The Standard Bearer

KEEP CALM AND LCME ON

SHOW THAT **UNWAVERING** VCU RAM PRIDE!

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DO

DO demonstrate cohesiveness with nodding, eye contact and supporting responses

DO use the 1–2 punch technique

DO stay succinct (no more than 1–2 minutes)

DO start you answer with, "We have a policy for that…"

DO know where the policies are located

DO be confident and positive

We have great outcomes – now is the time to demonstrate our how our process achieves them!

DON'T

DON'T use this an as opportunity to vent

DON'T dominate the conversation

DON'T talk about a future state – instead focus on the DCI

VCU School of Medicine

The Standard Bearer

WE HAVE A POLICY FOR THAT!

VCU School of Medicine maintains a series of policies that reflect the regulatory standards and mandates that students and faculty follow for LCME compliance. Some policies pertain specifically to students, while others pertain to educators, administrators and specific units within the medical school.

Curricular policies

Our curricular policies are approved by the SOM Curriculum Council and cover a variety of topics.

- Academic Workload in the Pre-Clinical Curriculum
- Administration and Review of Student Assessments
- Clinical Supervision of Students
- Committee on LCME Standards and Continuous Quality Improvement
- Competency Based Graduation
- Completion of Required Clinical Experiences
- Confidentiality, Maintenance and Amendment of Student Records
- Conflicts of Interest in Educational Settings
- Course and Clerkship Director Responsibilities
- Curricular Changes Requiring Curriculum Council Approval
- Curriculum Council Operating Standards
- Curriculum Review and Evaluation Policy
- Degree Requirements for the M.D. Program
- Direct Observation
- Distribution of Course and Clerkship Learning Objectives
- Elective Opportunities
- Formative Assessment and Feedback
- Grade Appeals in the Clerkship Phase
- Grade Appeals in the Pre-Clinical Phase and Longitudinal Curriculum
- Grade Timeliness
- Immunization Requirements and Monitoring

- Institutional Learning Objectives Review and Revision Process
- Learning Environment and Student Mistreatment Reporting
- Leave of Absence
- Medical Student Exposure to Infectious and Environmental Hazards
- Medical Student Performance Evaluation
- Narrative Assessment
- NBME Shelf Exam Scoring and Remediation
- Non-Involvement of Healthcare Providers in Student Assessment and Promotion
- Oversight of Extramural Electives for Visiting Students
- Professionalism Policy
- Requesting an Alternative Educational Site
- Student Appeal Procedures for Promotion and Advancement Committee Decisions
- Student Attendance
- Student Clinical Duty Hours
- Student Health and Disability Insurance
- Student Promotion and Advancement Committee Policy
- Technical Standards for the M.D. Program
- Transfer and Admission with Advanced Standing
- USMLE Step Examinations Policy

Non-curricular policies

Non-curricular policies, most of which pertain to faculty, are approved by the Dean's Cabinet and include:

- Admissions Committee and Student Selection
- Bylaws of the School of Medicine Faculty
- Outside Professional Activities
- Promotion and Tenure
- School of Medicine Posting Policy (interim)

- VCU Code of Conduct
- VCU Conflicts of Interest in Research
- VCU Health Standards of Conduct
- Creating, Approving, and Maintaining Policies
- VCU Faculty Handbook

We even have a policy... on policies!

VCU School of Medicine

The Standard Bearer

OVERSIGHT OF M.D. CURRICULUM

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program.

At our School of Medicine, the faculty committee is called the **Curriculum Council.**

## Highlights of the Curriculum Council Operating Policy

Charge

The Curriculum Council is charged with the design, management, integration, and evaluation of the curriculum to ensure a coherent and coordinated curriculum. The Curriculum Council Chair has the authority to create and charge subcommittees, work groups, and/or task forces as they deem necessary to assist with Curriculum Council related matters.

