



Frequently Asked Questions (FAQs)

Last Updated July 2021

If you can't find an answer to your question here, please e-mail ci@aamc.org.

Table of Contents

General

- What is the purpose of the AAMC Curriculum Inventory (CI)?3
- Are schools required to upload their curriculum data to the AAMC Curriculum Inventory (CI)?.....3
- Who can participate in the AAMC Curriculum Inventory (CI)?.....3
- How should AAMC Curriculum Inventory (CI) data be referenced in publications?3

Preparing and Uploading Data

- Which academic year's data is to be uploaded to the AAMC Curriculum Inventory (CI)?4
- We are a new medical school. How can we prepare to participate in the AAMC Curriculum Inventory?.....4
- Are there any differences in the submission requirements for new vs. established schools?.....4
- What are the technical standards and specifications being used for the AAMC Curriculum Inventory (CI)?.....4
- What is MedBiquitous?.....5
- Who can perform data uploads to the AAMC Curriculum Inventory (CI)?5
- What vendors are able to upload data to the AAMC Curriculum Inventory (CI)?5

Curriculum Management for the CI

- Are schools required to show program-level expectation (competency) mappings for all PCRS items?5
- Do program-level expectations/competencies need to be mapped "one-to-one" with PCRS?6
- What tagging is required for curricular material in the AAMC Curriculum Inventory (CI)?.....6
- How should courses represent the resources they use?6
- Since clerkships have multiple iterations, should tagging be completed multiple times per year OR should a clerkship be tagged for the first iteration only since the material is the same for each other iteration?6
- Are all assessment methods listed in the Standardized Vocabulary for Instructional Methods, Assessment Methods, and Resources considered either formative or summative?6
- Is it required to create two different tag lists: Formative Assessment and Summative Assessment?.....7
- What is the requirement in terms of showing the difference between formative and summative when reporting curriculum data?.....7
- How should schools document the time for a given event - should it be based on the time students were present, or the time the faculty member was present?7

Does each instructional event need to be tagged with an assessment in the AAMC Curriculum Inventory (CI)?7
How do we document where USMLE Content is covered?7
How are clerkships modeled in the AAMC Curriculum Inventory (CI)?8

Documenting Altered Curricular Content Due to COVID-19

How should curricular change due to the COVID-19 pandemic be documented in the AAMC Curriculum Inventory (CI)?8

The Curriculum Inventory (CI) Data Tool

What is the CI Data Tool?9
Who receives the CI Data Tool opt-in survey?.....9
When is the CI Data Tool opt-in survey open?9
Who has access to the CI Data Tool?.....9
Where can curriculum deans access the CI Data Tool?10
When is the CI Data Tool available for medical schools?10
What can and cannot be done with data from the CI Data Tool?10
Do medical schools renew participation each year and verify which data they want to share?11
How does masked data appear in the report?11
How does the CI Data Tool differ from the Curriculum Reports on the AAMC website?11
Our school may have inadvertent personal and institutional identifiable data embedded in our CI (course name, faculty name). What appears in the CI Data Tool shared with other schools?11

General

What is the purpose of the AAMC Curriculum Inventory (CI)?

The AAMC Curriculum Inventory (CI) is designed to serve as the premier benchmarking and reporting tool on content, structure, delivery, and assessment of medical school curricula. Reports from the CI help participating institutions benchmark their curricula, understand curricular trends, and provide AAMC with data to support its advocacy on behalf of medical schools.

Schools share their curricular data, typically from curriculum and learning management systems with AAMC; data is then organized according to standards in a reportable manner.

Visit the [CI Homepage](#) to learn more.

Are schools required to upload their curriculum data to the AAMC Curriculum Inventory (CI)?

School participation in the AAMC CI is voluntary. However, having a local, school-specific curriculum inventory (also known as a curriculum map or curriculum database) is described in both the [Liaison Committee on Medical Education \(LCME\)](#) and the [Commission on Osteopathic College Accreditation \(COCA\)](#) accreditation standards. Furthermore, participation in the CI enables schools to have access to benchmarking reports and tools that are only available to participating institutions. Read more about the reasons to have a CI in the [Guide to Building your CI Preface: Making the Case for Curriculum Documentation](#).

