

Guidelines and protocol for making curricular changes

Approved by: Undergraduate Medical Education Curriculum Committee

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To ensure the overall quality and consistency of student education, the curriculum of the Undergraduate Medical Education (UME) program must be the result of a coherent and coordinated effort among multiple stakeholders, including the Vice Dean, MD Program, the Preclerkship and Clerkship Directors, the course and unit directors, and the thematic and competency faculty leads, as well as the teachers, students, and administrative staff who participate in the program.

At the same time, UME supports creativity and innovation by course directors and others involved in planning and delivering the curriculum, and encourages the exploration of new curricular content and delivery formats. Such changes may be motivated by a variety of factors, including but not limited to feedback from students and teachers, technological advances, accreditation requirements, outcome measures used by the program, the pursuit of a more integrated curriculum, new developments in all aspects of health care, and new ways of conceptualizing medical education.

Careful attention, diligence, and open communication are required from all stakeholders to ensure that, in introducing changes within individual courses or units of study, the overall coherence, coordination, and comprehensiveness of the curriculum are not lost. By working together, the stakeholders strive to avoid undesirable gaps, redundancies, and inefficiencies in the program. Sharing information about course-level change also allows for the identification of best practices and wider diffusion of successes across the program.

In order to link in-course innovation to central curricular management, UME has adopted the following protocol.

In summary, curriculum leaders¹ who wish to make changes to the curriculum or delivery of their course/theme are expected to begin by obtaining feedback from their course committee, including the student representatives.

- **Minor** changes as defined below can then be implemented without further consultation.
- **Moderate** changes, also as defined below, will require the approval of the Preclerkship or Clerkship Director (as appropriate).
- If the Preclerkship or Clerkship Director determines that a change is **major** as defined below, he/she will arrange for the proposal to be tabled at the UME Curriculum Committee for discussion and approval. Very major changes may require further approval at the level of Faculty Council or its standing committees.

Curriculum leaders are encouraged to discuss their ideas on an ongoing basis with the Preclerkship/Clerkship Director and other colleagues as appropriate. The Preclerkship/Clerkship Director can also provide advice regarding the magnitude of the proposed changes and their impact on the curriculum as a whole.

As much as possible, it is recommended that curriculum leaders begin the planning process for changes well in advance of the desired date of implementation, in view of the levels of consultation and possible impacts on the program that may require consideration.

¹ Curriculum leaders are defined as those individuals who have primary responsibility for organizing a major component of the program. They include all course and unit directors, all thematic and competency faculty leads, and any other individuals in similar roles.

The detailed protocol is as follows:

1. **Major changes** to a course or official curricular theme require the approval of the Undergraduate Medical Education Curriculum Committee (UMECC). For clarity, examples of a *major* change include (but are not limited to) the following:
 - a. The introduction or removal of a course, unit or official curricular theme.
 - b. The introduction or removal of any component for assessment.
 - c. The introduction or removal of a unit of study², or a major (four-fold) increase or reduction in the in-class time devoted to an existing unit of study.
 - d. The introduction or removal of a learning modality (lectures, PBL, bedside teaching, etc.).
 - e. The introduction or removal of a type of educational setting (e.g., ambulatory, community, ward, ER, etc.), or a major (four-fold) increase or reduction in the use of an existing type of setting.
 - f. A change to a standard multi-course evaluation form (e.g., clinical evaluation form, professionalism form, etc.).
 - g. The introduction of a pilot project (with a volunteer subset of students and/or teachers) that involves any of the changes described above.
 - h. The adoption of any such change that was previously piloted with a volunteer subset of students and/or teachers.

Protocol for proposed major changes: Such proposals must first be shared at the level of the course committee (or theme committee) for feedback, in accordance with the *Statement on course committees in UME*. Subsequently, the curriculum leader must discuss the proposed change with the Preclerkship or Clerkship Director as appropriate, who will table the proposal at the Preclerkship/Clerkship Committee. After all relevant parties have been consulted, the proposed change will be presented by the Preclerkship/Clerkship Director and/or the curriculum leader to the UMECC for discussion and approval. UMECC may be required to forward certain major changes to Faculty Council and its standing committees for approval.

*In view of the steps required to enact a major change, curriculum leaders are strongly encouraged to begin the process at least **six months** prior to intended implementation. **Major changes will not generally be approved for implementation when a course is already underway.***

All major changes should be captured as such on the annual course report submitted for the year of implementation.

2. **Moderate changes** require the approval of the Preclerkship or Clerkship Director as appropriate. For clarity, examples of a moderate change include (but are not limited to) the following:
 - a. An addition, removal, or alteration of one or more course-level objectives.
 - b. A change that would compromise the ability of students to achieve a course-level objective of learning (for instance, the addition or removal of a didactic teaching session or of a required clinical encounter or procedure).
 - c. A change to the relative weights of existing course component assessments.
 - d. A moderate (up to three-fold) increase or reduction in the in-class time devoted to an **existing** unit of study.
 - e. A moderate (up to three-fold) increase or reduction in the use of an **existing** type of educational setting (e.g., ambulatory, community, ward, ER, etc.).
 - f. The adoption of a new or substantively altered evaluation form (for students, teachers, or the course).

² Examples of a “unit of study” include (but are not limited to) a *block* of sessions in ASCM 2 (Geriatrics, Paediatrics, etc.), a *week* devoted to a particular topic in a Preclerkship block course (e.g. “Diabetes Week”), a seminar *series* in a clinical clerkship course, etc.

- g. For Preclerkship courses and non-clinical courses in the Clerkship: A restructuring of the course's timetable that results in:
 - i. a time of day or day of the week being used where previously it was not,
 - ii. a time of day or day of the week being made available where previously it was in use; or
 - iii. a change in the students' location at a particular time of day or day of the week (e.g. moving "academy" sessions to a different day of the week).
- h. The introduction of a pilot project (with a volunteer subset of students and/or teachers) that involves any of the changes described above.
- i. The adoption of any such change that was previously piloted with a volunteer subset of students and/or teachers.

Protocol for proposed moderate changes: Such proposals must first be shared at the level of the course committee (or theme committee) for feedback in accordance with the *Statement on course committees in UME*. Subsequently, the curriculum leader must discuss the proposed change with the Preclerkship or Clerkship Director as appropriate. The Preclerkship/Clerkship Director may determine that discussion is required at the level of the Preclerkship/Clerkship Committee. The Preclerkship/Clerkship Director has the authority to make the final decision regarding the approval of moderate changes.

All moderate changes should be brought at least annually by the Preclerkship/Clerkship Director to UMECC for information and comment. Any concerns identified by UMECC will be brought back to the Preclerkship/Clerkship Committee for further review. All moderate changes should be captured as such on the annual course report submitted for the year of implementation.

- 3. **Minor changes** may be implemented without formal approval, but must be discussed at the level of the course committee. For clarity, examples of minor changes include (but are not limited to) the following:
 - a. The conversion of an existing session to a different learning modality (without making a change to the course objectives³).
 - b. The re-organization of the order in which curricular content is presented.
 - c. A change to any existing course-specific evaluation form (for students, teachers, or the course).

All minor changes should be captured as such on the annual course report submitted for the year of implementation.

³ If the objectives for the course are to be altered, the proposed change is considered to be "moderate" in nature. The protocol for moderate changes must then be followed.