

Curriculum Inventory in Context

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Incorporating Curriculum Inventory Data into the Program Evaluation Process

Medical schools must continuously evaluate and revise their curricula to ensure it is current, relevant, and effective. To achieve this goal, many schools employ a collaborative, cyclical approach, across roles and disciplines, using an “empowerment evaluation” method encouraging “greater institutional self-reflection.”¹ At Oakland University William Beaumont School of Medicine ([OUWB](#)), we have used empowerment evaluation along with other best practices in programmatic evaluation, factoring competencies and objectives, content, assessment outcomes, and student feedback into the overall review.² Data collected from our learning management system (Moodle), curriculum management system (OASIS), and our targeted search engine (iSeek) provide much of the programmatic information and curriculum inventory data necessary for meaningful oversight of the program. In addition to our own programmatic data, we also employ the data and resources available through the [AAMC Curriculum Inventory and Reports](#) to support these efforts.

[AAMC Discipline Benchmarking Reports](#) are essential to faculty, curriculum committees, and course leadership when considering curricular evaluation and reform (Figure). These benchmark reports provide stakeholders with data that may be used to compare their educational programs to others around the country. Benchmark data also supports both curricular evaluation and strategic planning for educators, allowing them to compare proposed or delivered content and instructional and assessment methodologies with their peers. For example, we have compared our curriculum inventory with national data to evaluate weeks of instruction, contact hours, types of instruction and assessment, as well as course sequencing and graduation requirements. Although the data may not inform what methodologies are most successful, it does inform about what practices are employed by our peers. Because the AAMC collects curriculum inventory data annually, benchmarking reports documents both current consensus of educational practice as well as recent trends in curricular reform. For example, we have tracked recent trends in curricular reform using the AAMC curriculum

inventory data to examine how many schools have shortened the preclinical phase of the MD program to less than two years and to determine how many programs have adopted longitudinal integrated clerkships to support clinical instruction.

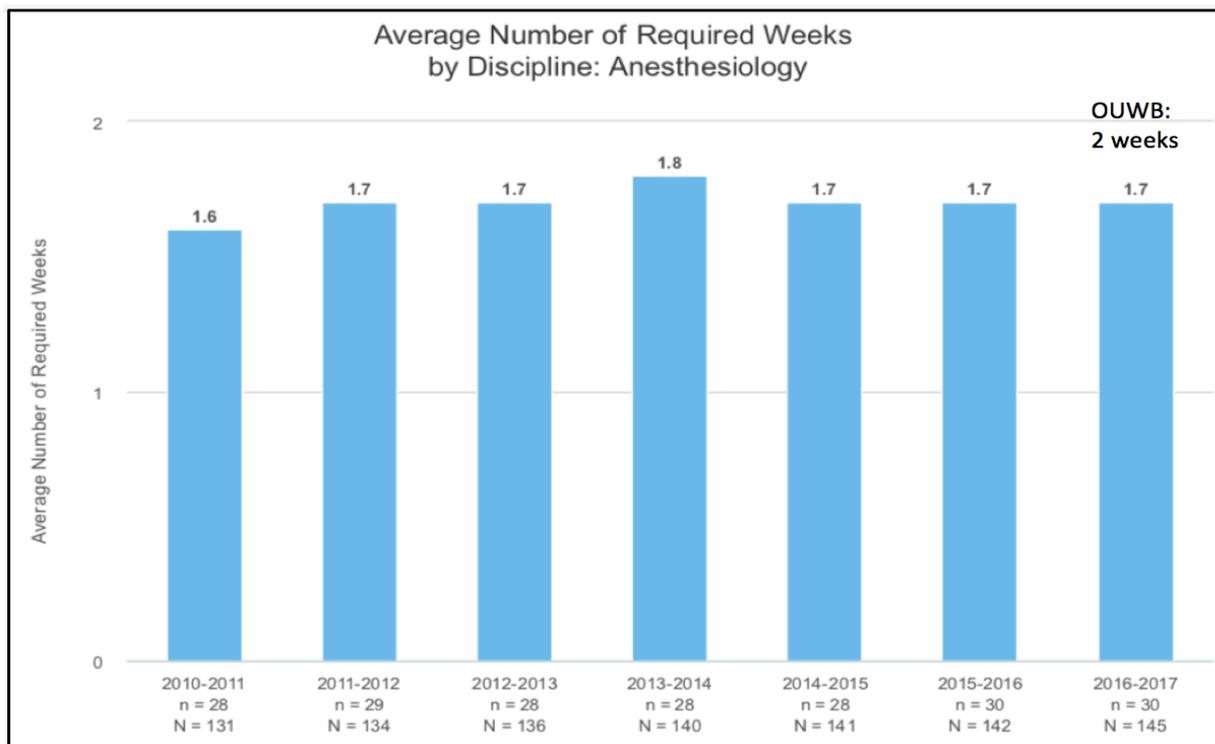


Figure. [Average Number of Required Weeks by Discipline^a](#)

^aChoose from a list of disciplines in medical school curricula.

According to LCME Standard 8: Curricular Management, Evaluation, and Enhancement, medical school faculty must regularly evaluate the curricular content and sequencing of the academic program.³ At OUWB, our Curriculum Committee is charged with periodically evaluating the content of the curriculum, ensuring important topics are covered at appropriate times in the program, and students are assessed on knowledge, skills, and attitudes related to those topics. Our Office of Medical Education uses the AAMC Curriculum Inventory to support the Curriculum Committee in their evaluation of program content with what we call “*ad hoc* topic content reports.” These reports allow us to provide the committee, at their request, with an inventory of any curriculum topic (including courses/clerkships where sessions are covered, instructional session titles, learning objectives,

instruction methods used, assessment activities, etc.) and how it is integrated and sequenced during the four years of instruction. The content report can also be supplemented with benchmark data to inform the committee of other schools that educate on the same content area. Stakeholders, such as course directors, committee members, school leadership, and even the founding dean, regularly submit requests such as “Where is X (e.g. a hot topic) covered in the curriculum?” It might be a request for data on an orphaned topic like “opiate addiction,” “dental hygiene,” or “healthcare macroeconomics,” or a broad topic like “genetics” or “nutrition.” The *ad hoc* topic content report provides the Curriculum Committee, faculty, and staff with a summary of how any content area is currently delivered and assessed in our curriculum.

Another example of how we leverage curriculum inventory data is illustrated by a recent request we received from a lieutenant in our university’s public safety department. A recent amendment to the Federal Jeanne Clery Act requires universities to provide “a description of the institutions’ educational programs and campaigns to promote the awareness of dating violence, domestic violence, sexual assault and stalking.”⁴ Using the curriculum inventory data, we were able to efficiently provide our public safety department with a report describing of all our educational sessions related to intimate partner abuse and domestic violence, the dates the sessions were delivered, and the instructor(s) involved.

Continuous quality improvement of the education program requires a thoughtful and timely evaluation of the program with the careful collection and management of curricular data. As we improve our approach and processes for curriculum evaluation and reform, we will research and test new resources for data collection and analysis and ensure the inventory accurately describes the education program. We will consider how key elements of the curriculum impact other elements, both positively and negatively, to move “beyond considering the curriculum as an entity, us(ing) deliberative and leadership processes that can lead to enduring curriculum reform” – by considering the “whole, not simply the parts.”⁵ Curriculum inventory data and reports are instrumental in our efforts to advance

our educational program going forward because they easily provide us the ability to monitor the progression of learners, content, competencies, assessment, and even conditions.

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