Voting Quorum

A quorum must be present in order to conduct official votes by the Curriculum Council. To achieve a quorum there must be at least ten (10) non-student voting members present, and at least one (1) student voting member present.
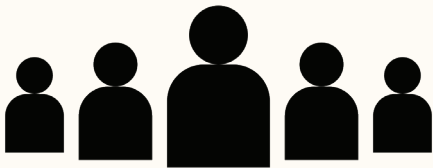
Meetings

The Curriculum Council will meet at least once per month to conduct official business, but may meet more frequently as determined by the Curriculum Council Chair and Dean.

Responsibilities

◊ Establishing, approving, and ensuring consistent review of the Institutional Learning Objectives (ILOs) for the M.D. program.

◊ Designing, managing, and evaluating the M.D. program curriculum to ensure ILOs are being met and are compliant with LCME standards.

◊ Ensuring that instructional and assessment methods are appropriate for achieving the ILOs.

◊ Establishing a process for the review, evaluation, and revision of required curricular components to ensure coordination, as well as vertical and horizontal integration of the curriculum.

◊ Establishing performance standards and evaluating performance for individuals teaching within the curriculum, identifying the need for faculty development opportunities where appropriate.

◊ Monitoring the workload of the study body as produced by the curriculum.

◊ Establishing performance standards regarding student promotion and graduation.

◊ Advising the Dean on resources needed to execute and/or support the curriculum.

◊ Ensuring all proposed curricular changes are reviewed and approved as outlined by the Curricular Changes Requiring Curriculum Council Approval Standard Operating Procedure.

VCU School of Medicine

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CURRICULUM COUNCIL MEMBERS

Voting members	Role per bylaws	Department	Appointed or elected?
Kelly Harrell, Ph.D., **chair**	Dean's Designee	Anatomy/Neurobiology	Appoint
Meera Pahuja, M.D., **vice-chair**	Vice Chair/Non-Clinical Faculty	Internal Medicine	Appoint
Ashlie Tseng, M.D., **vice-chair**	Vice Chair/Clinical Faculty	Pediatrics	Appoint
Pamela Knapp, Ph.D.	Chair Representative-Basic Sciences	Anatomy & Neurobiology	Appoint
Alice Coombs	Chair Representative-Clinical Sciences	Anesthesiology	Appoint
Frank Fulco, M.D.	Clinical Faculty (VA Member)	Internal Medicine	Elect
Nathan Lewis, M.D.	Clinical Faculty	Emergency Medicine	Elect
Fidelma Rigby, M.D.	Clinical Faculty	OB/GYN	Elect
Amanda Ritter, M.D.	Clinical Faculty	OB/GYN	Elect
Kerri Carter, M.D.	Clinical Faculty	Pediatrics	Elect
Hope Richard	Clinical Faculty	Pathology	Elect
Lori Landes, M.D.	Clinical Faculty	Family Medicine	Elect
Marjolein de Wit, M.D.	Clinical Faculty	Internal Medicine	Elect
Kimberly Jefferson, Ph.D.	Non-Clinical Faculty	Microbiology	Elect
Matthew Banks, Ph.D.	Non-Clinical Faculty	Pharmacology/ Toxicology	Elect
John Bigbee, Ph.D.	Non-Clinical Faculty	Anatomy	Elect
Charles (Andy) Anderson, Ph.D.	Non-Clinical Faculty	Physiology/Biophysics	Elect
Sarah Hobgood, M.D.	Assistant Dean of Clinical Education	Internal Medicine	Ex-Officio
Diane Biskobing, M.D.	Assistant Dean of Pre-Clinical Education	Internal Medicine	Ex-Officio
Manjari Sriparna	Class of 2024 Student Representatives		
Nadine El Fawal			
T'keyah Vaughan			
Audrey McMurtrie			
Louiza Azzouz	Class of 2025 Student Representatives		
Divya Shan			
NK Gbujie			
Megan Daniels			
Lindsay Irwin	Class of 2026 Student Representatives		
Monica Jinsi			
Hari Ramaraju			
Kiana Rahimi			
Yuma Rahman	Class of 2027 Student Representatives		
Rachel Fry			
Sarah Durisek			
Sonya Feeser			

