**Frequently Asked Questions (FAQs)**

*Last Updated July 2020*

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

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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 against national data, understand curricular trends on a national scale, and provide AAMC with data to support its advocacy on behalf of medical schools.

The CI gathers medical school curriculum data from curriculum and learning management systems and participants, organizing curriculum data 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 this CI Newsletter, “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 CI by uploading their curriculum data. AACOM-member medical schools are eligible to upload CI data to AAMC beginning August 2021.

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

If you would like to include a reference to 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 2020, schools will be sharing with the CI their curriculum data from the 2019-2020 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 a number of 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. Especially useful resources on that webpage include the AAMC CI Orientation Video, the Building Better Curriculum webinar series, and the CI Newsletters. You can sign up to receive newsletters alerts and other CI program announcements by emailing “subscribe” to ci@aamc.org.

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

The CI uses the MedBiquitous Curriculum Inventory Specifications. Data uploads to the CI must adhere to the MedBiquitous Curriculum Inventory XML schema set forth in the Specifications. Data uploads must also meet the AAMC Business Rules. Visit the MedBiquitous Curriculum Inventory Standards and Schemas web page for additional information about data structure, vocabularies and the MedBiquitous Curriculum Inventory working group. The technical documents regarding the AAMC CI can be found on the Resources for Developers webpage.

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 Standardized Vocabulary and Curriculum Inventory Implementation Guidelines.
What vendors are able to upload data to the AAMC Curriculum Inventory (CI)?

Here is the list of all current participating vendors in the 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.

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

Designated senders are responsible for uploads to the CI. Senders can either be medical school staff familiar with XML requirements or curriculum management system vendors contracted by the school to handle uploads compliant with the standards and specifications for the CI. Commercial senders will need to work with the AAMC CI to complete a participation agreement and on-boarding 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 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 CI. See instructions about how schools can designate their CI data sender in the CI Portal User Guide.

Using the CI Portal

How can a school set itself up as a sender to the AAMC Curriculum Inventory (CI) to upload its own XML file?

Rather than using an external vendor, a school can set itself as the data sender to the CI by using the steps outlined on page 11 and 12 of the CI Portal User Guide. You can also refer to this CI Portal: Manage Senders tutorial video for a quick orientation.

How can a school set a vendor up as a sender to the AAMC Curriculum Inventory (CI) to upload an XML file?

In order to assign a vendor as a sender to upload an XML file on their behalf, a school must sign in to the CI Portal and follow these steps outlined on page 11 and 12 of the CI Portal User Guide. You can also refer to this CI Portal: Manage Senders tutorial video for a quick orientation.

Terminology

What is the CI Verification Report?

The AAMC CI Verification Report is a report each school receives after successfully uploading their CI data to the AAMC. It presents the schools’ data back to them in tables with explanations of what data populates each table. The primary function of the Verification Report is to help schools
identify gaps or issues with their CI data before verifying its accuracy and completeness to the AAMC. In addition, the tables and descriptions in the Verification Report may be useful for school’s internal work related to curriculum, including program and course evaluation, continuous quality improvement, benchmarking against national trends, making evidence-based curriculum decisions, and more. A sample of the Verification Report is available on the Resources to Use Your CI Effectively webpage.

What is the MedBiquitous Competency Framework?

A competency framework is an organized and structured representation of a set of interrelated competency objects. The MedBiquitous Competency Framework sets out the organizational structure of competencies required to participate in the AAMC Curriculum Inventory (CI). Documents related to the CI standards are available on the Resources for Developers webpage.

What are the AAMC Business Rules?

The AAMC Business Rules are a set of XML validation guidelines built upon the MedBiquitous Curriculum Inventory Standards, which add some criteria to the standards (e.g., maximum character counts per field). Both the MedBiquitous Curriculum Inventory Standards and the AAMC Business Rules must be met in order for a data upload to be successfully processed by the AAMC Curriculum Inventory (CI). The AAMC Business Rules and the MedBiquitous Curriculum Inventory Standards are available for download under Resources for Developers.

What is a data standard?

A data standard is a widely adopted model for organizing electronic information in a common format, such as XML, so systems (databases, applications, etc.) not directly linked to one another can share information with others using the same model.

For example, the AAMC Curriculum Inventory (CI) is designed according to the MedBiquitous Curriculum Inventory Specifications. Participating schools are required to organize their curriculum information using the standards set forth in that document so data from multiple systems can be combined into one large data set for national-level reporting on medical school curricula.

What is XML?

XML stands for Extensible Markup Language, a Web standard that makes it easier to exchange structured data over the Internet.

