every point will meet with everyone's complete approval. Unanimity is not the goal, although it may be reached unintentionally.
- e. Everyone may not be satisfied with consensus-based decisions but everyone's ideas should be reviewed thoroughly. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.
- f. Arguments over individual ranking or position will be avoided. However, a position will be presented as lucidly as possible, respecting the feelings of all groups
- g. A 'win-win' approach will be adopted. When an impasse occurs, the next most acceptable alternative for both parties will be looked at.
- h. Views that have no basis in logic or the supporting data shall not be entertained.
- a. Holding of different views by group members shall be considered natural and healthy.

### **Communication**

- Agenda and minutes of committee meetings are to be distributed to the committee members by Secretary.
- Minutes are normally distributed electronically to all members within one week of meetings.

### **Evaluation**

Terms of reference will be reviewed by the Curriculum Committee periodically

### **Responsibilities of sub-committees:**

#### **Basic science sub-committee:**

- a. All system chairs are members of the basic science sub-committee by default.

- b. System chairs are appointed every semester by the Dean, Basic science, in consultation with the Chair, curriculum committee.
- c. The Secretary of the main curriculum committee will chair the sub-curriculum committee by default.
- d. Student representatives of Years 1 and 2 are appointed by the CAO based on the academic performance of the student.
- e. The basic science sub-committee will support the main curriculum committee by convening meetings as requested by the latter.
- f. The basic science sub-committee will support the main curriculum committee by proposing suggestions for dynamic modifications of the basic science curriculum.
- g. A consensus reached during the sub-committee meetings will be passed to the main committee for final approval.

**Clinical science sub-committee:**

- a. All Clinical chairs are members of the clinical science sub-committee by default.
- b. Clinical science chairs are appointed by the Dean, Clinical science, in consultation with Dean, Basic science and Chief academic officer. The term of clinical chair-ship will continue for as long as deemed necessary by the Dean, Clinical science.
- c. The Chair and the Secretary of the clinical sub-committee are appointed by the Dean, Clinical science in consultation with the Dean, Basic science and Chief academic officer on an annual basis.
- d. Student representatives of Years 3 and 4 are appointed by the CAO based on the academic performance of the student.
- e. The Clinical science sub-committee will support the main curriculum committee by convening meetings as requested by the latter.
- f. The Clinical science sub-committee will support the main curriculum committee by proposing suggestions for dynamic modifications of the clinical science curriculum.
- g. A consensus reached during the sub-committee meetings will be passed to the main committee for final approval.