

Curriculum Inventory (CI) Glossary

This glossary lists and defines terms commonly used for the AAMC CI program. This CI Glossary is intended for use by schools for curriculum occurring between July 1, 2020 - June 30, 2021, for upload to the AAMC in August 2021.

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Concepts Related to CI Content

Academic level and academic year

Academic level: An academic level is a period of time in the curriculum in which a cohort of students progresses as a group through the curriculum and have similar learning experiences. It can be thought of as a phase or year within the group, such as the first year of the curriculum, the second year of the curriculum, etc. In a CI XML data file, academic levels house sequence blocks (i.e., courses). For example, in academic level 1, the courses include the Foundations of Medicine, the Cardiovascular System, the Doctor-Patient Relationship, etc. Please see the [Academic Level Length Distribution](#) curriculum report for information about how much time schools generally assign to academic levels; the most common approach is to use academic levels to represent 7-12 month increments. Generally, schools with 4-year programs use 4 academic levels to represent their curricular years or phases.

Current academic year: For AAMC CI purposes, the academic year begins July 1 and ends June 30. For example, if today were October 1, 2020, the current academic year would be 2020 (beginning July 1) through 2021 (ending June 30).

Previous academic year: For AAMC CI purposes, the academic year begins July 1 and ends June 30. For example, if today were October 1, 2020, the previous academic year would be 2019 (beginning July 1) through 2020 (ending June 30). The AAMC CI collects curriculum data from the previous academic year. For example, during the 2021 AAMC CI data upload season (August-September 2021), schools upload curriculum data which occurred July 1, 2020-June 30, 2021.

Events

Events: An event is an instructional and/or assessment session (e.g., lecture, laboratory, exam) within a sequence block (i.e., course). A given event can be tagged with both instructional methods and assessment methods, tagged with only instructional methods, or tagged with only assessment methods. All events can be tagged with resources. Events tagged with assessment methods, and *not* tagged with instructional methods, are called assessment events. Please see the [standardized vocabulary for instructional methods, assessment methods, and resources](#) for a complete list of possible instructional method, assessment method, and resource choices. Fields within events include title, duration in hours/minutes, learning objectives (i.e., expectations/competency objects), instructional and/or assessment methods, resources, and keywords.

Assessment event: An assessment event is an event in a school's CI XML data file which is tagged with assessment methods, and *not* tagged with instructional methods. In an assessment event, some measurement or evaluation of student knowledge, skill, and/or attitudes is conducted. How an event is tagged with assessment methods (i.e., an assessment event) may have implications for data displayed in a school's Verification Report. A sample Verification Report is available on the [Resources to Use Your CI Effectively](#) webpage.

Formative assessment: In a school's CI XML data file, each assessment method used must be tagged as either formative or summative. The definition of formative assessment has been evolving in the education

literature and may be applied with some variations across schools. For the purposes of the AAMC CI, **formative assessments** can be thought of as those which provide feedback to educators and students (Boston, 2002) in a timely manner, and are intended to modify students' thinking or behavior to improve future learning and performance (derived from "formative feedback," (LCME DCI Element 9.7). Formative assessment is more than data-gathering (Shepard, 2006); the information provided to students is linked to performance standards and coupled with strategies for improvement (Sadler, 1989). Formative assessment is performed in the spirit of 'assessment *for* learning' rather than 'assessment of learning'" (Konopasek et al, 2016).

Summative assessment: In a school's CI XML data file, each assessment method used must be tagged as either formative or summative. The definition of summative assessment has been evolving in the education literature and may be applied with some variations across schools. For the purposes of the AAMC CI, **summative assessments** can be thought of as those which typically occur at the end of an experience, such as an event, sequence block, or program in the curriculum. Summative assessments [typically] translate into a score or grade, allowing educators to compare students (Konopasek et al, 2016). These scores inform educator's decision-making regarding students' grades, academic progress, or graduation (LCME, 2019).

Primary instructional method: An event may be tagged with one or more instructional methods. An instructional method is the teaching approach used within a given learning event. Within an event, there must be one instructional method tagged as the "primary instructional method." This is a feature of the MedBiquitous CI specifications. For example, if an event is tagged with the instructional methods IM006: Demonstration, and IM012: Laboratory, either the "demonstration" or "laboratory" instructional method must be indicated as the primary one. A list of instructional method choices is available in the [standardized vocabulary for instructional methods, assessment methods, and resources](#).

