AAMC CI Newsletter, June 3, 2020
Making the case for curriculum documentation

Recently a member asked me for help in writing a justification for her curriculum documentation software. She needed the written explanation to share with her business manager and explain their budget towards curriculum inventory vendor expenses. Some of you may also need this type of justification for your budgets, and so in that spirit, here are some reasons schools need to document their curriculum.

It's an accreditation requirement

If for no other reason, having a curriculum inventory is an accreditation requirement for medical school programs. Curriculum documentation could be referred to as a curriculum inventory, curriculum map, or curriculum database; no matter the terminology, the purpose of the accreditation standard is to ensure that schools have a record of their curriculum.

For the **Liaison Committee on Medical Education** (LCME), in the Data Collection Instrument (DCI) for full accreditation last updated in April 2020, the curriculum database is included in Standard 8.3: Curricular Design, Review, Revision/Content Monitoring. In Standard 8.3, a school is asked to:

- "Describe how and how often curriculum content is monitored, including the tools (e.g., a curriculum database) available for content monitoring."
- "List the roles and titles of the individuals who have access to the curriculum database…[and] for monitoring and updating its content."
- "Provide examples of how monitoring curriculum content and reviewing the linkage of course/clerkship learning objectives and education program objectives have been used to identify gaps and unwanted redundancies in topic areas."
- Schools may also be asked to provide the results of a curriculum database search for a given content area.

Other education accrediting bodies also include a curriculum inventory, map, or database as a requirement. For example, the **AOA Commission on Osteopathic College Accreditation** (COCA), in their 2019 COM Continuing Accreditation Standards, includes referencing to a curriculum map in:

- Element 6.4: Osteopathic Core Competencies
- Element 6.5: Scientific Method
- Element 6.6: Principles of Osteopathic Medicine
- Element 6.7: Self-Direct Learning
- Element 6.8: Interprofessional Education for Collaborative Practice

Students, the faculty, and the school need it

Even before accrediting bodies were requiring schools to show evidence of their curriculum inventory, schools already were documenting their curriculum for several critical reasons.

For students, curriculum documentation helps them to know:

- where they are in the curriculum,
- where they are going, and
- where they have been.

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It helps put into context their learning, so they understand the long-term goals (e.g., program expectations and graduation requirements) and how their current learning fits within those goals.

At the same time, the amount of medical and other knowledge for practice deemed necessary for medical students is growing exponentially. Students may not remember every detail of every educational experience they have and having a searchable curriculum inventory is helpful for knowledge retention, building a study plan, and preparing for comprehensive assessments.

For faculty, those responsible for a given content area or discipline need a searchable curriculum inventory in order to:

- understand where all the "touches" on a given topic exist,
- identify other topics that are next to this content area,
- identify gaps or unintentional duplications, and
- show how the learning objectives for a content area relate to each other and the program expectations.

For teaching faculty who may be coming into the curriculum to teach a session or two, they need to understand what information students already have on a given topic, and what they need to be prepared for in the future.

For the school, beyond meeting accreditation requirements, having a searchable curriculum database is helpful to answer stakeholder inquiries. Students, applicants, senior leaders in the organization, members of the public, or others may need to be informed of "how much X does our medical school teach, and how, and where?" Schools can:

- clearly outline their expectations for students,
- ensure content has a logical sequence and degree of difficulty
- align learning objectives, instructional approaches, and assessment methods, and
- identify gaps and unintentional redundancies.

The reports which a curriculum inventory produces are useful for supporting:

- vertical and horizontal integration, where connections are made between topics and across time,
- program, course, and content area evaluation,
- continuous quality improvement (CQI), and
- evidence-based curriculum change.

A robust curriculum inventory can serve as a curriculum "telemetry" giving users an at-a-glance high level view of the fulfillment of the program's educational program objectives, when and how they are achieving these benchmarks, and identifying areas where work needs to be focused. Just like an ECG waveform can provide real-time information about the electrical function of the heart, a well-done curriculum inventory can provide that informative snapshot of curricular performance. Keeping the "pulse" of the curriculum supports ongoing continuous quality improvement.

Not sure how to incorporate your curriculum documentation within your program evaluation process? Please see this past Building Better Curriculum webinar from Texas A&M, titled, "Program Evaluation and the Integration of Curriculum Information."

The AAMC needs this data

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The AAMC annually collects this data because we rely on to fulfill a component of our mission – to be an advocate for medical education programs. The AAMC receives media and legislative inquiries, sometimes along the lines of "medical schools are not doing enough X, how do you respond?" The AAMC relies on data to form its responses when communicating with government and media outlets, to inform medical education research in studying practices and trends, and to guide AAMC's own initiatives.

Participating schools receive access to reports

There are a number of concrete benefits to schools. There are 50+ aggregate national curriculum reports available on our website, from both the AAMC CI and the LCME Medical School Questionnaire Part II. Also, the CI Portal, the site where schools annually share their CI data, contains a number of report types, including:

- Your school's Verification Report (NEW features in 2020)
- Your school's Accreditation Support Report (NEW in 2020)
- National aggregate curriculum reports
- Custom reports requested by your school

These reports are helpful in supporting schools' and faculty efforts, as described above, to manage and improve the curriculum.

Not sure how to use national aggregate curriculum reports within your curriculum benchmarking process? Please see this past *Curriculum in Context* publication from Oakland University William Beaumont School of Medicine, titled, "Incorporating Curriculum Inventory Data into the Program Evaluation Process."

How do I move forward?

Like all aspects of education enterprise, the devil is in the details. For example, we've likely all been to a lecture that was disappointing. Perhaps too much content was planned, or the material was not presented in a way that engaged the audience, or the content did not meet the learning objectives. On the other hand, a lecture implemented well could be engaging, timely and relevant, and designed to meet its stated learning objectives. Curriculum inventory is similar in that it can be very useful if the data is accurate, if the reports are well-structured and meaningful, if there are processes in place to use the data to make evidence-based curriculum change decisions.

I hope this written explanation for why curriculum documentation is a practice among educational institutions, including and beyond medical education, is helpful.

As always, if you have questions or suggestions, please feel free to reach out to ci@aamc.org.

Onward!

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