Resource:	Role per Bylaws
Jean Bailey, Ph.D.	Associate Dean for Faculty Development
Lelia Brinegar, Ed.D.	Assistant Dean for Medical Education
John Cyrus, M.S.	Research and Education Librarian
Nicole Deiorio, M.D.	Associate Dean for Student Affairs
Moshe Feldman, Ph.D.	Director, Assessment, Evaluation, and Scholarship
Cathy Grossman, M.D.	Director, Simulation Lab
Luan Lawson, M.D.	Senior Associate Dean for Medical Education and Student Affairs
Sally Santen, Ph.D.	Senior Associate Dean for Evaluation, Assessment, and Scholarship
Christopher Woleben, M.D.	Associate Dean for Student Affairs
Kacie Lord	Assistant Dean for Educational Excellence, Quality, and Accreditation

VCU School of Medicine

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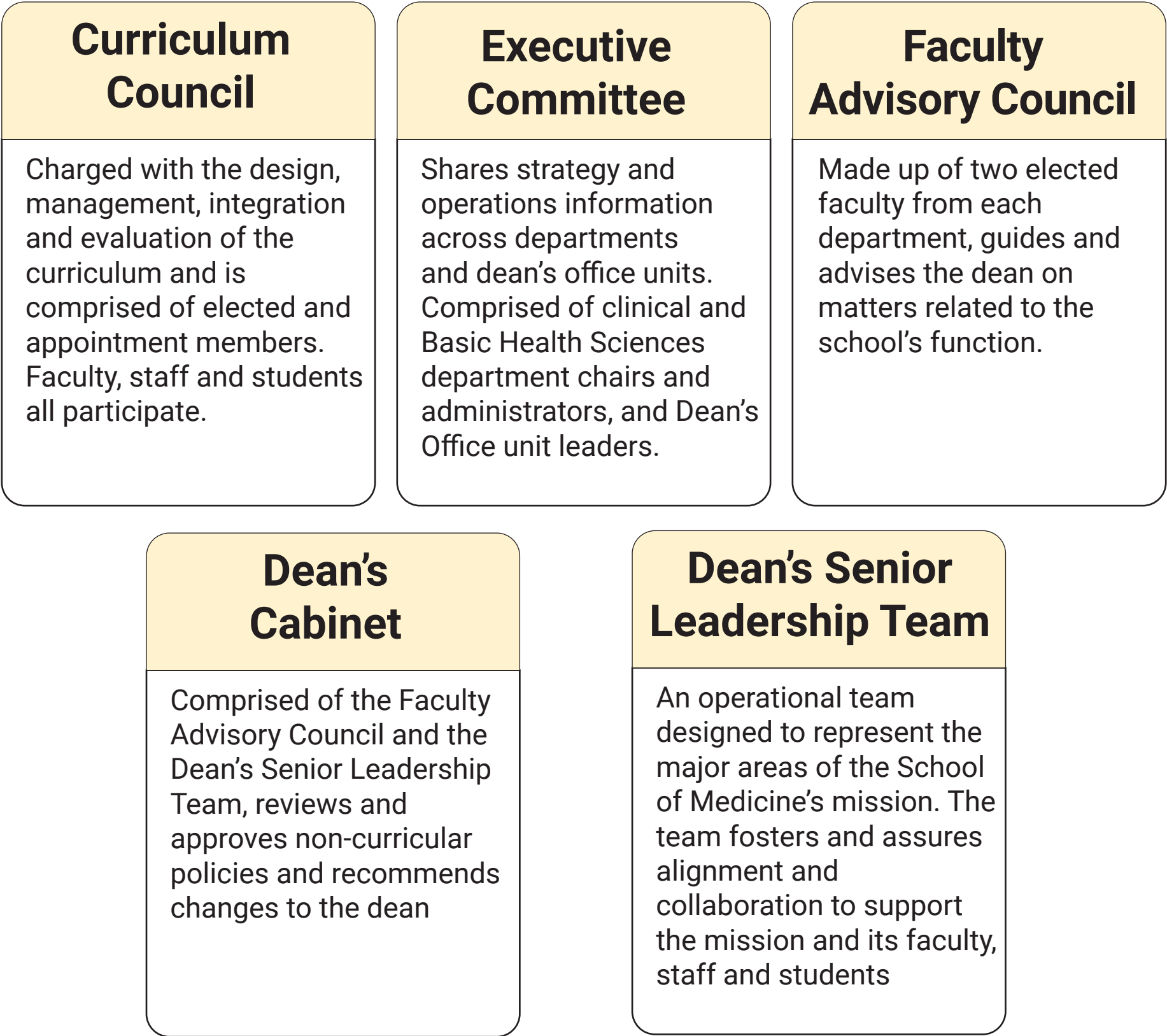
Element 1.3 - Mechanisms for Faculty Participation
A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

