Reference Guide for Course & Section Directors for MS-1 and MS-2 MD & MD/MPH Programs

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**Introduction**

This manual is designed to serve as a guide for course and section directors of the MS-1 and MS-2 medical education programs. It also serves as an overall introduction to operations and responsibilities of the Offices of MD and MD/MPH Medical Curriculum.

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I. The Offices of MD and MD/MPH Medical Curriculum

A. Summary of Functions of the MD & MD/MPH Medical Curriculum Offices

The Offices of MD and MD/MPH Medical Curriculum centralize the administration of the entire four year undergraduate medical curriculum for our two parallel curricula: MD and MD/MPH. It serves as a resource center for course directors in designing and producing course materials, developing and processing of examinations/student evaluations, and proctoring of examinations. In addition, these offices also disseminate all materials provided to students and upload all appropriate materials on the Medical Education websites.

The Offices of Medical Curriculum provide oversight of the course evaluation process. This oversight includes design, production and documentation of all course evaluations. Faculty course directors are strongly encouraged to participate in the development of appropriate evaluation tools for their respective courses.

The Offices of Medical Curriculum also assist in the scheduling of rooms/auditoria for academic activities. As rooms are at a premium, faculty are encouraged to pay close attention to this and to make this a priority during the course planning process.

B. Organization of the Medical Curriculum Offices

The Associate Dean for Preclinical Medical Curriculum oversees the MD Office of Medical Curriculum; the MD/MPH Director for Curriculum oversees the MD/MPH Office of Medical Curriculum. The Offices of Medical Curriculum house both MD and MD/MPH program administration. The Program Manager oversees the activities of three Curriculum Managers (one for MS-1 MD and MD/MPH courses, one for MS-2 MD and one for MS-2 MD/MPH courses). The Physicianship courses are managed by staff within the main Medical Curriculum Office. For the MD/MPH curriculum, the Integration of Public Health and Medicine courses are managed by the MS-1 and MS-2 MD/MPH Curriculum Managers.

In addition, the Director of Program Evaluations and staff are also contained within the Offices of Medical Curriculum. The Director of Program Evaluations is responsible for assisting in design of exams and interpretations of scores and grades and in evaluations of courses and teaching faculty within the Department of Medical Education programs. The Director of Program Evaluations works with the Offices of Medical Curriculum.
II. Duties of the Course Directors: A Summary

Here is a listing of the key duties of course directors which also involve the Offices of Medical Curriculum. Many of these have strict due dates that require adherence:

- Develop Course/Section Schedule and submit to Offices of Medical Curriculum **8 weeks prior to course start date** for review by the Executive Faculty Curriculum Steering Committee. The course schedule will be posted by the Curriculum Managers at least **6 weeks prior to the course start date.**

- Develop Course Syllabi and submit to Offices of Medical Curriculum at least **2 weeks** prior to course start date for uploading to Blackboard.

- Provide Offices of Medical Curriculum with Session Handouts/PowerPoint Presentations prior to scheduled presentation (**noon the day prior to the presentation**) for uploading to Blackboard.

- Select examination questions from the NBME data base for customized exams and/or examination questions submitted by teaching faculty and submit to Offices of Medical Curriculum **at least two weeks** prior to the examination and in time for appropriate committee review. Course directors must approve the exam at least **4 days** prior to its being given to allow for corrections.

- Review student performance and notify students of performance when necessary

- Work with Director of Program Evaluation on course evaluations

- Attend curriculum advisory meetings (Basic Science Curriculum Advisory Committee meetings occur **the second Monday** of the month at noon in the RMSB 5th floor auditorium)

- Attend respective Freshmen and/or Sophomore Promotions Committee meetings

- Provide feedback to faculty about their evaluations from students

- Work with the Director of Program Evaluation on finalizing of exam scores

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**Course directors should go to their class Curriculum Manager for assistance with the logistics of scheduling, updating the syllabus, and preparing/uploading/copying class materials. Course Directors are responsible for insuring compliance with the time lines for all class activities.**

The curriculum managers will be completing a checklist for the receipt of materials and will be sending out reminders to the course coordinators and their faculty so that materials can be processed in a timely manner. An example of the checklist is shown below.
### Checklist for Receipt of Materials in Curriculum Office

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Schedule</td>
<td>_</td>
</tr>
<tr>
<td>Exam Mid-Term</td>
<td>_</td>
</tr>
<tr>
<td>Exam Final</td>
<td>_</td>
</tr>
<tr>
<td>PowerPoint/Handouts</td>
<td>_</td>
</tr>
<tr>
<td>Faculty Name</td>
<td>_</td>
</tr>
</tbody>
</table>

### III. Curricular Guidelines

The Department of Medical Education and the MD and MD/MPH Offices of Medical Curriculum of the University of Miami Leonard M. Miller School of Medicine strive to provide medical students with a well-rounded medical education for a generalist physician. Students need to have strong basic science and clinical experience to obtain this goal.