What is the AAMC Curriculum Inventory (CI) standardized vocabulary for instructional methods, assessment methods, and resources?

The AAMC Curriculum Inventory Standardized Instructional and Assessment Methods and Resource Types, or CI standardized vocabulary is a common set of instructional methods,
assessment methods, and resource types to facilitate aggregate reporting; use of this document is required in order to upload CI data to the AAMC. The CI standardized vocabulary list is intentionally general, capturing concepts from existing terminologies used by CurrMIT, the Liaison Committee on Medical Education (LCME), the Accreditation Council for Graduate Medical Education (ACGME), the Unified Medical Language System (UMLS), and others.

**What is a program in the AAMC Curriculum Inventory (CI)?**

Program in the CI refers to the education degree program for which curriculum data is being submitted to the CI. In most cases, this will be the M.D. or D.O. program of the medical school.

**What is an event in the AAMC Curriculum Inventory (CI)?**

An event in the CI refers to a single instructional or assessment activity within the curriculum, such as a lecture, lab, tutorial, exam, etc. Events might commonly be referred to as sessions within a course or clerkship. Events are composed of required and optional elements.

The following elements are required in all events:
- **Title** – A title for the single learning activity
- **Event Duration** – The length of the learning activity, in hours and/or minutes (e.g., 1.5h; 1h30m; or 90m)
- **Educational Method(s)** – From the Standardized Vocabulary, one or more instructional method(s), assessment method(s), or both, used in the learning activity. If more than one instructional method is assigned to an event, one must be marked as primary. All assessment methods must be tagged as formative or summative. If an event contains both instructional and assessment methods, assessment methods may not be captured in reports on assessments used throughout a sequence block (course, clerkship, etc.) – please see more about Verification Report table descriptions in the sample Verification Report available on the Resources to Use Your CI Effectively webpage. Assessment activities that should appear in such reports (e.g., for LCME DCI) must be documented as individual events with no instructional methods contained in the same event
- **Reference(s) to Sequence Block(s)** – Reference(s) to the sequence block(s) with which the event is associated. All events must be associated with at least one sequence block. An event that is not referenced by at least one sequence block will result in an upload error

The following elements are optional in events:
- **Description** – A free text description of the instruction or assessment activity
- **Keyword(s)** – Important concept(s) or topic(s) related to the event (Refer to the MedBiquitous Healthcare Learning Object Metadata (LOM) External Link standard for keyword rules and conventions)
- **Interprofessional (‘True/False’)** – An indicator as to whether or not this event is designed to engage students of different health professions as teams (default='False')
What is a sequence block in the AAMC Curriculum Inventory (CI)?

Sequence block in the CI refers to a component of the curriculum, such as a course, module, clerkship etc. Sequence blocks are comprised of multiple events.

What is a nested sequence block in the AAMC Curriculum Inventory (CI)?

A nested sequence block in the CI is a sequence block embedded within another sequence block in order to represent a series of sequence blocks that are:

- Ordered (delivered according to an established sequence); or
- Unordered (may be delivered in any sequence); or
- Parallel (delivered concurrently).

What are expectations in the AAMC Curriculum Inventory (CI)?

The term expectation in the CI refers to the knowledge, skills, and/or attitudes (i.e., behaviors) set forth as achievements learners are required to meet in order to successfully complete a component of the curriculum (an event, sequence block, or program).

Expectations is an umbrella term meant to capture:

- competencies,
- learning objectives,
- learning outcomes,
- milestones,
- entrustable professional activities (EPAs),
- any knowledge, skills, attitudes, behaviors, and/or attributes identified as standards by which learners’ achievements of curricular goals are assessed.

The terms Competency and Expectation are often used interchangeably in CI documentation and materials, in keeping with language used by MedBiquitous and other resources. However, these terms are not necessarily synonymous with one another and may not be defined the same way from institution to institution.

See the CI Structure & the Competency Framework documents on the Resources for Developers webpage for more on rules for competency mapping.
What is the Physician Competency Reference Set (PCRS)?

The Physician Competency Reference Set (PCRS) is a required element to participate in the AAMC Curriculum Inventory (CI). Schools must relate their program level expectations to the PCRS. This relationship allows AAMC to report schools’ expectations at a program level in aggregate. Schools may optionally choose to use the PCRS in other ways within their CI; for example, some schools use the PCRS as a model for their own program-level learning objectives.

What is a competency object in the AAMC Curriculum Inventory (CI)?