Element 1.5 - Bylaws
A medical school promulgates bylaws or similar policy documents that describe the responsibilities and privileges of its administrative officers, faculty, and committees.

Faculty participation governance is critical to the health and success of the school. Faculty members are guaranteed the right to freely express opinions related to the welfare and functioning of the school, in areas including admissions standards, graduation eligibility, educational policies and processes related to faculty appointments.

The SOM bylaws outline faculty membership, leadership structure and participation in the school's governance. The following groups , which each meet on a regular basis, are involved in governance:

Curriculum Council

Charged with the design, management, integration and evaluation of the curriculum and is comprised of elected and appointment members. Faculty, staff and students all participate.

Executive Committee

Shares strategy and operations information across departments and dean's office units. Comprised of clinical and Basic Health Sciences department chairs and administrators, and Dean's Office unit leaders.

Faculty Advisory Council

Made up of two elected faculty from each department, guides and advises the dean on matters related to the school's function.

Dean's Cabinet

Comprised of the Faculty Advisory Council and the Dean's Senior Leadership Team, reviews and approves non-curricular policies and recommends changes to the dean

Dean's Senior Leadership Team

An operational team designed to represent the major areas of the School of Medicine's mission. The team fosters and assures alignment and collaboration to support the mission and its faculty, staff and students

VCU School of Medicine

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What is mistreatment?

Behavior that demonstrates disrespect for a Learner and that creates a condition, circumstance, or environment that unreasonably interferes with the learning process. Mistreatment may be verbal, emotional, or physical in nature.
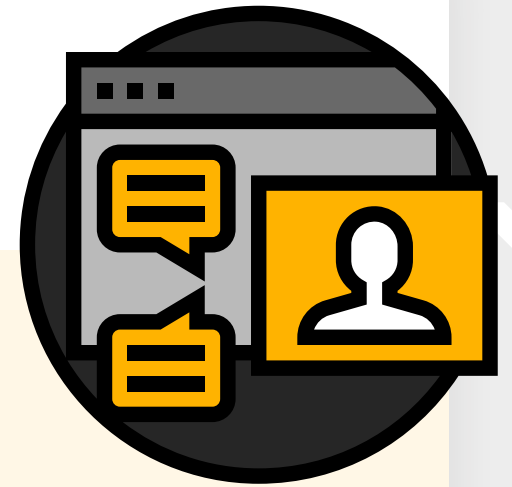
Examples of mistreatment include:

- Subjected to or threatened with physical harm
- Deliberately and/or repeatedly excluded from reasonable learning experiences
- Subjected to vulgar language
- Public embarrassment or humiliation (e.g., verbal attack or denigrating a chosen career path)
- Required to complete personal services (such as buying coffee or running errands unrelated to defined work tasks)
- Exclusion from ordinary opportunities for training or rewards, or denial of fair evaluation or grading that is unreasonable given Learner's performance or merit (e.g., because of discrimination due to race, ethnicity, gender, sexual orientation, or other personal beliefs or characteristics)
- Subjected to offensive remarks, names, comments or behaviors related to race, ethnicity, gender, sexual orientation, or other personal beliefs or characteristics
- Retaliation
- Subjected to unwanted sexual advances, or asked to exchange sexual favors for grades or other rewards
- Sexual misconduct, Title IX misconduct or other prohibited conduct

Responsibilities

Faculty, Staff, Resident Physicians, members of the health care team and students are responsible for creating and maintaining a positive and supportive learning environment with respect for all individuals.