Resources: All events in the CI may be tagged with resources, whether those events are tagged with instructional methods, assessment methods, or both. Resources can be thought of as the tools, supplies, and technology used within an event. For example, perhaps in an event with the instructional method "laboratory" (IM012), and the assessment method "laboratory practical" (IM019), the resource used is a "cadaver" (RE004). A list of resource choices is available in the [standardized vocabulary for instructional methods, assessment methods, and resources](#).

Standardized vocabulary for instructional methods, assessment methods, and resources: This resource of possible instructional methods, assessment methods, and resources provides schools a list of terms, definitions, synonyms, and references for the various methods and resources documented in a school's CI. Schools are not required to use all the method and resource choices on the list; rather, schools should use whichever and how many methods and resources choices are needed to accurately and completely represent their curriculum. Use of the [standardized vocabulary](#) is required in order to participate in the AAMC CI. These terms are based on "existing terminologies for instructional methods and assessment methods from CurrMIT, LCME, ACGME, and others."

Expectations, competency objects, and learning objectives

In the MedBiquitous CI specifications on the [Resources for CI Developers](#) webpage, the terms “expectations”, “competencies,” and “competency objects” are sometimes used to refer to similar concepts. For the purposes of the AAMC CI, and to assist in alignment with the LCME, it is helpful to think of these concepts as referring to “learning objectives.”

Learning objective: A learning objective is a statement of the specific, observable, and measurable expected outcomes (i.e., what the medical students will be able to do). Learning objectives can exist at each level of the medical school program, such as the program-level (i.e., behaviors medical students will exhibit upon graduation), at the course-level (i.e., behaviors medical students will exhibit upon the completion of a course), and at the event-level (i.e., behaviors medical students will exhibit upon the completion of an event). Recall that in the MedBiquitous CI specifications, courses, clerkships, and modules are represented in the concept “sequence blocks.” The learning objectives in this hierarchy within the curriculum map have relationships, such that each event-level learning objective serves a course-level learning objective, and each course-level learning objective serves a program-level learning objective. This creates a hierarchical web of learning objective relationships.

Physician Competency Reference Set (PCRS): The PCRS is a competency framework provided by AAMC to which schools must relate their program-level learning objective or competencies in order to upload CI data to the AAMC. This allows AAMC to make comparisons of program objectives across schools. The PCRS can be thought of as a model or sample of program-level learning objectives. Schools are not required to use the PCRS beyond relating them to their own program objectives, but some schools choose to use the PCRS either verbatim or as inspiration when writing their learning objectives.

Sequence blocks (e.g., courses, clerkships, modules)

The terms and definitions in this section are curriculum concepts which may direct what and how school’s CI data is formatted in their CI XML data file. More information about how to use and organize the below concepts is available in the [Guidebook to Building a Curriculum Inventory \(CI\)](#).

Sequence Blocks: In the MedBiquitous Curriculum Inventory (CI) specifications, courses, clerkships, modules, blocks, units, and other organizing approaches to curriculum are represented with a data field called “sequence blocks.” It is an umbrella term to capture all types of organizational approaches to curriculum content. Within each sequence block there are events. Data within sequence blocks include title, start and end dates, duration in days, whether the sequence block is required or optional, expectations/competency objects, whether the sequence block is a clerkship or not, whether clerkship sequence blocks are rotational, and description. More information regarding sequence block details can be found in the [Guidebook to Building a Curriculum Inventory \(CI\)](#), in the “Course-Level Details for Your CI.”

Required sequence blocks are those that a student must complete to graduate. “These [sequence blocks] are stipulated as necessary to be done for all students in order to meet the expectations of the program” (Merriam-Webster, 2019). This is documented within the “required or optional” field for sequence blocks.

Optional sequence blocks are those that “allow students to self-elect for participation” (Rabow et al, 2016) in the class (Agarwal et al, 2015). Optional electives, for example, could include research projects or ‘away rotations.’ This is documented within the “required or optional” field for sequence blocks.