#### A. Faculty Roles and Responsibilities

**Course Administration** - Each course or organ system module has an overall course director(s). If there are sections to a course, then each section has a section director. Each section of a course has teaching faculty, some of whom participate in course management with the section coordinator and course coordinator, as a course or module team. For example, a course such as Host Defenses, Pathogens and Pathology is comprised of three sections: Immunobiology, Microbiology and Pathology, each with a section director.

**Role of Curriculum Committees** - The faculty has the responsibility and may input their suggestions into the management of the medical curriculum through the school’s standing curriculum committees. These committees have responsibility for advisement and governance of the medical curriculum. The Executive Faculty Curriculum Steering Committee is composed of faculty appointed by the Faculty Council on a rotating basis. This group meets weekly and has decision-making authority and directs the medical curriculum administration. The Basic Science Curriculum Advisory Committee meets monthly, is composed of all course coordinators and section coordinators, and advises the Executive Faculty Curriculum Steering Committee.

**Role of Course Directors** - The course director is in charge of the overall course coordination and administration. Courses are monitored and managed by the UMMSM’s Executive Faculty Curriculum Steering Committee. The course directors are responsible for the following oversight functions for the courses:

- **Course syllabi** – collect and submit all materials required for course syllabi prior to start date of course to curriculum manager.
- **Examinations for the course** – collect exam questions from section directors and faculty, formulate the exam, and submit to Offices of Medical Curriculum.
- **Learning Objectives** – for each instructional session, objectives are required and are to be included in the course syllabus and on the medical education websites. Course and session learning objectives are also provided on the curriculum management platform (Medtrics; E Value).
Exam questions from NBME question bank and/or teaching faculty - select the questions for the exam that are directly aligned with the learning objectives and keep teaching faculty attuned to examination content

Provision of course materials, including handouts and PowerPoint Presentations from the teaching faculty

Grades for the sections of the course and grades for the overall course - meet with section directors and determine cut-offs for Pass, D and Fail, sign the final grade sheet that goes to the Office of Grades & Records

Letters – to students with poor performance (D and F), grades or incomplete grades on an examination or section of the course. In addition, letters of commendation for students with superior performance can be sent. These letters are of standard form and are provided by the Curriculum Managers and the Director for Evaluations.

Roles of Teaching Faculty - The teaching faculty is expected to teach the material described in the course’s learning objectives and insure that they are properly assessed. Faculty should participate in establishing the course learning objectives and must adhere to them once established.

The teaching faculty is responsible for:

Learning Objectives – must be explicitly acknowledged and addressed in the teaching sessions. Measurable terms should be used when writing learning objectives.

Handouts and PowerPoint Presentations – are usually created by the faculty giving a lecture; small group materials are provided to the teaching faculty by the section director or course director.

Instructors should keep the number of presentation slides to a reasonable number to cover in 50 minutes, the time of a normal lecture. This should be carefully determined. Caution should be exercised both in the preparation of slides--clarity and organization should be emphasized--and to insure that students are not overwhelmed with detail and excessive numbers of slides.

Course Directors need to review the course schedules, participants, and course evaluations from previous courses when developing the draft of their current course.
B. Scheduling Your Courses

The first task of the course coordinator is the creation of the course schedule. The MD and MD/MPH curricula requires different scheduling constraints and will be addressed separately.

1. MD and MD/MPH Curriculum Courses:

The schedule reflects the sequence of activities that will occur in a particular course. The available time allotted for course activity in the first two years of medical school is shown on the three tables below. Table one outlines the time allotment for the MS 1 basic science core semester. Table two outlines the time allotment for the organ system modules in the MS 2 MD year. Table three outlines the time allotment for the organ system modules in the MS 2 MD/MPH year. Classes start as early as 8AM and run until 12 noon Monday through Friday. There is a one hour lunch break and then they resume at 1 PM. The basic science core courses generally have time available for instruction on Monday, Wednesday and/or Friday afternoons. The organ system modules have time allotted for teaching in the afternoon on Monday only. Generally Tuesday and Thursday afternoons are used by the Physicianship courses during the MS 1 basic science core semester. The time for the Physicianship courses is expanded in the organ systems to three afternoons per week (Tuesday, Wednesday, and Thursday). Physicianship courses may also employ dedicated 1 week intersession as needed in the schedule.