Who can participate in the AAMC Curriculum Inventory (CI)?

Currently, all U.S. and Canadian AAMC-member medical schools are invited and encouraged to participate in the AAMC CI. AACOM-member medical schools are eligible to participate beginning August 2021.

How should AAMC Curriculum Inventory (CI) data be referenced in publications?

If you would like to include a reference to AAMC CI or LCME Part II Survey data chart in a piece of scholarship (e.g., paper, presentation, poster, etc.), instructions are available on the [Curriculum Reports](#) webpage. AAMC CI resources referenced in publications, such as the [Standardized Vocabulary on Instructional Methods, Assessment Methods, and Resources](#) should also be cited in published work.

Preparing and Uploading Data

Which academic year's data is to be uploaded to the AAMC Curriculum Inventory (CI)?

Each year, schools are asked to upload their curriculum data from the most recently completed academic year. As an example, in August 2021, schools will be sharing with the AAMC CI their curriculum data from the 2020-2021 academic year.

We are a new medical school. How can we prepare to participate in the AAMC Curriculum Inventory?

If you are a new medical school or a school new to curriculum mapping, welcome! We have several resources that may be helpful to you. The [AAMC CI webpage](#) has resources organized according to three categories: Resources to Establish Your CI, Resources to Use Your CI Effectively, and Resources for Developers. It may be helpful to start with the offerings on the Resources to Establish Your CI webpage first.

You can also sign up to receive newsletters alerts and other CI program announcements by emailing “subscribe” to ci@aamc.org.

Are there any differences in the submission requirements for new vs. established schools?

The requirements are essentially the same for new and established schools, but the product they submit may be different – schools submit the previous academic year's curriculum. For example, on August 1, 2021, schools will be able to upload curriculum which occurred from July 1, 2020 through June 30, 2021. Schools can only upload that previous academic year's curriculum if they had a cohort of students matriculated in the curriculum. So, for an established school with a cohort of students in all four years, they will submit a four-year CI. For a new school with only one cohort in the first year of the curriculum, they will submit only the first year's curriculum.

What are the technical standards and specifications being used for the AAMC Curriculum Inventory (CI)?

The AAMC CI uses the MedBiquitous Curriculum Inventory Specifications. Data uploads to the AAMC CI must adhere to the MedBiquitous Curriculum Inventory XML schema set forth in the Specifications. Data uploads must also meet the [AAMC Business Rules](#). The MedBiquitous Curriculum Inventory Specifications along with other technical documents regarding the AAMC CI can be found on the [Resources for Developers](#) webpage.

Visit the [MedBiquitous Curriculum Inventory Standards and Schemas web page](#) for additional information about data structure, vocabularies and the MedBiquitous Curriculum Inventory working group.

What is MedBiquitous?

MedBiquitous is the standards development program of the AAMC that creates information technology standards for health professions education and quality improvement. Its participants are creating a digital education and workforce infrastructure for the health professions based on XML and Web services standards to seamlessly support health professions learners in ways that will improve patient care and simplify the administrative work associated with education and quality improvement. Learn more about the organization at medbiq.org.

MedBiquitous developed the standards and specifications for the AAMC Curriculum Inventory (CI). The MedBiquitous Curriculum Inventory Working Group drafted the technical standard, [Curriculum Inventory Specifications](#), along with the associated XML schema and related documents such as the [Curriculum Inventory Implementation Guidelines](#).

Who can perform data uploads to the AAMC Curriculum Inventory (CI)?

Designated senders are responsible for uploads to the AAMC CI. Senders can either be medical school staff familiar with XML requirements or curriculum managements system vendors contracted by the school to handle uploads compliant with the standards and specifications for the AAMC CI. Commercial senders will need to work with the AAMC CI to complete a data exchange agreement and onboarding process before they are able to submit curriculum inventory data on behalf of a school.

If schools choose to submit their own XML files to the AAMC CI without using a curriculum management system vendor, the school must indicate in their [CI Portal](#) that they will upload their curriculum data directly to the AAMC. See instructions about how schools can designate their CI data sender in the [CI Portal User Guide](#).

What vendors are able to upload data to the AAMC Curriculum Inventory (CI)?

