

**Indiana University School of Medicine
Committee Report for CCSC**

Please submit this report to Rebekah Bredenbeck at rdbreden@iu.edu.

Committee Name: Curriculum Council Steering Committee

Committee Chair Name: Alan P. Ladd, MD and Bradley Allen, MD, PhD

Committee Chair Email: aladd@iupui.edu; bradalle@iu.edu

Meeting Frequency: Twice monthly plus ad hoc meetings

What is the mission of your committee? (100 words)

The Curriculum Council Steering Committee is created by the Faculty Constitution. As outlined in the bylaws of the Faculty Constitution, the charge of the CCSC is as follows:

The Curriculum Council Steering Committee is the faculty body that manages the medical curriculum for the Indiana University School of Medicine through oversight of its design, implementation and management of the School's curriculum at all campuses. The CCSC sets curricular policy for education and has oversight responsibility for ensuring compliance and comparability. The CCSC reviews data at specified intervals to monitor and evaluate the curriculum as a whole and makes informed decisions to enhance, coordinate, and ensure coherence of the educational program.

What has your committee accomplished this year? (250 words)

Highlights:

- Revitalizing the committee charge (above)
- Revamp and updating of all curriculum-based IUSM policies
- Clarification of Organizational Chart
- Refinement of organizational oversight for undergraduate education and its curriculum, outlining processes and reporting structures and timelines
- Deployment of New Curriculum, Phase I
- Updating of Institutional Learning Objectives
- Clear focus on educational comparability

Major projects:

- (1) Preparation/documentation for the LCME visit
- (2) Designing and implementing Phase 1 (Foundational component) of New Curriculum
- (3) Policy creation/updating/review/discussion/voting

- (4) Modifying Legacy Curriculum as needed
- (5) Addressing student concerns
- (6) Preparation/planning for Phases 2 and 3 of New Curriculum

A. Reaccreditation priorities for CCSC

1. Student mistreatment: see Appendix 1, GQ Summary point 8
2. Curriculum governance and educational comparability:
 - a. Rearrangement of organizational/reporting structure
 - i. Now evident that CCSC drives and controls the curriculum, for updated Org Chart: see Appendix 2
 - ii. Vision
 1. IUSM is one school with multiple campus
 2. Medical student education is equivalent no matter which campus
 - b. Approved IUSM support for statewide clerkship directors, assistant directors, and clerkship coordinators
 - c. Creation of CCSC Dashboard
 - i. Tracks if mid-rotation feedback given, number of procedures and required H&Ps completed, graduation rates, course/clerkship/teaching evaluations, student workload (duty hours), clerkship grade distribution, students receiving grade of satisfactory with concerns
 - ii. Developed so that there is a timely review of items based on IUSM chronicity regarding prior accreditation review
3. Program assessment/core clinical skills
 - a. Gaps in curriculum related to coverage of behavioral health and social sciences
 - i. Major reason: no single department has taken ownership or leadership; presentation is variable within curriculum and the campuses
 - ii. Action: establishment of Center for Medical Behavioral, Social and Cultural Curriculum Affairs (CMBSCCA) to ensure ownership of social and behavioral science materials, IUSM faculty oversight, and current coverage gaps are effectively and universally covered
 - b. Sub I pilot for Phase III: feedback favorable, Family and Internal Medicine have equivalent shelf exams; other disciplines have displayed interest
 - c. Policies on clinical supervision of medical students and required clinical experiences standardized; mechanism for how students are signed off on procedures still needs to be completed
 - d. USMLE performance:
 - i. Step I 1st time pass rate (through 9/2016): 97% all IUSM vs 96% national
 - ii. Step 2 Clinical Knowledge: 1st time pass rate: 97% all IUSM vs 96% national
 - e. Curricular monitoring and evaluation schedule: See Appendix 3
4. Grades
 - a. Pass/fair grading: For Foundational Component of New Curriculum
 - i. While last the Legacy Curriculum group (current 2nd years) also requested pass/fail grading, due to the differences in class sequence and setup at some of the regional campuses, this would result in non-equivalence and was not approved