Table 1 – Basic Science Core Template of Class Hours - **MS 1** Basic Science Core (MD; MD/MPH)

<table>
<thead>
<tr>
<th>Hours</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8AM</td>
<td>PBL</td>
<td>Lecture</td>
<td>PBL</td>
<td>Lecture</td>
<td>PBL</td>
</tr>
<tr>
<td>Noon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 PM</td>
<td>Anatomy</td>
<td>Physicianship</td>
<td>Anatomy</td>
<td>Physicianship</td>
<td>Anatomy</td>
</tr>
<tr>
<td>4 PM</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
Table 2 – Organ System Modules Template of Class Hours – **MS 1/MS 2** (MD)

<table>
<thead>
<tr>
<th>Hours</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 AM</td>
<td>Lecture</td>
<td>Small Grp</td>
<td>Lecture</td>
<td>Lecture</td>
<td>Lecture/Lab</td>
</tr>
<tr>
<td>Noon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 PM</td>
<td>Small Grp</td>
<td>Physicianship</td>
<td>Physicianship</td>
<td>Physicianship Study</td>
<td></td>
</tr>
<tr>
<td>4 PM</td>
<td></td>
<td></td>
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2. **MD/MPH Organ Specific Courses, MS-1, MS-2:**

The schedule reflects the sequence of activities that will occur in a particular course. The available time allotted for course activity in the first two years of medical school is shown on the two tables below. In the MD/MPH curriculum, problem-based learning (PBL) comprises a significant amount (1/4-1/2) of the curriculum time available for the basic science and organ systems courses.

Classes in the MD/MPH organ system curriculum start at 8 AM and run until 12 noon Monday through Friday.

Table 2 – Organ System Template of Class Hours- **MS 2 (MD/MPH)**

<table>
<thead>
<tr>
<th>Hours</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 AM</td>
<td>Lecture</td>
<td>Lecture</td>
<td>Lecture</td>
<td>Sm Grp</td>
<td>Lecture</td>
</tr>
<tr>
<td></td>
<td>PBL</td>
<td>PBL</td>
<td></td>
<td></td>
<td>PBL</td>
</tr>
<tr>
<td>Noon</td>
<td>Physicianship</td>
<td>Physicianship</td>
<td>Physicianship</td>
<td>Public Health</td>
<td>PBL</td>
</tr>
<tr>
<td>1 PM</td>
<td></td>
<td>Physicianship</td>
<td>Physicianship</td>
<td>Public Health</td>
<td></td>
</tr>
<tr>
<td>4 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Note: The schedule times for classes in the MD/MPH curriculum are often variable due to particular course needs and the MPH class requirements. Course directors are strongly advised to consult with the MD/MPH Office as schedules are constructed for MD/MPH courses.

3. Small Group Instruction, Laboratories, and Patient Panels

The MD curriculum courses are expected to have approximately 1 small group or other non-lecture activity per week. Small groups generally consist of ~12 or fewer students, often divided by their Academic Societies. Careful consideration as to the room requirements should go into the planning of small group activities and their scheduling. PBL groups are of ~8-10 students.

Course Directors are expected to actively recruit faculty or other instructors to participate as facilitators in their courses’ small group exercises. Curriculum Managers will assist, but the responsibility rests with the course directors.
Other activities may include: laboratories; Team Based Learning; Problem Based Learning; and Patient Oriented Problem Solving (POPS) sessions. Again, these should be scheduled well in advance. Any special requirements where safety may be an issue (e.g., display of organ specimens; use of laboratory equipment) should be discussed with administration and also must adhere to all University safety concerns. Compliance with University safety regulations is the responsibility of the Course Director.

Patient panels, where one or more patients interact with the students under supervision of the instructor/course directors during a lecture or small group session, are sometimes conducted. The course director must insure that the patients agree to their participation; having that consent in writing is required and standardized forms are available from the Curriculum Office. Appropriate concern for patient safety and well-being is paramount. Insuring the consent of the patients and their safety and well-being during the exercise is the responsibility of the course director. Again, the course director assumes responsibility for all University HIPAA and other regulations.

All activities that are mandatory should be so marked on the schedule and in the syllabus. All activities that are assessed and/or contribute to the student’s grades must be identified and the proportion of the grade indicated in the syllabus.
C. Overseeing the curriculum: The role of the Executive Faculty Curriculum Steering Committee and annual approvals of course content, scheduling, and methodology.

The current curriculum, both MD and MD/MPH, is interdisciplinary in nature. There is an inherent risk of material being overlooked when developing course schedules. The Executive Faculty Curriculum Steering Committee reviews new proposals for course schedules for each course, every year, and after reviewing course schedules from the previous year.

Any changes in the schedule need to be noted and explained during presentation to the Executive Faculty Curriculum Steering Committee as to why the change is proposed. This applies to changes in both the substance and content of the course, teaching methodology, as well as the designated teaching faculty.

In addition, the Curriculum Offices maintain a curriculum data base which can be searched to identify redundancy, gaps in content, and connections among course content. The Curriculum Office staff will assist in performing searches of curriculum content.