Here is the [list of all current participating vendors](#) in the AAMC CI. Schools are encouraged to conduct their own research and evaluations as to which vendors may best meet their needs. Schools may also upload their CI data to the AAMC themselves using an institutionally developed software system.

Curriculum Management for the CI

Are schools required to show program-level expectation (competency) mappings for all PCRS items?

No. Schools may not necessarily have program-level expectations that map to each and every Physician Competency Reference Set (PCRS) item. The PCRS is not a prescriptive list, outlining competencies or objectives schools "should" have — it is a reference list of general concepts commonly found in medical and health professions education. Not every school will find every PCRS expectation relevant to their program.

Do program-level expectations/competencies need to be mapped "one-to-one" with PCRS?

No. Program-level expectations may be mapped "**several-to-several**" with PCRS, and vice versa — i.e., program-level expectations may be mapped to multiple PCRS competencies, and PCRS competencies may be mapped to multiple program-level expectations, though it would be unusual to map through multiple domains or all PCRS within a single domain. Over-mapping program-level expectations to the PCRS (e.g., a single program-level expectation mapped to 10+ PCRS competencies) may result in bloated reports, making finding the "true" curriculum around a topic more difficult.

What tagging is required for curricular material in the AAMC Curriculum Inventory (CI)?

Curricular materials are considered resources in the CI. To see a list of all possible resources, please see the [CI Standardized Vocabulary](#).

How should courses represent the resources they use?

The [CI Standardized Vocabulary](#) includes Instructional Methods, Assessment Methods, and Resources. All resources used for instruction and assessment (e.g., standardized patients, virtual patients, digital or written media, etc.) should be documented as resources to events, which in turn are referenced by sequence blocks (analogous to courses and clerkships).

Since clerkships have multiple iterations, should tagging be completed multiple times per year OR should a clerkship be tagged for the first iteration only since the material is the same for each other iteration?

Schools should document their clerkships in their internal inventory systems in a manner that meets their operational needs. For example, to ensure comparability across rotations and sites, it might be important that each iteration of the clerkship is documented. For the AAMC Curriculum Inventory (CI) however, only one iteration per clerkship is needed so that a school's CI upload to AAMC is representative of a typical student's educational experience in the program.

Some schools create a 'model' or typical clerkship that they upload to the AAMC CI to avoid having to implement a single-case selection system. Conversely, attempts to provide all iterations appear in our databases as multiple clerkships, not as multiple rotations of a single clerkship, and this multiplicity will result in inaccurate curriculum reports.

Are all assessment methods listed in the Standardized Vocabulary for Instructional Methods, Assessment Methods, and Resources considered either formative or summative?

Yes, each assessment method tagged in the AAMC Curriculum Inventory (CI) must be designated as either formative or summative. While an assessment method (e.g., self-assessment) can be designated as formative, there is no actual assessment method called 'formative.' Please see the [CI Standardized Vocabulary](#) for the complete list of available assessment methods. It is possible to

have more than one instance of an assessment method within a single event and tag each instance as formative or summative differently. For example, in a learning event, the event may start with a formative self-assessment, then be followed by learning content, and conclude with a summative self-assessment.

Is it required to create two different tag lists: Formative Assessment and Summative Assessment?

Each assessment method tagged in the AAMC Curriculum Inventory (CI) must be designated as either formative or summative. Whether or not a tag list is needed to accomplish this may depend on your specific software.

What is the requirement in terms of showing the difference between formative and summative when reporting curriculum data?

Each assessment method included in your submission to the AAMC Curriculum Inventory (CI) must be documented as either formative or summative, regardless of the specific method used or the number of times it occurs. Schools' Verification Report, received after successfully uploading CI data to AAMC, contains data tables which show the summative and formative assessment methods in curriculum. A sample of the Verification Report is available on the [Resources to Use Your CI Effectively](#) webpage.

How should schools document the time for a given event - should it be based on the time students were present, or the time the faculty member was present?

The AAMC Curriculum Inventory (CI) captures the experience of a typical student in the curriculum, so in general time assigned to a given learning event should be based on the student's experience. If for example, in a one-hour lecture, the students are present for learning for 50 minutes. However, a faculty member is present for 60 minutes for set up and clean up before and after. The data submitted to the AAMC CI should reflect the 50 minutes of student learning time. The AAMC CI allows for event duration to be documented in hours and/or minutes.