Clerkship model: In a CI XML data file, sequence blocks can be tagged as a “clerkship model.” If a sequence block fits the definition of clerkship for the AAMC CI, it would not receive the clerkship model tag. Definition of clerkship for the AAMC CI: A clinical clerkship which is tagged with a “clerkship model” in an CI XML data file is one that is predominantly made up of clinical, direct real-patient experiences in “which students receive clinical training and experience in teaching hospitals or affiliated health centers” (“Clinical clerkship,” 1983). Clinical clerkships are typically not connected to a specific supervising individual, but rather a location or specialty. The student has the “opportunity to acquire clinical knowledge and practice skills” (Golden et al, 2018). Examples may include sequence blocks such as emergency medicine clerkship, internal medicine clerkship, diagnostic procedures clerkship, etc.

If a sequence block is tagged as a “clerkship model”, it can be designated as “rotation” or “integrated.”

Rotational clerkships: A rotational clerkship is one that is offered as a sequence block throughout the year so that a cohort of students can enroll, but each individual student experiences the clerkship once. An example might be a psychiatry clerkship which runs from July 1 through June 30 throughout the year so an entire cohort of students can enroll, but for any individual student, the psychiatry clerkship experience is 4 weeks long.

Integrated clerkships. If a sequence block is tagged as a “clerkship model”, it can be designated as “rotation” or “integrated.” These sequence blocks include content that “cuts across subject matter lines, bringing together various aspects of the curriculum into meaningful association to focus upon broad areas of study” (Shoemaker, 1989). In a medical school context, it includes the “trans-disciplinary delivery of information between the foundational sciences and the applied sciences” (Brauer & Ferguson, 2015; Quintero et al, 2016).

Concepts Related to CI Operations

Data and reports

Accreditation Support Report: Schools receive an Accreditation Support Report through their [CI Portal](#) annually once their curriculum dean verifies their Verification Report. The Accreditation Support Report does not generate until the Verification Report is accepted/verified by the curriculum dean. This report contains school’s own data formatted in tables which align with the [Liaison Committee on Medical Education \(LCME\) Data Collection Instrument \(DCI\)](#). The data tables within the report may be used by schools to support curriculum evaluation, continuous quality improvement, evidence-informed curriculum decisions and renewal, and accreditation efforts. A sample of the Accreditation Support Report is available on the [Resources to Use Your CI Effectively](#) webpage.

CI data: CI data refers to schools' curriculum inventories submitted to the AAMC. CI data are formatted in an XML data file for upload to the AAMC. CI data may contain thousands of data points. Information about the format and type of CI data that AAMC collects can be found through the MedBiquitous Curriculum Inventory (CI) and Competency Framework specifications, available on the [Resources for CI Developers](#) webpage.

National aggregate curriculum reports: National reports which aggregate de-identified school data are available on the [curriculum reports website](#), and in participating CI schools' [CI Portal](#). Curriculum reports on the website come from two data sources: the AAMC Curriculum Inventory (CI), and the Liaison Committee on Medical Education Annual Medical School Questionnaire Part II. National curriculum reports may be useful for benchmarking, curriculum renewal, and program evaluation purposes. More information about school access to curriculum reports can be found in the [CI Portal User Guide](#).

School-specific CI reports: Schools receive two different CI reports upon successful participation in the AAMC CI program. In the [CI Portal](#), once a CI XML data file has been successfully uploaded, a Verification Report is generated. This is a school-specific report, with a school's own data represented in data tables. Once a Verification Report is verified/accepted by a school's curriculum dean, an Accreditation Support Report is generated. This is also a school-specific report, with a school's own data represented in data tables. These reports may be useful to support curriculum evaluation, continuous quality improvement, evidence-informed curriculum decisions and renewal, and accreditation efforts. Samples of these reports are available on the [Resources to Use Your CI Effectively](#) webpage.

Verification Report: A Verification Report is a school-specific CI report. Schools receive a Verification Report upon successfully uploading a CI XML data file to the [CI Portal](#). A Verification Report will not be generated if there are any MedBiquitous specifications or AAMC CI Business Rules errors within the data file. For more information about the specifications, business rules, and errors please see the [Resources for CI Developers](#) webpage.