The Excellence in Learning Environment Response Team (ELERT) is charged with reviewing all instances of mistreatment concerns reported through the procedures outlined in this document and determining if the concern meets the criteria of mistreatment. The ELERT is responsible for ensuring each report of mistreatment is escalated to the appropriate individual(s) or office(s) needed to address the concern and take appropriate action. The ELERT is also responsible for ensuring timely resolution to each concern and communicating resolution of the concern as appropriate. The ELERT will report to the Curriculum Council and the Dean of the VCU SOM and will present aggregate reporting data to the groups identified in the ongoing monitoring section of this policy.

Title IX Misconduct: Title IX of the Education Amendments of 1972 indicate that "...no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance." Reports of Title IX misconduct will be forwarded to the VCU Title IX Office for review and resolution. The VCU Title IX Office and the VCU Equity and Access Services Office are responsible for creating a de-identified aggregated trend report every three months for the ELERT of any concerns brought forward by MD students.

Personalized Assistance

Informal discussions and support may be obtained through many different individuals.

These include but are not limited to:

- Peer advocates
- Supervising resident or fellow
- Attending physician
- Course/clerkship directors and coordinators
- Assistant and associate deans within the Office of Medical Education
- Senior associate dean for medical education and student affairs
- Senior associate dean for diversity, equity, and inclusion
- Vice dean and senior associate dean for faculty affairs
- Dean of the School of Medicine

These individuals are available to debrief situations, offer support, and refer students to relevant university support services. While these individuals are available to assist students with mistreatment reporting procedures, students are ultimately responsible for formally reporting their mistreatment concern using the procedures outlined in this document.

VCU School of Medicine

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SELF-DIRECTED LEARNING

Per the LCME, self-directed learning includes the following components as a single unified sequence that occurs over a relatively short time:

- The medical student's self-assessment of their learning needs
- Independent identification, analysis and synthesis of relevant information
- Appraisal of the credibility of information sources
- The facilitator's assessment of and feedback to the student on their information seeking skills

As lifelong learners, physicians need to practice self-directed learning to stay current on advances in medicine. The ability to understand their learning needs, seek opportunities to meet those needs, determine source credibility and receive feedback, prepares students to be effective lifelong learners.

## Examples of self-directed learning from the DCI

Molecular Basis of Health and Disease (M1)

1. Self-assessment of their learning needs: Student groups research a genetic disorder and give a class presentation on that disorder. Students must work independently to identify a question they would like to explore related to the basic science or clinical presentation of the disease. Students then develop objectives for their presentation.

2. Independent identification, analysis, and synthesis of relevant information: Students need to identify the data needed to meet their objectives to be able to describe and discuss how the genetic defect leads to the clinical condition. Students then analyze the information and synthesize it into their presentation.

3. Independent and facilitator appraisal of the credibility of information sources: Student groups use a self-directed learning (SDL) worksheet to appraise the credibility of the information and then receive feedback from faculty facilitators. The presentation is graded via a rubric that includes the credibility of the information.

4. Assessed on and receive feedback on their information-seeking skills: Students receive feedback on their information seeking skills from the faculty facilitators.
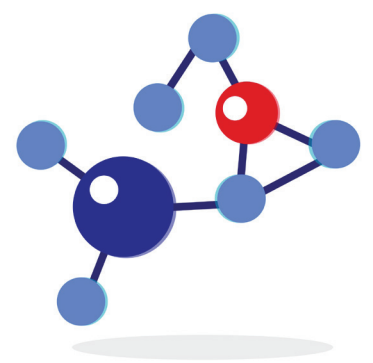
Immunity and Infection (M1)

1. Self-assessment of their learning needs: Student groups choose a case report on an infectious disease that has not been covered in class. They must independently develop learning objectives to investigate infectious disease in the case in order to develop a presentation for class.

2. Independent identification, analysis, and synthesis of relevant information: Students identify the data needed to meet their objectives in order to describe and discuss the infectious disease. Students then analyze the information and synthesize it into their presentation.