Does each instructional event need to be tagged with an assessment in the AAMC Curriculum Inventory (CI)?

No. Although while not required, many schools tag each instructional event with an assessment in the CI to help them understand how their content is assessed. At minimum, each educational event in the CI must be tagged with either an instructional or assessment method. It is also possible to tag events with a combination of instructional and assessment methods as needed.

How do we document where USMLE Content is covered?

Events in the AAMC Curriculum Inventory (CI) contain titles, descriptions, learning objectives (expectations), and keywords. Any of these fields could be made useful to document USMLE content; one way to ensure coverage of USMLE content is to set up a keyword list based on USMLE concepts.

How are clerkships modeled in the AAMC Curriculum Inventory (CI)?

Clerkships are represented in the AAMC CI as Sequence Blocks and require a duration value (days, which AAMC later calculates into weeks) as well as start and end dates. Clerkships should be modeled to reflect the specific details that any one typical student is expected to learn and experience. The expected clinical experiences within a clerkship are important to document using events with details (e.g., hours, instructional methods, etc.). Although the resulting documentation may not reflect a specific student's actual experience, it should provide an understanding of what any student in the clerkship should reasonably expect to experience and learn.

Documenting Altered Curricular Content Due to COVID-19

How should curricular change due to the COVID-19 pandemic be documented in the AAMC Curriculum Inventory (CI)?

Schools can document in their CI which learning events were changed due to COVID-19 using the optional "keyword" field of the CI standards.

1. For each session or event delivered remotely due to COVID-19, use the term "COVID-19 Remote" in the keyword field. In this way, whatever the instructional or assessment methods (e.g., lecture, simulation, ward rounds), the fact that they were delivered remotely is documented.
2. For each session or event that was altered in some way due to COVID-19, use the term "COVID-19 Altered" in the keyword field. Alterations to the intended curriculum plan could relate to a given session or event's learning objectives, instructional or assessment methods, resources, timing, etc. Examples of how a session or event could have been altered due to COVID-19, aside from being delivered remotely, include:
 - Some of the learning objectives originally planned for a session were delayed due to COVID-19, so for this year, this session's learning content will look different than it was intended.
 - Students were originally scheduled to in clinical rounds, but because of COVID-19, the school replaced the live patient experiences with online patient cases
 - Fewer students were scheduled at the Simulation Center to comply with social distancing, so the schedule and room usage for this simulation session was different compared to what was intended.
3. For events that are new to the curriculum due to COVID, or events that were removed/delayed from last year's curriculum due to COVID which now need to be inserted back into the curriculum, use the term "COVID-19 Added."

More instruction regarding using keywords to document COVID-19's impact on the curriculum is available in the XML Sample Cover Letter, available on the [Resources for CI Developers webpage](#).

Within your CI data file, you may have some events tagged with *more than one* COVID-related keyword, some events tagged with *only one* COVID-related keyword, and some events *without any* COVID-related keyword tags. Any events removed, delayed, and not present in the 2020-2021 curriculum due to COVID would not appear in your CI data file uploaded to the AAMC.

The Curriculum Inventory (CI) Data Tool

What is the CI Data Tool?

The CI Data Tool is an Excel-based, annual report produced by the AAMC with the goal of making the AAMC CI dataset more accessible to participating schools.

Each medical school chooses what they would like to share with other medical schools in the CI Data Tool by replying to the AAMC annual CI Data Tool opt-in survey, sent during the upload season each year. Medical schools that do not want to share any of their CI data with other medical schools, whether de-identified or not, can simply reply with that decision to the annual CI Data Tool opt-in survey.

As each medical school chooses whether to share and what to share of their curriculum data with other medical schools, each medical school's view of the CI Data Tool is unique.

Who receives the CI Data Tool opt-in survey?

The CI Data Tool opt-in survey is sent to the medical school's designated curriculum deans and CI primary administrators. You can view your school's CI roles on the [CI Portal](#) and read more about school roles in the [CI Portal User Guide](#).

When is the CI Data Tool opt-in survey open?