The Verification Report contains data tables which present a school's own data. The data tables within the report are used by a curriculum dean to verify the accuracy and completeness of a school's CI data before verifying it and thereby officially submitting it to the AAMC. Because a school's multi-year medical school program contains a great deal of content, the Verification Report can be very lengthy. It is best to reserve a block of time to review the report carefully. It is important to remember that the Verification Report, while lengthy, presents a portion but not necessary all of the CI data a school submits to AAMC.

Because a school's curriculum program can be vast, it may not be realistic that a single individual (in this case, the curriculum dean) will have every event and learning objective memorized. Individual course and clerkship directors may be best able to judge whether all their curriculum is represented accurately and completely. Therefore, the curriculum dean may choose to share their Verification Report with other curriculum leaders in the institution (e.g., course directors) to confirm the individual curriculum component's accuracy and completeness before giving the official sign off.

The data tables within the report may be used by schools to support curriculum evaluation, continuous quality improvement, evidence-informed curriculum decisions and renewal, and accreditation efforts. A sample of the Accreditation Support Report is available on the [Resources to Use Your CI Effectively](#) webpage.

General terms

AAMC advocacy: Part of the AAMC's mission is to advocate for and support medical education programs. For example, the AAMC may use CI data to inform its responses to media or legislative inquiries. The AAMC also uses CI data to inform initiatives, conduct medical education research, and disseminate findings.

Curriculum inventory (CI): Schools maintain a local, school-specific curriculum inventory (CI), which is a repository of health professions curricula showing curriculum structure, content, and relationships among data points (e.g., program-level learning objective relationships to course-level learning objectives). Medical schools then share their local curriculum inventories with the AAMC, such that data can be analyzed and reported in aggregate. Please see more at www.aamc.org/cir

Dean: The medical school dean is a position at the school which is responsible for the entire medical school enterprise. Medical school deans are encouraged to have their staff upload their CI data to AAMC. Communications from the AAMC CI to medical school deans include the benefits to participation, reminders about deadlines, and a list of ramifications if a school is not able to upload their CI data by the deadline.

Participation status

Incomplete participating school: If a school begins the AAMC CI data upload process, perhaps by uploading a data file, or beginning their Verification Report process, but does not complete the final step of verifying their Verification Report by the deadline (September 30), the school's status remains incomplete. The school would not have access to AAMC CI participating school benefits.

Non-participating school: Participation in the AAMC CI program is evaluated on a yearly basis, as schools upload their CI data to the AAMC annually. If a school is non-participating for a given year, they are unable to access participation benefits for that year. Participation in the AAMC CI program is voluntary. Schools who need to decline participation for a given year should contact ci@aamc.org. This does not preclude schools' ability to participate in the AAMC CI program in the future.

Participating school: A participating medical school in the AAMC CI program is one who has successfully uploaded and verified their CI data to AAMC in the most recent data collection period (August-September annually). Participation in the AAMC CI grants a school access to school-specific and national aggregate reports in addition to other [publicly available curriculum reports](#).

Participating vendor: Vendors who have signed a data exchange agreement with the AAMC are listed as [CI Participating Vendors](#). Schools can choose to engage one of these participating vendors or use their own institutionally developed system to participate in the AAMC CI. Schools are encouraged to contact other schools and collect lessons learned about their technical platforms before deciding on a specific curriculum

management solution.

Roles for schools in the CI Portal and CI Staging

The roles listed below for schools are available in both the [CI Portal](#) and in [CI Staging](#). There are key differences between the CI Portal and CI Staging, such that not every user may want or need access to both systems. Please read more about the features that different CI users have access to and how to manage users and roles in the [CI Portal User Guide](#).

Curriculum dean: The curriculum dean is responsible for the curriculum. This is the only role that can verify a school's Verification Report to officially share CI data with AAMC. It is therefore helpful for this person to have familiarity with a school's curriculum overall so that this person can judge the accuracy and completeness of a school's CI data across courses and content. Learn more about the features that different CI users have access to and how to manage users and roles in the [CI Portal User Guide](#).