D. Course Syllabus and Course Policies

The course director works with his/her section or discipline directors to develop the course syllabus and course policies

The course syllabus is a road map of the course. It lays out the ground rules for the course. It includes the goals and objectives for the course, the course policies including grading policies, missed exams, remediation, attendance, assignments for reading, homework and small group sessions, course and examination schedules, and textbook assignments. It also includes a listing of the faculty along with their contact information. Each activity of student contact is outlined for the student and posted on the medical education websites. Information is posted on what the activity is (lecture, small group, community preceptor session, for example), where it occurs, who is the faculty member in charge of the activity, a list of the learning objectives, reading assignments in assigned textbook or journal articles, and study questions for the students to assess their acquisition of knowledge after the activity. Not all of these elements will necessarily pertain to all activities.

The requirements for the syllabus are outlined below. The template for the grading policy that is in bold and italic has been adopted by the Executive Faculty Curriculum Steering Committee and advisory committees and must be used in every syllabus in the first two years of the medical school curriculum.

Syllabus (Must include the following)

1. Course Introduction

2. Overall description of the course and its components

3. Institutional Educational Objectives

4. Goals and Objectives for overall course and alignment with specific Institutional Educational Objective(s)

5. Description of what the students are expected to learn from the course
Course Policies

1. Attendance Policy—Typically, lectures are NOT mandatory. However, particular sessions, as well as small groups, labs, etc., can be made mandatory at the discretion of the Course Director. This should be approved by the Executive Faculty Curriculum Steering Committee at time of annual course planning and review. The attendance policy must conform to the attendance/absence policies established by the Office of Student Affairs.

2. Assignment Due Dates--Courses may require that student complete written exercises. Instructions on these assignments must be included in the course syllabus introduction. The assessment of these assignments and their contribution to the grade must be indicated.

3. Exam Schedule/Frequency and Make-up Policy – Make up exam dates are determined by the Office of Student Affairs in conjunction with the course director and in keeping with the overall absence/attendance policies. In general, two weeks at the conclusion of the semester are earmarked for remediation such as make-up examinations when required.

Examination Frequency and Feedback to Students: 2 examinations are to be given for courses of 4 weeks or more. These examinations should be approximately equally spaced over the time of the course. Exceptions to this (e.g., 3 examinations in a 6-8 week course) require approval from the Executive Faculty Curriculum Steering Committee, usually at the time of annual course approval. Student performance on the mid-course examination will be communicated to the students. Students who performed below expectations will be notified in writing and also informed to meet with the course director. Opportunities for improvement, including tutoring, will be provided to students who require, and desire, these services through the Office of Student Services.

More extensive formative feedback is highly encouraged in courses. This may include:

1. A pre-test as well as practice examinations at regular intervals during the course.
2. Provision of sample test questions for the purpose of individual student self-assessments.
3. Employing self-assessment questions during small group or other activities.
4. Interactive feedback to the student using review or Q & A sessions.

4. Grading Policy

The following Grading Policy template has been approved by the Executive Curriculum Steering Committee, and must be included in all syllabi. It must conform to the following:

Passing Grade: It is anticipated that a passing grade for the module will be a score of 70%. The actual cutoff point will depend upon the final grade distribution. Course directors will review the distribution of grades after the final exam and make a determination regarding the lowest possible passing score for the course.

Failing Grade: = <70% (unless adjusted as discussed above)

D Grade: Depending upon the final grade distribution, a grade of D may be assigned by the course directors to any student whose performance is close to a failing grade. This could result in the Course Director recommending remedial work to the student.
The contribution of each examination, quiz, or other assessment to the overall grade must be indicated in the grading policy. If different sections of an integrated course are graded separately and then used in the overall grade calculation, their contribution to the overall grade must be defined clearly.

**MS-1 courses are Pass/Fail in AY 2019-2020. MS-2 courses are NOT Pass/Fail.** Beginning in AY 2019-2020, all courses in the MS-1 year are Pass/Fail. This means that students will receive a Pass (P), Fail (F), or Remediated (R) grade on their transcript without a numerical grade. For our own use, and that of the Freshman/Sophomore Promotions Committee, students WILL receive numerical scores for exams and numerical scores for performance in the course. Course directors will set their own criteria for numerical scores in the Pass, Marginal Pass (D grade), and Failing grades and this information will be provided to the students and to the Freshman/Sophomore Promotions Committee. However, numerical scores will not appear on the official transcript and numerical scores in courses will not be part of the calculations of class ranks and quartiles. MS-2 courses WILL remain graded with both numerical and letter grades on the transcript and used in calculation of class ranks and quartiles during AY 2019-2020.

5. **Textbook Requirements**

Required or recommended textbooks or other resources, including on-line resources, should be identified in the course syllabus or on-line.

E. **Copyright Responsibilities**

The administration/offices of Medical Curriculum do not monitor the copyright status of handouts, powerpoints, on-line content provided by faculty in the courses. The responsibilities with regard to copyright protections for any material used in our medical courses is solely the responsibility of the faculty using/distributing such material. Please refer to the guidelines "Know Your Copyrights", "Educational Uses of Non-course Pack Materials", and "Copyrights for Teachers" for assistance in determining copyright protections and responsibilities.