The opt-in survey's open and close dates follow the CI upload open and close dates—thus the survey opens this year on August 2 and closes on October 21. Survey responses cannot be sent after October 21. If the deadline is missed, the next opportunity to participate in the CI Data Tool is the following CI season upload, beginning next August.

Who has access to the CI Data Tool?

AAMC-member and AACOM-member medical schools who successfully meet the AAMC CI program participation criteria and upload their data to the CI are eligible to receive their customized CI Data Tool each year they choose to participate in the AAMC CI.

Each medical school's designated curriculum dean for the CI submission process is the point-person who accesses the AAMC CI Data Tool. Read more about how to check and update your medical school's curriculum dean in the [CI Portal User Guide](#). Curriculum deans may then choose to share the CI Data Tool with others from their institution.

Where can curriculum deans access the CI Data Tool?

Once the CI Data Tool customized reports per school are prepared by AAMC, the CI Data Tool is available to curriculum deans in the [CI Portal](#).

When is the CI Data Tool available for medical schools?

Medical schools can upload their previous academic year's curriculum from August 1 through October 21 to the [CI Portal](#) annually. Once the AAMC's post-data-collection quality checks are performed, custom CI Data Tool reports are built based on each school's response to the CI Data Tool opt-in survey. Medical schools can expect to receive their customized CI Data Tool loaded onto the [CI Portal](#) in November each year.

What can and cannot be done with data from the CI Data Tool?

The AAMC classifies the data in the Survey on Hospital Operations and Financial Performance, in the Medical School IT Survey, and in the Curriculum Inventory as restricted data. As a result, there is an opportunity to help empower the curriculum deans with information in way that is similar to how hospital CEOs and medical school IT leaders have been empowered. But given that this kind of data access is new to curriculum deans, protections are in place on the use of the data, at least until the curriculum community has the same level of comfort with sharing data as the hospital community and the IT community:

- A curriculum dean can decide to opt in or opt out of sharing the data for any one or more of the 20 columns in the CI Data Tool.
- A curriculum dean will receive the same data that the curriculum dean is willing to share with other curriculum deans.
- If a curriculum dean opts out of identifying the curriculum dean's medical school, the medical school column in the CI Data Tool that the curriculum dean receives will contain a unique random number for each medical school.
- If a curriculum dean opts out of one or more of the 19 other columns, the opt-out columns will show [Data Not Shared.]
- A curriculum dean must agree not to publish any analyses or reports that identify an individual medical school, and the curriculum dean must agree not to try to reidentify medical schools that have been deidentified. The Curriculum Inventory instructs medical schools not to submit identifying information, and the AAMC will apply the existing CI algorithm to try to remove inadvertent institutional identifiers and faculty identifiers that medical schools overlooked.

Nevertheless, there is a chance for reidentification that curriculum deans must promise not to attempt.

Do medical schools renew participation each year and verify which data they want to share?

Yes. The CI Data Tool opt-in survey sent to medical schools following their CI upload will be an annual process, allowing schools to update their answers from year to year.

How does masked data appear in the report?

Data that are redacted, such as personal identifying data, will appear in the CI Data Tool as [Redacted], and data that medical schools request not to share will appear in the CI Data Tool as [Data Not Shared.]

How does the CI Data Tool differ from the [Curriculum Reports](#) on the AAMC website?

On the AAMC [Curriculum Reports](#) webpage, over 50+ reports are publicly available. The key differences are that the website reports are publicly available and report data only in aggregate, and also comes from two data sources: the Liaison Committee on Medical Education (LCME) Medical School Questionnaire Part II, and the AAMC Curriculum Inventory. The CI Data Tool is password-protected and reports individual school data (either identifiably or redacted, depending on each school's selections in the opt-in survey).

Our school may have inadvertent personal and institutional identifiable data embedded in our CI (course name, faculty name). What appears in the CI Data Tool shared with other schools?

The AAMC CI asks medical schools to not include identifiable data in their CI data uploads to AAMC. However, we recognize that some identifiable data may inadvertently be included, such as faculty names in event-level learning objectives. AAMC performs post-data-collection quality checks, including a search and redaction of identifiable data. While the AAMC tries to redact as much identifiable data as possible, no redaction process is perfect. If you have specific concerns about identifiable data in your CI, please contact ci@aamc.org.