CI primary administrator: The CI primary administrator, or CI primary admin, is a faculty/staff member who is the primary point of contact for the AAMC CI. This is typically a person familiar with the 'nitty gritty' of the CI. Because schools can designate more than one CI primary admin, schools may choose to have both a curriculum director/manager and an IT staff member with CI responsibilities to each hold this role. Learn more about the features that different CI users have access to and how to manage users and roles in the [CI Portal User Guide](#).

CI viewer: CI viewers are those faculty and staff at a school who need to be kept informed of CI data and reports but do not have editing responsibilities. This view-only role gives the user the ability to see their school's CI data file, activity history, and school-specific and national reports. Schools can assign multiple faculty and staff to have a CI viewer role. As an example, schools might choose to give senior curriculum leaders, such as course directors, view only access through the CI viewer role so that course directors can see their school's Verification and Accreditation Support Reports, and access national aggregate reports on various topics. Learn more about the features that different CI users have access to and how to manage users and roles in the [CI Portal User Guide](#).

Roles for vendors in the CI Portal

The roles listed below for schools are available in both the [CI Portal](#) and in [CI Staging](#). There are key differences between the [CI Portal](#) and [CI Staging](#), such that not every user may want or need access to both systems. Please read more about the features that different CI users have access to and how to manage users and roles in the [CI Portal User Guide](#).

CI vendor – admin: The CI vendor admin is the most senior role available for a vendor – this role has the maximum abilities for a vendor, with the ability to view clients' progress in the CI upload and verification process and the ability to grant [CI Portal](#) access to other staff on the vendor's team. This person should be the primary point of contact for AAMC CI and be familiar with all aspects of the program and their clients. As a reminder, AAMC CI participating vendors have view-only access (no editing abilities) to clients' CI data files and Verification Report. This access is only enabled when a school designates the vendor as their data sender in the **Manage Sender** tab of the [CI Portal](#) and/or [CI Staging](#). If a school does not designate the vendor as their data sender, the vendor will not be able to view any information regarding their client.

CI vendor user: This role is designated by the CI vendor-admin. Vendors may choose to have several staff designated as CI vendor users so that individual staff can be assigned to select school clients. For example, a vendor may choose to designate one of their staff as the CI vendor user responsible for school clients in the Northeast, another staff member as the CI vendor user responsible for school clients in the Southeast, etc. This person should be someone able to provide customer support to their assigned school clients in uploading their CI data to AAMC. As a reminder, AAMC CI participating vendors have view-only access (no editing abilities) to clients' CI data files and Verification Report. This access is only enabled when a school designates the vendor as their data sender in the **Manage Sender** tab of the [CI Portal](#) and/or [CI Staging](#). If a school does not designate the vendor as their data sender, the vendor will not be able to view any information regarding their client.

Stages of the CI data upload and verification process

CI season: Medical schools upload their curriculum data to the AAMC annually between August 1-September 30 for the previous academic year. For example, during August-September 2021, schools upload curriculum data which occurred July 1, 2020-June 30, 2021. The [CI Portal](#) tracks schools' progress in the upload and verification process. The stages of the process can be read in more detail in the [CI Portal User Guide](#).

No response status: The CI Portal will display a 'No Response' status until data are uploaded for a given school.

Ineligible status: Because the AAMC CI collects data from the *previous* academic year, new medical schools which did not have a cohort of students in the previous year are not eligible to upload data to the CI Portal. However new medical schools may request access to [CI Staging](#) so that they can prepare for when they have a cohort of students and become eligible to participate in the AAMC CI.

Data uploaded status: Once a CI data file has been successfully uploaded, schools can download their CI Verification Report, access the CI XML data file that has been uploaded, or upload a new CI XML data file if necessary.

Under review status: In the CI Portal, a button available to curriculum deans and CI primary admins will say "Review Verification Report" once a CI XML data file is successfully uploaded. Once in the under review status, the curriculum dean can verify the Verification Report. If the report contains inaccuracies or is incomplete, either the curriculum dean or CI primary admin can reject the Verification Report. In the school's Activity History panel, this activity will be labeled "Review in Progress."

Verified status: This is the final stage of the AAMC CI upload process and occurs once the school's curriculum dean verifies/accepts the Verification Report. This is the step that officially shares a school's CI data with AAMC.