Competency object in the CI is an umbrella term used to describe a statement of learning or performance expectations. Statements can be learning outcomes, competencies, learning objectives, professional roles, etc. The typical organization of competency objectives is a set of program learning objectives, with course-level learning objectives underneath, and finally event-level learning objectives underneath those. Competency objects can be related to one another (e.g., this event-level learning objective is related to this course-level learning objective). Program-level learning objectives (competency objects) must be related to the Physician Competency Reference Set (PCRS, available on the Resources to Establish Your CI webpage) for a successful CI data upload. Competency objectives are referenced by sequence blocks (e.g., courses, modules) and events, to show which learning objectives belong in which event or course.

Details on how to properly document competency objects are described in the MedBiquitous Curriculum Inventory Implementation Guidelines on the Resources for Developers webpage.

What are program-level competencies in the AAMC Curriculum Inventory (CI)?

Program-level competencies, or learning objectives, are medical school expectations (competencies, objectives, etc.) that may be mapped to event-level competencies and/or sequence block-level competencies in the CI. Program-level competencies must be mapped to one or more PCRS item(s) in the CI and should not be directly referenced by events or sequence blocks.

See the CI Structure & the Competency Framework documents on the Resources for Developers webpage for more on rules for competency mapping.

What are sequence block-level competencies in the AAMC Curriculum Inventory (CI)?

Sequence block-level competencies are expectations (competencies, learning objectives, etc.) applied to courses or clerkships (or equivalent), which may be mapped to program-level competencies and/or event-level competencies in the CI. Sequence block-level competencies may not be mapped directly to PCRS items but should be referenced by one or more sequence blocks.
What are event-level competencies in the AAMC Curriculum Inventory (CI)?

Event-level competencies are expectations (competencies, objectives, etc.) for individual educational sessions or experiences that may be mapped to sequence block competencies in the CI. Event-level competencies may not be mapped directly to PCRS in the CI, but should be referenced by at least one event.

See the CI Structure & the Competency Framework documents on the Resources for Developers webpage for more on rules for competency mapping.

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. Table 4 of the 2020 Verification Report manifests the summative and formative nature of assessment methods in your CI submission, and the specifics of how these representations are calculated is defined within the instructions for the table. These attributes are also retained as part of the AAMC CI database, to be used as part of our data reporting. A sample of the Verification Report is available on the CI website.

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 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 Curriculum Inventory (CI) allows for event duration to be documented in hours and/or minutes.

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

No. Although while not required, many schools tag each lecture event with an assessment in the CI to help them understand how their content is assessed.

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 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. Keyword data appears in Table 9 of schools’ 2020 Verification Report.

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.

Thus, a school documenting their curricular change due to COVID-19 may have:
- Some sessions unchanged from the original plan, and therefore not tagged with either “COVID-19 Remote” or “COVID-19 Altered” keywords
- Some sessions tagged with “COVID-19 Remote” keyword only
- Some sessions tagged with “COVID-19 Altered” keyword only
- Some sessions tagged with both “COVID-19 Remote” and “COVID-19 Altered” keywords

Teaching sessions that were originally intended to be taught remotely, where teaching the sessions remotely is not related to COVID-19, should not be tagged with the “COVID-19 Remote” keyword. Content removed from the curriculum because schools were not able to deliver it at all due to COVID-19 should not be included in the data upload to the AAMC CI.

If a portion of the school year during 2019-2020 ran as expected, but the latter portion of the year was affected by COVID-19, how can schools document both the normal and COVID-impacted courses in their CI?
How a school approaches documenting both the “normal, as expected” courses in fall 2019 and the “abnormal, impacted by COVID-19” courses (sequence blocks) in spring 2020 may vary depending on software systems.

One suggested solution when documenting this scenario in the CI is to use a nested sequence block approach, with two instances with separate start and end dates of the effected sequence block within it. This would provide the dates for starting and ending the normal and pandemic-response sections of the courses or clerkships and allow events that were “normal” to retain their normalcy and those that were “COVID-19 Altered” to reflect their true nature. For example, using a psychiatry clerkship where the fall 2019 curriculum ran as expected, but a portion of the spring 2020 curriculum was impacted by COVID-19, the CI file could list a sequence block for “psychiatry clerkship” and nested underneath that, contain two iterations with separate start and end dates, as shown below:

- Psychiatric Clerkship:
  A. Psychiatric Clerkship fall 2019 July 1, 2019 – January 31, 2020
  B. Psychiatric Clerkship spring 2020 February 1, 2020 – June 30, 2020

In this example, the start and end dates of the clerkship are spanning the curricular year, but the duration for any one given student would be entered in weeks (e.g., 4 weeks) to represent the amount of time a typical student spends in the course.