# CEC Agenda 10/4/24, 0700-0830am

700-710 Welcome Fallert

Approval of September minutes

CEC leadership transition

Election results: New interim chair to serve from November of 2024 through July of 2027.

710-720 MSEC Update Wyman

720-725 Excused absence for interview reminder Kim

725-735 RCE update Proffitt

735-740 Outpatient Selective Update Murray

740-745 Quantity and Quality of Feedback Fallert

Issue: Monitoring of LCME 9.7

 CEC is tasked with monitoring and improving the quality and quantity of feedback, which is essential for maintaining LCME accreditation standards

Plan for November CEC: Quality and Quantity of Feedback Review

## 745-825 Annual Clerkship Reviews

## **Fallert introduces**

Goal: opportunity for presenting clerkships to share SMART goals and to facilitate specific feedback in small group settings, to enable clerkships to use feedback refinement of SMART goals to enact for AY 2025-26.

Presenting Clerkship/LIC's:

Peds ACR draft copy
IM ACR draft copy
FM ACR draft copy
VALUE ACR draft copy

Format: 4 consecutive breakout sessions each lasting 8 minutes. You have been assigned to a specific breakout room.

• First 2 minutes: Presenting Director will articulate SMART goals

- Remaining 6 minutes: Attendees provide feedback about SMART goals
- Educational admin will take notes in a shared document
- 1 minute transition between breakout rooms

825-830 Wrap up Fallert

Preliminary schedule for remaining ACR's

Oct: IM, Peds, Value, FM

Nov: Surgery, Psych, Neuro, HELIX, Dec: OB, EM, FLIIC, and Hybrid Jan: EPAC, M/RPAP, ICU, REACH

#### **Element 6.2 Required Clinical Experiences**

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

#### Element 8.3 Curricular Design, Review, Revision/Content Monitoring

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, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.

### **Element 8.4 Evaluation of Educational Program Outcomes**

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance the quality of the medical education program as a whole. These data are collected during program enrollment and after program completion.

#### **Element 9.7 Formative Assessment and Feedback**

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.