- ii. Phase 2 and 3 of clerkships and electives will utilize Honor, High Pass, Pass, Fail, Incomplete, Withdrawal
 - b. Satisfactory with concerns: not a grade but an improvement opportunity to be used by faculty who have concerns with student progress within any of the six competencies at any time during the curriculum. Goal is to trigger concerns and have interventions before recurring issues develop.
5. Non-involvement of student health services providers in student assessment
- a. Policy: clerkship director is responsible to make sure faculty and students are aware of policy; evaluation forms include an option for declining evaluation

B Graduate Questionnaire summary, see Appendix 1

C. New Curriculum update:

1. Overall, based on course evaluations and reviews, it appears to be functioning well though continued evolution and tweaking is needed
2. Medical students appear engaged
3. Response rates to student evaluations were unacceptably low and work needs to be done to emphasize importance of completing evaluations

What goals does your committee have for the next academic year? How can the Faculty Steering Committee help you to accomplish those goals? (150 words)

- Operationalize Curriculum oversight and Outcomes tracking
- Integrate a continuous quality improvement mechanism into curricular oversight
- Obtain compliance concerning LCME oversight
- Develop and operationalize Phase II and Phase III of the curriculum
- Optimize Student Support
- Maintain Curricular comparability in a ONE SCHOOL system

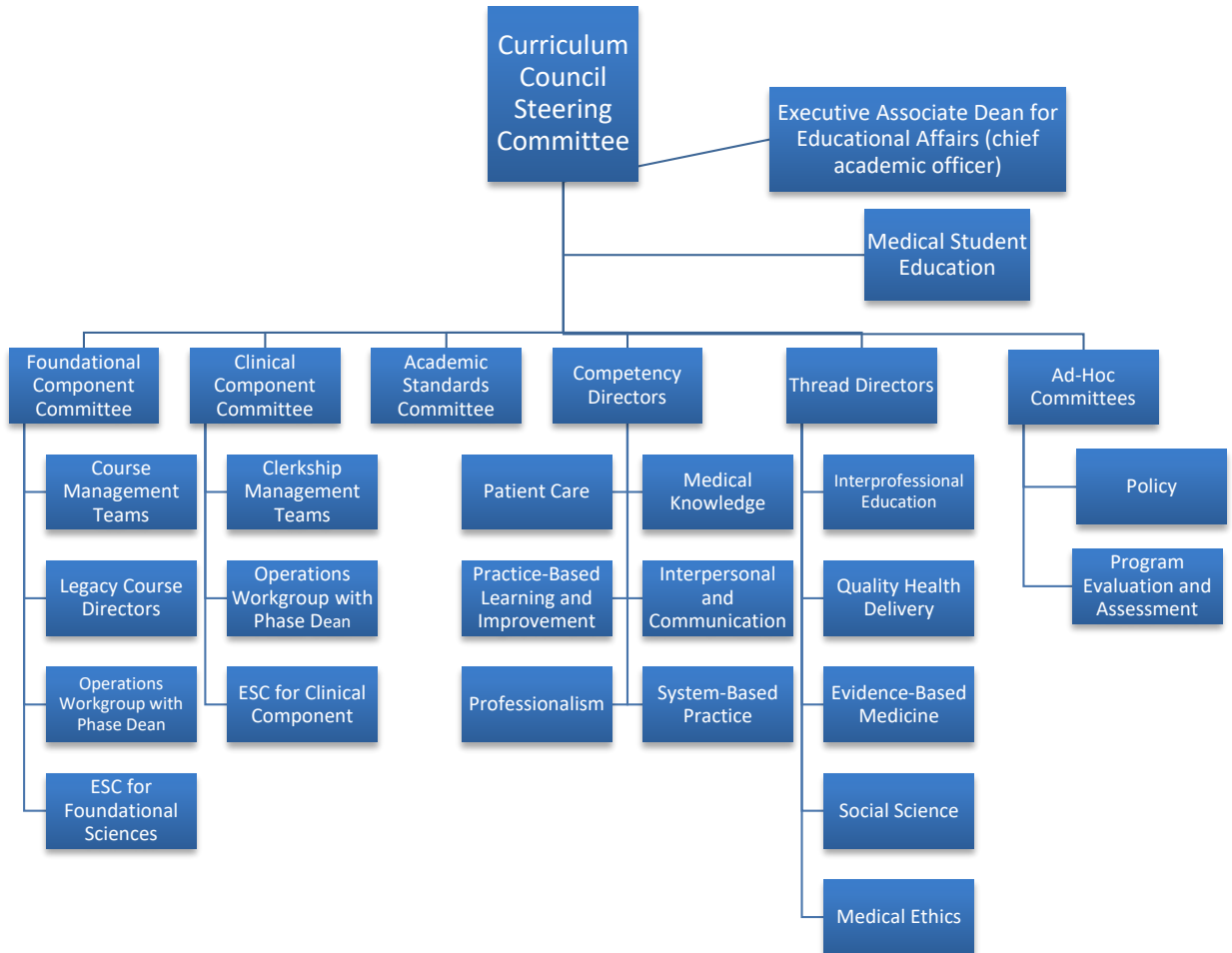
FSC Request:

- Determination of appropriate composition of At-large (non-appointed) membership onto CCSC representing the global faculty of the IUSM.

Graduate Questionnaire 2016 data: 51% response rate (Legacy Curriculum)

1. Evaluation of education quality: even though 81% were satisfied, this placed IUSM in the bottom 10% of all medical schools and was 10% lower than 2015 GQ result
2. Evaluation of basic science relevance to clinical clerkships and preparation was comparable to national:
 - a. For continued improvement, added questions to phase 1 evaluation form for rapid feedback
 - b. Areas with opportunities for improvement: introduction to clinical medicine and behavioral sciences
3. Clerkship experiences
 - a. Areas with overall opportunities for improvement: psychiatry and internal medicine
 - b. More observed history taking and physical/mental exams needed in surgery and psychiatry
4. Preparedness for residency
 - a. While the school placed in the 10-25th % bracket, the positive responses regarding confidence in residency preparedness, understanding of clinical discipline, clinical decision making skills, issues of social science of medicine, ethical and professional value, and preparedness to care for patients were all within a few percentage points of 90%. Graduates felt especially prepared in communication skills.
5. Accessibility to various Deans and awareness/responsiveness to student problems felt to be lacking: regular Deans office hours have now been established, mentoring and advising programs established/formalized/continued
6. Availability of personal counseling and activities that promote overall well being felt to be lacking: new psychiatrist hired, lead advisor program, facilities improved and updated, introduction of connection days
7. Graduates pleased with financial aid administrative services, library and resource center
8. Student mistreatment
 - a. Improvement needed for increased awareness of policies and procedures for reporting
 - i. Link to policies embedded in each course and clerkship evaluation form with related questions on mistreatment
 - ii. Ombuds program established, TLAC changes, and enhanced methods to report concerns including anonymous survey link in multiple sites; professionalism and specific mistreatment questions on evaluations
 - b. Types and locations of mistreatment follow-up
 - i. Public and private humiliation were the most common transgressions, followed by personal requests.
 - ii. Indianapolis campus was where a majority of the incidents occurred
 - iii. Reporting of incidents was not consistent
 - iv. Action steps: TLAC/Ombuds; dedicated website on Mednet; online mistreatment incident forms; development of curricular materials, creating a graduated response and intervention protocol; meetings with departments, students, faculty, across campuses

Appendix 2: Organizational chart



Appendix 3: Curricular Monitoring and Evaluation