The images and other content used in a course is at the discretion of the course director and teaching faculty members. The Curriculum Office and the Department of Medical Education, including its administration, DO NOT monitor the content employed in lectures, PBLs, small groups, and their associated materials for student use. It is the responsibility of the course director and the teaching faculty to insure appropriate citation and copyright adherences. Literature on copyright issues is provided to course directors on an annual basis and on the Important Documents for Course Directors page on the Medical Education website.

A. **Policy for Examination Questions: How Many, Format**

1. Examinations should consist of sufficient questions to gauge student competency in the subjects taught. **Exam questions MUST be aligned with the course/lecture/session objectives.** Questions should be similar in format to NBME exams. Beginning in AY 2019-2020, most questions used will come from the NBME question bank. While it is expected that most exam questions will be multiple choice, other formats (short answer; matching; essay) may also be used. Consistent with NBME guidelines, approximately 90 seconds per question is recommended, particularly if clinical/experimental vignettes are employed. Be sure that sufficient time is allowed for the exam.
2. We suggest that faculty refer to the National Board of Medical Examiners writing guide for assistance in writing exam questions reflective of what students will find on board exams. A copy of this guide can be downloaded from our medical education under the section “Important Documents for Course Coordinators”. Generally, there are 2-3 questions per contact hour of content.

3. Suggested topics for USMLE Step One examination are available online by going to USMLE.org (http://usmle.org/Examinations/step1/step1.html).

4. The course director has control over the type of examination questions. The exam questions MUST align with the learning objectives for the course. The examination format is usually multiple choice types, but can be fill in the blank or short answer. **True false type and matching are discouraged and K-type questions are not permitted. The development of test questions that are written around a clinical vignette is highly encouraged. Testing of minute facts and trivial minutia should be AVOIDED.**

5. Examinations are proctored by the Offices of Medical Curriculum under the direction of the Chief Proctor. The Chief Proctor enforces the rules for the examination. Exams are generally given via ExamSoft and are computer based. For NBME bank questions, an NBME web exam will be used.

6. We highly recommend that students not be allowed to ask questions of the instructors during the exam. This raises issues of fairness and often proves problematic. However, this is a matter left open to the course directors.

7. Students may comment on particular questions either in writing at the end of the exam (a blank sheet is provided for this purpose) or at the exam review session if it is applicable. These comments, along with statistical item analysis of each question, will be available to the course director through the Director for Evaluations. The Director for Evaluations will also assist in the analysis of test questions and class performance.

**B. Examination policy for absences**

The absence/attendance policies are determined by the Office of Student Affairs in consultation with the curriculum committees. These policies can be reviewed in the Handbook of Student Rights and Responsibilities or by contacting the Office of Student Affairs. However, course directors and faculty are NOT to unilaterally make ANY decisions regarding excusing (or not) students from examinations or other mandatory activities without consultation with Student Affairs. Any such decisions are made jointly by Student Affairs in consultation with the course directors.

**C. Post-Examination Processing**

The Office of Medical Curriculum will assist course directors in preparing examinations, submitting the examinations to the testing center, and analyzing the results. Course directors determine the passing score for their examinations and final course grades. Course directors also notify students of poor performance on examinations and in the course overall and provide letters of commendation for students who excel in the course.
D. Examination Grading and Reporting to the Students

All multiple choice examinations done by paper-and-pencil are scored at the Testing Center on the Coral Gables Campus of the University of Miami. Turn-around time for scoring is usually within 24 hours. Computer based examinations are generally scored immediately after the examination. Fill in the blank and short answer responses are hand graded by the course faculty. Turn-around time needs to be rapid for hand graded exam questions. It is requested that these types of exam questions be graded within one week of the examination.

All examination results are expected to be reported to the students within 2 weeks after an examination has been completed (maximum time, 6 weeks). Scores are generally provided electronically to the students through official reporting systems by the Director of Evaluations. Similarly, final grades in a course are also expected within 2 weeks and with 6 weeks as the outside maximum. Note that official course grades must be signed by the course director before they can be released to the students.

V. Evaluation of Courses

A. Student Assessment of Courses

Course Directors should work with the Director of Program Evaluation in the development of course evaluation forms so that they represent the most meaningful information concerning their course design, instruction, and evaluation of student performance. A draft of the end of course evaluation form will be sent to the course director approximately two weeks before the end of the course. There are three major parts for each course evaluation form. The first part is standard for all course evaluations and measures global education characteristics of the course. The second part can be customized to ask questions about various aspects of the course such as lectures, small group sessions, and effectiveness of workshops, to name a few possibilities. The third section consists of written student comments concerning the course such as its strengths and weaknesses. All evaluations are done online and conducted through the Office of Program Evaluation.

Each session (lecture, small group, wrap-up) is also evaluated by students. This occurs approximately at 2 week intervals. The evaluation process is conducted through the Office of Program Evaluation. Results are provided to the course director to share with individual faculty members.