3. Independent and facilitator appraisal of the credibility of information sources: Student groups use a SDL worksheet to appraise the credibility of the information and then receive feedback from faculty facilitators. The presentation is graded via a rubric that includes the credibility of the information.

4. Assessed on and receive feedback on their information-seeking skills: Students receive feedback on their information seeking skills from the faculty facilitators.

Cardiovascular (M2)

1. Self-assessment of their learning needs: Student groups are responsible for independently identifying a question and learning goals regarding a basic, translational or clinical question.

2. Independent identification, analysis, snd synthesis of relevant information: Students are tasked with researching and answering the clinical question utilizing a literature search and/or other resources and prepare a brief report to submit to the cardiovascular faculty for review.

3. Independent and facilitator appraisal of the credibility of information sources: The report is expected to briefly summarize: 1) a question and learning goals; 2) the key information, ideas and/or conclusions reached; 3) the sources used and an assessment of the reliability of the sources.

4. Assessed on and receive feedback on their information-seeking skills: Students are graded on the self-directed learning project via a rubric. The report must address a main question covering a topic related to cardiovascular disease; contain a clear answer to the question posed; provide compelling evidence that convinces the reader the answer put forth for the given question; and demonstrate evidence is used from a wide range of sources, is credible, and is properly cited in footnotes or endnotes.

Diagnostic Reasoning (M1 and M2 longitudinal course)

1. Self-assessment of their learning needs: As part of the Diagnostic Reasoning course student groups work on an unknown case to develop a differential diagnosis. The differential diagnosis is based on the history and they then order a physical exam and testing to confirm the diagnosis. Based on the case they develop learning objectives and then develop a clinical question regarding the case. Students work independently to research pertinent exams and tests to support the diagnosis and then identify a relevant research study that answers their clinical question.

2. Independent identification, analysis, and synthesis of relevant information: Students identify clinical internet resources that will enhance their understanding of diagnostic testing utilized in diagnosing disease. Students also perform a literature search to answer their clinical question. They are asked to provide one research article that answers the question.

3. Independent and facilitator appraisal of the credibility of information sources: Students are tasked with analyzing the article, including study design, strengths, and weaknesses of the study. They must provide the key words used in their search. Student groups use an SDL worksheet to appraise the credibility of the information and then receive feedback from faculty.

4. Assessed on and receive feedback on their information-seeking skills: Students are assessed and receive feedback from faculty facilitators on their clinical question, objectives, key words and their information seeking skills used to answer the clinical question.
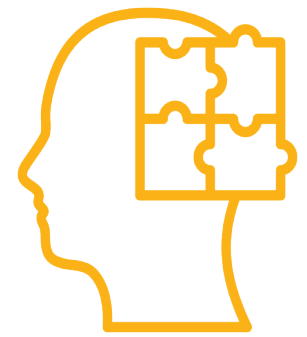
Anatomy Rounds (M2)

1. Self-assessment of their learning needs: After completing dissection of their donor, receiving CT scan and pathology reports on their donor, student groups develop learning objectives to facilitate their understanding of the patient's clinical findings, radiology, underlying disease and cause of death to develop a clinical pathologic case presentation to explains the donor's underlying disorders at the time of death.

2. Independent identification, analysis, and synthesis of relevant information: Students perform a literature search to find relevant journal articles and other resources such as UpToDate that address their learning objectives. Students then synthesize and present this information as a Clinical Pathologic Conference (CPC) like presentation of their patient (cadaver) to their classmates and faculty.

3. Independent and facilitator appraisal of the credibility of information sources: Students are asked to analyze the information to find credible sources to contribute to their presentation. They use the SDL worksheet to appraise the credibility of the information and then receive feedback from faculty facilitators.

4. Assessed on and receive feedback on their information-seeking skills: faculty provide feedback on their information seeking skills including their objectives, presentation, and resources utilized.

Practice of Clinical Medicine (M2)

1. Self-assessment of their learning needs: As a component of the preceptor experience, each student must identify a clinical question they identified after evaluating a patient in a clinical encounter. The clinical question (learning need) must be framed using the Patient, Intervention, Comparison, Outcome (PICO) format.