Technical aspects of the AAMC CI

Technical documents related to the AAMC CI program are located on the [Resources for CI Developers](#) webpage. AAMC CI program utilizes MedBiquitous CI standards and specifications; for more information about MedBiquitous and questions about their related documents, please visit the [MedBiquitous](#) website.

AAMC CI Business Rules: Following the compliance with the MedBiquitous Curriculum Inventory (CI) and Competency Framework specifications, the [AAMC CI Business Rules](#) are additional qualifications and constraints that a CI XML data file must meet before it can be submitted to the AAMC. For example, a CI submission must contain curricular data for the previous academic year (e.g., in August 2021, the AAMC will be collecting curricular data which occurred between July 1, 2020 – June 30, 2021). If the CI XML data file contained curricular data for any year other than the previous academic year, it would cause a business rule error and not be submitted to the AAMC.

CI Portal: The [CI Portal](#) is the site where schools annually upload their CI data and verify their Verification Report between August 1 and September 30. The CI Portal sends automatic email notifications related to the CI data upload and verification process. It is also where participating schools can view their school-specific and national aggregate curriculum reports throughout the year. The [CI Portal](#) is a separate site from [CI Staging](#), where schools can test upload their CI data before August 1. More information is available in the [CI Portal User Guide](#).

CI Portal freeze: The CI Portal is available throughout the year for schools to access their curriculum reports, view their CI submission from the previous year, edit their users and manage their data sender, and more. However, the period of time when the CI Portal is open for data uploads is limited to August 1-September 30 annually. After September 30, the CI Portal is “frozen” in that additional data uploads or edits will not be accepted without an extension until the following year, beginning August 1. If an extension is granted, the Portal will be unfrozen for the school being granted an extension.

CI Portal lock: Following the Portal freeze each September 30th, there are several weeks of a CI Portal freeze. After the Portal freeze ends, the Portal is locked and cannot receive submissions until the Portal is opened again on August 1st.

CI Staging: [CI Staging](#) is a separate system from the [CI Portal](#). Actions in the CI Portal have no effect on CI Staging, and vice versa. CI Staging is where CI data uploads can be tested throughout the year so that any data errors can be corrected, and the Verification Report can be viewed. CI Staging does not send automatic email notifications and does not contain curriculum reports. CI Staging is for testing CI data uploads only – it is not the site where schools officially share their CI data with AAMC. The CI Portal is the site where schools verify their Verification Report to officially share their CI data with AAMC. The functions of CI Staging largely mimic the functions of the CI Portal. Since CI Staging is a testing site for the AAMC as well, new features and enhancements intended for the CI Portal may first appear in CI Staging, so users in both systems may notice differences as new features are tested and deployed by AAMC. Users who wish to have access to CI Staging need a separate account from their CI Portal account. More information about CI Staging and how to request a CI Staging account is available in the [CI Portal User Guide](#).

Data standards: From [MedBiquitous](#): “Data standards are the rules by which data are described and recorded. In order to share, exchange, and understand data, we must standardize the format as well as the meaning. The four common elements of a data standard are: 1) the data dictionary, 2) the data model that demonstrates how the data elements are related, 3) the data format used for storing or transmitting the data, and 4) any relevant protocols related to security or how the data should be transported.”

Competency data standards: From [MedBiquitous](#): “data standards and supporting guidelines for education competencies that enable sharing of information, resources and activities that can be associated with a competency framework.” These standards form the backbone of AAMC business rules relating to competencies.

Data lock: In the [CI Portal](#), once a school has successfully uploaded a CI XML data file and enters “under review” status for reviewing their Verification Report, the school’s curriculum dean can accept the Verification Report, or the school’s curriculum dean or CI primary admin can reject the Verification Report. Schools may choose to reject the Verification Report and upload a new CI data file if errors are found, if the tables within the Verification Report do not populate as expected, or if the report is found to not accurately and completely represent a school’s curriculum. The school’s [CI Portal](#) will be locked for additional data uploads until the Verification Report is either accepted or rejected. This safety mechanism is put in place so that a user at a school does not accidentally overwrite a Verification Report that another user at their school was in the midst of reviewing. The data lock is removed once the Verification Report is either accepted or rejected.