B. Faculty Assessment of Courses

Courses are assessed by several committees on a regular basis: 1) annually, the course directors present their course to the Basic Science Curriculum Advisory Committee; 2) annually, the course directors present their course to the Executive Faculty Curriculum Steering Committee; and 3) on a 4 year basis each course is reviewed in-depth by a faculty committee. These reviews focus upon a) content; b) methodology; and c) student performance.

VI. Educational Development Office

The Educational Development Office functions to offer faculty assistance in development as educators and in applying innovative teaching methods to the classroom.
VII. Miscellaneous Policies

Dress Code

The dress for classes for students should conform to policies as expressed in the Handbook of Students Rights and Responsibilities. Dress may be casual, but is also expected to be non-provocative. Similarly, faculty should dress in a professional manner consistent with their faculty responsibilities at UMMSM.

If students will be interacting with patients, they will be expected to dress professionally. A complete dress code is outlined in the Medical Student’s Rights and Responsibilities Handbook provided by the Office of Student Affairs. A clinical dress code has also been outlined in the Physicianship course syllabi. Suggested dress for women is dress or skirt and blouse or dress pants and a white lab coat. Suggested dress for men is shirt, tie is optional, dress pants and a white lab coat. Students should keep in mind that their attire should be reflective of their role as student physicians.

Room Reservations for Teaching

Room reservations are made by the staff of the Offices of Medical Curriculum, e.g., the Curriculum Managers. Every effort is made to identify and reserve space suitable for the academic exercises in your courses. However, some space (e.g., small group space) is often at a premium and reservations should be made as soon as possible when schedules are being constructed.
1. University of Miami Miller School of Medicine Institutional Objectives

The educational mission of the University of Miami Miller School of Medicine is to graduate physicians with the ability and desire to improve the health of all populations by alleviating suffering and eliminating healthcare disparities through their leadership in patient care, research, education, health care administration and the community.

Institutional Objectives of the Educational Program

After completing the educational program for the MD degree, our graduates will demonstrate:

1. Biomedical and behavioral science knowledge appropriate for the practice of clinical medicine by all physicians
2. Clinical skills proficiency, including eliciting medical history, performing a complete physical exam, oral presentation and written documentation of patient cases, and basic technical procedures
3. Application of knowledge and skills to clinical decision-making and the practice of medicine, including formulating differential diagnoses, and a diagnostic and therapeutic plan
4. Preventive medicine and population health knowledge and skills, including the ability to identify persons/populations at risk for common and important health problems and to apply appropriate preventive measures, including screening, health education, and other forms of risk reduction.
5. Critical assessment of biomedical literature and evidence-based management of health problems
6. Self-directed, life-long learning skills, including the recognition of personal educational needs, use of appropriate learning resources and evaluation of progress
7. Professionalism, including the demonstration of responsibility, empathy, reflective practice, cultural humility and adherence to ethical principles
8. Communication skills with patients, families, colleagues, and healthcare personnel
9. Interprofessional skills as a collaborative member of the healthcare team
10. Understanding of the role and responsibility of a physician as a leader in the healthcare delivery system and in society.

**Institutional MD/MPH objective:**
Upon completion of the dual degree MD/MPH parallel curriculum, graduates will be able to: Demonstrate an understanding of the integration between public health and medicine, identify and engage community partners in public health initiatives, and serve as leaders in the public health sector.

**Revised March 2016**

2. Laboratory and Small Group Room Locators

Please reserve these rooms through the Curriculum Managers/Curriculum Office staff. Small group space is at a premium. Please insure that these rooms are available to you at the times you require as you plan your schedule

A. RMSB 5th floor laboratories (12 rooms)
B. RMSB 2nd floor small group rooms (12 rooms)
C. Templates for Letters

Letters to students who are having academic difficulties or those who should be commended are produced through the Curriculum Managers. Below are templates for these letters. Letters sent to students should conform to these templates. Copies of letters must be sent to Student Affairs to be kept in the student’s file.

1. **Letter of Commendation in a Course**

   **(Date)**

   Dear *(student name)*:

   I would like to take this opportunity to personally commend you on your performance in the Course Name. Your final grade of % was among one of the highest in the class.

   You should be very proud of your accomplishments, as we are. Keep up the great work.

   Sincerely,

   Course Director

   CC: Senior Associate Dean for Student Affairs

2. **Letter for Poor Performance During a Course**

   **(Date)**

   Dear *(student name)*:

   The results of the *(name of course)* exam are complete. Your performance was below expectations. If your performance continues at this level, you will be in danger of failing the course.

   Please feel free to meet with us *(name of course coordinators)* to discuss any problems that you may be having with the material or otherwise that are affecting your performance.