2. Independent identification, analysis, and synthesis of relevant information: Students are tasked with independently researching and answering the clinical question utilizing a literature search and/or other resources and complete a worksheet to submit to their small group faculty leader for review.

3. Independent and facilitator appraisal of the credibility of information sources: The students complete a worksheet and summarize the clinical question identified following a clinical encounter with a patient. Students analyze the information to find credible sources to answer their clinical question. Students use the SDL worksheet to appraise the credibility, including the strengths and weaknesses, of the information and then receive feedback from faculty facilitators.

4. Assessed on and receive feedback on their information-seeking skills: Students are assessed and receive feedback from faculty facilitators on their clinical question written in a PICO format and information seeking skills and critical appraisal used to answer the clinical question.

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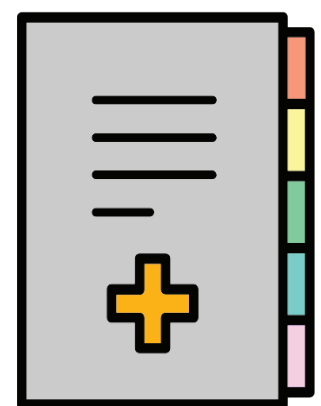
The **Standard Bearer**

LCME Elements 1.2 and 12.5

It is important to mitigate situations in which individuals' aims are incompatible or an individual might gain something personally for a decision or action.

Conflicts of interest in educational settings occur when an individual's primary responsibility to a student is compromised, influenced, or could be perceived to be influenced, by prior or current actions or relationships involving the student. These COI's have the potential to bias professional judgement and objectivity.

COI's may include, but are not limited to, individuals:

Involved in decisions regarding the promotion or any adverse action of the student

Related or having a close, personal relationship with the student

Who have provided personal counseling or healthcare services to the student or have provided academic counseling to the student

Who have a financial relationship with the student

Students who identify a COI with a faculty, resident, or staff member should immediately notify the CD or Clerkship Administrator/Coordinator, program leader, or the OME, who will create a plan to manage or resolve the conflict.

Students seeking care should identify themselves as VCU SOM medical students to healthcare providers to confirm providers are aware of their status as a student, and ensure the procedures within this policy are followed.

Prior to a course/clerkship, students should make the CD and/or Clerkship Administrator aware if they have a possible conflict of interest related to their role as a patient of a faculty member or resident physician who is scheduled to evaluate them.

Prior to the start of a course/clerkship, students who recognize they have been assigned to work with a faculty member or resident physician who has been a personal healthcare provider for the student must alert the CD or Clerkship Administrator that they have a conflict of interest.

The CD/Clerkship Administrator is required to facilitate a change in evaluators for the student.

Students will have the option to change course/clerkship location or may be assigned alternative evaluators depending on student preference o Confidentiality of health information must be maintained at all times.

Prior to the start of a course/clerkship, faculty and resident physicians who recognize they have been assigned to work with a student for whom they have provided healthcare must alert the CD or Clerkship Administrator that they have a conflict of interest.

The CD/Clerkship Administrator is required to facilitate a change in evaluators for the student.

Confidentiality of health information must be maintained at all times.

All faculty members and resident physicians must confirm they have not served as a healthcare provider for each student they assess by attesting to this on assessment forms they complete Immediate Identification.

Students who identify a conflict of interest with a healthcare provider in the moment should immediately notify the CD or Clerkship Administrator.

The CD/Clerkship Administrator will create a plan to remove the faculty, resident, or staff member from the assessment of the student Non-Involvement of Students in Fellow Students' Healthcare.

Students cannot be placed in clinical sites that serve as campus designated clinics for student primary care or psychological/psychiatric care for the student body, including University Counseling Services (UCS) and University Student Health Services (USHS).

VCU School of Medicine

The **Standard Bearer**

We have a strategic plan to support aligning the missions of the School of Medicine and promote collaboration across the departments and dean's office units for shared goals. The Dean's Senior Leadership Team tracks our progress.