Data sender: In the [CI Portal](#) and [CI Staging](#) sites, in the Manage Sender tab, schools can designate who will create their CI XML data file and how it will be sent to the AAMC. Schools can choose to engage a CI participating vendor or use an institutionally developed system to create their CI XML data file and share it with the AAMC. Vendors do not have access to any school information unless or until a school designates that vendor as their data sender in the CI Portal. Because the CI Portal and CI Staging are completely separate sites, a school could choose one data sender in CI Staging (e.g., school designates themselves as the data sender so they can test their file), and a different data sender in CI Portal (e.g., school designates their CI participating vendor). More information about how schools can manage their data sender is available in the [CI Portal User Guide](#).

Data quality flag: A CI XML data file must meet the MedBiquitous Curriculum Inventory (CI) specifications, the MedBiquitous Competency Framework specifications, and the AAMC CI Business Rules to be uploaded to the AAMC. These documents are available on the [Resources for CI Developers](#) webpage. After CI data has been uploaded and the school’s curriculum dean has verified the Verification Report, AAMC performs a number of quality checks on the school’s data. If any data quality concerns are identified, a “flag” is triggered. These flags check for quality markers that technically meet the specifications and business rules but may be a signal of questionable data accuracy and completeness. Thus, through these post-CI data collection quality flags, it may be that not all CI data submitted to the AAMC is ultimately used when analyzing data and creating curriculum reports.

Error: An error will result if a CI XML data file uploaded to the AAMC does not meet the MedBiquitous Curriculum Inventory (CI) specifications, the MedBiquitous Competency Framework specifications, and/or the

AAMC CI Business Rules. If an error exists in the CI XML data file related to the MedBiquitous specifications, the CI Portal will not allow the file to process or be evaluated against the AAMC CI Business Rules. Once a CI XML data file meets the MedBiquitous specifications, the file is checked against the AAMC CI Business Rules. If one or more errors related to the AAMC CI Business Rules occurs, an automatically generated notification is sent. This notification directs the reader to access the Activity History on the CI Portal and download the Error Report, which provides more details about the specific business rule violations. If an error is generated, it means the CI data has not been successfully submitted to the AAMC. The error must be addressed and the entire file re-submitted. A Verification Report will not be generated until all the MedBiquitous specifications and AAMC CI Business Rules are met.

Gateway: This term is related to the availability of a Web service, which a CI participating vendor may use so that a school client can submit their CI data directly from the vendor software to the AAMC, rather than through the CI Portal. A closed gateway means that the Web service is disabled and will not accept communication from senders. An open gateway means the Web service is enabled and will accept communication from senders. More information about the use of a Web service is available in the [CI Portal User Guide](#), as well as in XML tools on the [Resources for CI Developers](#) webpage.

MedBiquitous standards: From [MedBiquitous](#): “Standards are a key element of the infrastructure that is essential to track clinical education and training, measure its efficacy, integrate education and improvement resources with systems at the point of care, deploy online courses in different environments, and link education and performance data to core competencies and curricula.” MedBiquitous develops data standards and technical guidelines in support of health professions education and credentialing. As it relates to the curriculum inventory, each submission is validated against the MedBiquitous Curriculum Inventory standard automatically as part of the submission process.

Verification process: A CI XML data file can be uploaded directly to the CI Portal or via a Web service. Once a CI XML data file is uploaded which meets all the MedBiquitous Curriculum Inventory (CI) specifications, the MedBiquitous Competency Framework specifications, and the AAMC CI Business Rules, a school’s Verification Report is generated in the CI Portal. A school’s submission process is not complete until the curriculum dean verifies the Verification Report in the CI Portal.

Web service: CI participating vendors and schools who create their own CI data files with an institutionally developed system have the option to use a Web service to share CI data with AAMC. This allows for CI data uploads outside of the CI Portal. CI participating vendors may create this feature so that their school clients can submit their CI data directly from the vendor software to the AAMC. Whether CI data is uploaded directly to the CI Portal or through a Web service, schools still need to login into the CI Portal to review and verify the Verification Report. More information about the use of a Web service is available in the [CI Portal User Guide](#), as well as in XML tools on the [Resources for CI Developers](#) webpage.

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