   Sincerely,

   *(Course Coordinator[s] name[s])*

   CC: Student file
3. **Letter for Notification of D or Failure Upon Completion of a Course**

(Date)

Dear *(student name)*:

The *(name of course)* grades have been finalized. The passing grade for the module was determined by the course coordinators to be *(put in the minimal passing grade)*. You received a grade of *(D or F)* in *(name of course or section of course)*.

According to the school’s academic policies, your performance will be reviewed by the *(freshman, sophomore)* promotions committee. After the promotions committee meets the decision from that committee will be communicated to you (Deans, Student Affairs). Please meet with us (the course coordinators) and with (Dean, Student Affairs) as soon as possible and before the promotions committee meeting. The purpose of these meetings is to allow you to discuss any issues, academic or personal that you feel should be considered by the promotions committee.

Please refer to the promotions section of the Medical Student Rights and Responsibilities Handbook for further information on the promotions process.

Sincerely,

*(Course Coordinator[s] name[s])*

CC: Student file
4. Letter for Notification of Incomplete in a Course

(Date)

Dear (student name):

The (name of course) grades have been finalized. The passing grade for the module was determined by the course coordinators to be (put in the minimal passing grade). You received a grade of (Incomplete) in (name of course or section of course) due to a failing grade in the (name of section) section of the course.

According to the school’s academic policies, your performance will be reviewed by the (freshman, sophomore, or junior/senior) promotions committee. After the promotions committee meets the decision from that committee will be communicated to you by (Deans, Student Affairs). Please meet with us (the course coordinators) and with (Deans, Student Affairs) as soon as possible and before the promotions committee meeting. The purpose of these meetings is to allow you to discuss any issues, academic or personal that you feel should be considered by the promotions committee.

Please refer to the promotions section of the Medical Student Rights and Responsibilities Handbook for further information on the promotions process.

Sincerely,

(Course Coordinator[s] name[s])

CC: Student file
D. Writing Learning Objectives and Other Teaching Tools

The following is an excerpt from the University of Oregon Health Sciences website on developing learning objectives for competency based teaching and can be found on the University of Oregon Health Sciences website as listed under learning objectives in the body of this document.

DEVELOPING EFFECTIVE LEARNING OBJECTIVES

Goals and objectives (referred to as learning outcomes and performance indicators) are written to build the curriculum, in this case for the general surgery resident. They are based on the foundation of the mission, vision and values of the educational program. In general surgery training, learning outcomes describe the patient-centered knowledge, skills and attitudes of the general surgeon in beginning practice.

What are Learning Outcomes?

Learning outcomes are broad statements describing what you want the learner to be able to do at the end of training, but they are written in terms too broad to readily measure. As such, they provide an “umbrella” that covers a number of performance indicators, and these are intended to be more specific and measurable.

Learning outcomes set the agenda for learning. It is important that program directors, teachers and residents agree on learning outcomes. Learning will be structured and outcomes measured differently depending on this determination. Agreement on learning outcomes will guide the development of performance indicators, learning experiences and resident assessment.

Examples of competency-based learning outcomes:

- Perform an appropriate physical exam, demonstrating technical competency and sensitivity to the needs of the patient.

- Apply good decision making skills and clinical judgment when assessing data to define a patient's problems and arrive at a diagnosis, and when making decisions about surgical and non-surgical management.

- Counsel patients and families on all aspects of breast disease diagnosis, surgery and treatment.

- Understand basic principles for effective pain management, including the use of pharmacology.

When choosing the verb for learning outcomes, it is acceptable to use “understand” for knowledge, but not for more complex cognitive skills that combine knowledge, skill and attitudes. Following you will see several examples of the rewriting of previous goal statements with new competency-based learning outcomes:

<table>
<thead>
<tr>
<th>Old wording</th>
<th>New wording</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand how to diagnose and manage benign</td>
<td>1. Diagnose and manage benign breast disease</td>
</tr>
<tr>
<td>2. Understand how to perform an appropriate</td>
<td>2. Perform an appropriate physical exam,</td>
</tr>
<tr>
<td>physical exam, demonstrating technical</td>
<td>demonstrating technical proficiency and</td>
</tr>
<tr>
<td>proficiency and sensitivity to the needs of the</td>
<td>sensitivity to the needs of the patient and the</td>
</tr>
<tr>
<td>patient and the clinical situation</td>
<td>clinical situation</td>
</tr>
<tr>
<td>3. Understand basic principles of pain</td>
<td>3. No change needed</td>
</tr>
<tr>
<td>management, including use of pharmacology</td>
<td></td>
</tr>
</tbody>
</table>
What are Performance Indicators?
Performance indicators refer to measurable behaviors that the learners should be able to demonstrate at the end of a lecture, course rotation or training period. A group of specific educational performance indicators defines and elaborates a broader learning outcome by indicating how learners behave who have accomplished the goal. You may think of learning outcomes and performance indicators as a road map to tell you where you are going and how you will know if you get there.