STRATEGIC AIMS
IN 5 YEARS, WE WILL:

PRODUCE
a culturally competent workforce equipped to care for a diverse patient population.

RETAIN
excellent faculty, and increase our medical student retention rate into VCU residencies, reflecting positive work, learning and living environments

RAISE
$50 million or more annually in philanthropy and reduce our medical student debt to below the national mean.

INCREASE
our total research funding to $200 million or more annually with an emphasis on cancer, cardiovascular and neurosciences research.

OUR STRATEGIC PRIORITIES

Education

Research

People

Financial Management

MEDICAL EDUCATION GOAL AND ACTION ITEMS

Provide an optimal experience to prepare medical students as future physicians focused on caring for their patients, their communities and themselves.

Action Items	How Achieved	Status
Continuously adapt our curriculum to prepare medical students for excellence as future physicians	• Develop a complementary education strategic plan to outline process improvements and adaptations for the medical education curriculum.	🟨
	• Track evolving changes to ensure continuous quality improvement in the medical education curriculum.	🟩
Foster a culture of respect and humility that reaffirms our core values	• Partner with the School of Medicine Curriculum Council and the Office of Diversity, Equity and Inclusion to develop a longitudinal anti-bias, anti-racism curriculum framework that will prepare students to care for diverse patients more effectively.	🟨
	• Develop and implement a plan to assess students' ability to demonstrate cultural humility and respect for all patients and colleagues.	🟨
Address the health and wellness of students through institutional and program-level well-being initiatives	• Track the type and number of initiatives.	🟩
Improve the learning environment	• Develop an enhanced system for centralized reporting, tracking and addressing mistreatment incidents.	🟩
	• Create a system to acknowledge exemplars of professionalism.	🟩

Legend

🟦	Not started	🟨	Started
🟥	Delayed	🟩	On track for completion

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MEDICAL EDUCATIONAL PROGRAM OBJECTIVES

The LCME defines learning objectives as statements of the specific, observable and measurable expected outcomes of each specific component of a medical education program. Learning objectives define the content of the course, module, clerkship or rotation and assessment methodology.

The VCU School of Medicine Curriculum Council ensures that our medical education program has formal objectives for the overall program, known as **institutional learning objectives (ILOs)**, and that the medical education objectives guide the curriculum content. **Session-level and course-level objectives are driven by and must link to the ILOs.**

Faculty leading learning experiences (e.g., courses, clerkships) are responsible for developing objectives, and ensuring that students and faculty are aware of both the institutional learning and course/clerkship level objectives.

- Institutional Learning Objectives (ILOs)
- Course/Clerkship Level Objectives
- Session Level Objectives

Review

- The ILOs are reviewed annually by the Curriculum Council at a regularly scheduled meeting in March. This will allow for the revisions to be considered and final approval to be achieved prior to the start of the new academic year.

- The Curriculum Council will distribute a list of ILOs, including revisions if any were made, to the course and clerkship directors for implementation and mapping.

- The Office of Medical Education (OME) will post the ILOs to the OME website for visibility by all students, staff and faculty.

- A comprehensive review of the ILOs will be completed every four years to ensure objectives reflect the evolving competencies required for physicians. This review will be completed by a task force of individuals appointed by the Curriculum Council and will use current literature and national best practices to inform any potential revisions.

Dissemination of Approved ILOs

To ensure all faculty, staff, and students at the VCU are aware of the most current, approved ILOs, the CC uses a variety of avenues to disseminate this information, including:

- The Curriculum Council chair will facilitate dissemination to department chairs, course and clerkship directors, and members of the Curriculum Council through email as well as in-person council meetings.

  » The Department Chairs and Course/Clerkship Directors are responsible for disseminating the ILOs to all individuals teaching and/or supervising medical students, as well as administrative staff working within the course or clerkship.

- Leadership from within The Office of Medical Education will attend each year-specific class orientation to present the ILOs and answer any student questions.

- Each course and clerkship site within the Learning Management System for VCU will include a direct link to the most current, approved ILOs.

- For residents engaged in teaching and supervising students, the Clerkship Director is responsible for disseminating the ILOs and the clerkship learning objectives

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