Keep in mind your mission, vision and goals as you develop performance indicators for general surgery residents. Consider these questions:

- Is the task essential to the practice of all general surgeons?
- Is the task integral to the role of the general surgeon? Does is distinguish him/her from surgical sub-specialists?
- How important is the task to the public sector – individuals, families, the community?
- How complex is the task and at what point in training or practice do you expect competency to be achieved?

When writing Performance Indicators, take care to use verbs that describe the knowledge, skill, or attitude accurately. Avoid verbs that are too simple or too complex. These decisions will require many judgment calls! For example, “list the common sequelae of....” Implies knowledge, not clinical skill; while the verbs in the phrase “recognize, diagnose and manage...” imply complex clinical tasks. Sometimes low level verbs like “list” will be appropriate (e.g. when the task is complex and appropriate for the sub-specialist, not the general surgeon). At other times, you will need to use high-level verbs like “diagnose” and “manage” (e.g. when the task is complex and essential to the general surgeon.)

Low-, Mid- and High-level verbs

- **Low-level verbs** focus separately on knowledge, skills and attitudes. These are most appropriate to the novice and are generally easier to test or observe because of their relative simplicity.

- **Mid-level verbs** reflect the need for comprehension and application of simpler knowledge and skills, so they generally combine simpler behaviors in new ways that depend on an understanding of the context. Performance indicators at the middle level clearly require a more complex evaluation, such as observation or chart review, but can be measured by certain pen and pencil tests, interactive computer tests, case presentations, or in skills labs.

- **Higher-level verbs** generally combine knowledge, skills and attitudes in a behavior that requires sophisticated integration to accomplish a complex task. They demand of the learner an ability to analyze, synthesize or evaluate in a way that is sensitive to nuances of patient condition, background, culture, etc. Higher-level performance indicators require sophisticated evaluation, such as observation, chart review, or patient, preceptor and staff feedback. They can be measured by a written test, especially in an essay format, but direct observation in a clinical setting may be much more revealing of real competency.
Verbs that can be used for varying levels of competence

<table>
<thead>
<tr>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>• List</td>
<td>Give examples</td>
<td>Diagnose Manage Maintain</td>
</tr>
<tr>
<td>• Recall</td>
<td>Compare</td>
<td>Prioritize Triage Implement</td>
</tr>
<tr>
<td>• Identify</td>
<td>Explain</td>
<td>Execute Differentiate</td>
</tr>
<tr>
<td>• Describe</td>
<td>Interpret (e.g. an ECG)</td>
<td>Organize Create</td>
</tr>
<tr>
<td>(in simpler contexts)</td>
<td>Summarize</td>
<td>Lead Establish</td>
</tr>
<tr>
<td></td>
<td>Contrast Discuss</td>
<td>Demonstrate (in more complex contexts)</td>
</tr>
<tr>
<td></td>
<td>Describe (in more complex contexts)</td>
<td>Demonstrate (in more complex contexts)</td>
</tr>
<tr>
<td></td>
<td>Demonstrate (in simpler contexts)</td>
<td></td>
</tr>
</tbody>
</table>

However, verbs do not always define complexity on their own – sometimes the task does, as shown in the following table:

<table>
<thead>
<tr>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform IM injections on model</td>
<td>Perform lumbar puncture</td>
<td>Perform the placement of a chest tube</td>
</tr>
</tbody>
</table>

At the end of this document you will find a list of verbs that describes the cognitive process: “The Cognitive Process Dimension” from *A Taxonomy for Learning, Teaching and Assessing*, Eds. Anderson and Krathwohl. While this list does not offer verbs for procedures, complex patient care or practice management activities, it may be useful in suggesting the many ways that verbs can be used to clarify performance indicators.

Other challenges when writing Learning Outcomes and Performance Indicators

Learning outcomes and performance indicators can be broad or they can be highly specific and detailed. The broader the learning outcomes and performance indicators you include in the curriculum document, the shorter the final document will be and the easier it will be to present to busy faculty and learners. On the other hand, the more detailed the objectives, the easier it is to plan each element of the curriculum, and the easier it is to envision the end point and the evaluation task.

Examples of performance indicators for the curriculum in the Breast Surgery Low-level:
Describe indications for fine needle aspiration and for open biopsy

Mid-level:
Compare the criteria for using regional therapy including axillary dissection and sentinel node excision

High-level
EVALUATE THE BREAST CONDITION AND THE PATIENT’S DESIRE FOR BREAST RECONSTRUCTION IN ORDER TO DETERMINE THE APPROPRIATE TECHNIQUES AND THE CHOICE OF EITHER IMMEDIATE OR DELAYED RECONSTRUCTION

ADAPTED FROM “CHANGING TERMINOLOGY TO REFLECT COMPETENCY-BASED EDUCATIONAL APPROACH”
HTTP://WWW.OHSU.EDU/QUALITY/DOCS/TERMINOLOGY.PDF  ACCESSED 08 APRIL 04.