

Medical Education Committee (MEC) Bylaws

Effective Date: January 05, 2022

Responsible Party: University of Alabama at Birmingham Marnix E. Heersink School of Medicine's Dean and Senior Associate Dean for Medical Education

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POLICY ABSTRACT

As part of the University of Alabama at Birmingham Marnix E. Heersink School of Medicine's recognition that undergraduate medical education curriculum is the rightful responsibility of School of Medicine faculty, the Medical Education Committee (MEC) and its subcommittees are charged with the thoughtful and routine review of the curriculum and its various components. The MEC and its subcommittees shall assure balanced faculty and student representation of basic and clinical sciences across all campuses and review all proposed changes or reforms to the undergraduate medical education. The UAB Heersink School of Medicine Dean will be notified of recommendations made by the MEC and recommendations will be acted upon by the Senior Associate Dean for Medical Education.

REASON FOR POLICY

This policy ensures faculty oversight of the undergraduate medical curriculum and that the medical school meets the requirements set forth by the Liaison Committee for Medical Education (LCME) accreditation requirements as follows:

Standard 6: Competencies, Curricular Objectives, and Curricular Design

“The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.”

Standard 7: Curricular Content

“The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.”

Standard 8: Curricular Management, Evaluation, and Enhancement

“The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced

and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.”

SCOPE

This policy identifies activities that fall under the oversight and direction of the Medical Education Committee (MEC), leadership, and subcommittees as defined below.

- Medical Education Committee
- Medical Education Executive Committee
- Preclinical Curriculum Subcommittee
- Clinical Curriculum Subcommittee
- Special Programs Subcommittee

Responsibilities, Leadership, Membership Appointments and Structure, Meetings and Communication, and Operations and Reporting of committees and subcommittees, as well as information on groups tasked with Implementation and Advising are delineated.

COMMITTEE PROCEDURES

Medical Education Committee

Responsibilities: The Medical Education Committee (MEC) oversees the functioning of its subcommittees, ad hoc task forces, and activities concerned with the undergraduate medical education curriculum and the components thereof. The MEC has primary responsibility for curricular planning and oversight and may appoint task forces as necessary to investigate issues of concern. The MEC hosts a biennial retreat rotating focus between preclinical and clinical curriculum that includes discussion of proposals and improvements and changes to the curriculum that may include analysis of strengths, challenges, and opportunities to improve the curriculum as needed.

Leadership: Leadership is provided by a Chair and Vice Chair, past Chair(s), and Subcommittee Chairs. The Chair and Vice Chair each serve two-year appointment terms, with one representing the Joint Health Sciences Department and the other representing a Clinical Department. Chairs have traditionally served as the immediate past Vice Chair. Ideally, Vice Chairs have previously served as a MEC Subcommittee Chair.

Membership Appointments and Structure: Membership reflects a broad range of stakeholders and consists of both voting and ex-officio (i.e., non-voting) members. Appointments may be made through self-nomination, nomination by current MEC members, by SOM leadership (e.g., department chair), or by the Senior Associate Dean for Medical Education. A Request for Application (RFA) for at-large faculty representatives on the MEC is distributed to the basic science and clinical departments in the summer/fall. The Executive Committee reviews applications and

proposes selections for the upcoming academic year. Decisions around membership, including leadership, are made by the Senior Associate Dean for Medical Education in consultation with the MEC leadership and are renewable. Faculty appointments are for a minimum of 3 years. Housestaff/residents and students are appointed for a minimum of 1 year.

Student membership representing all campuses and years comprise nearly one-third of MEC voting members and are vital constituents of the MEC. Each MS₁ class nominates up to 4 of their students to be considered by the Senior Associate Dean for Medical Education for appointment to the MEC in October each year. MSTP students nominate up to three representatives from the MSTP program. Appointed student representatives serve a maximum of 4 years (with rare exceptions) contingent upon annual reappointments approved by the Senior Associate Dean for Medical Education and the MEC Chair. As needed, the Senior Associate Dean for Medical Education or the MEC Chair may request that students provide additional nominations. A total of 12-16 students, including at least one MSTP student, are represented on the MEC. Terms begin on 1 November (or at the time of a mid-cycle appointment) and expire on 31 October. In the case of MS₄ students, the appointment is from 1 November (or at the time of a mid-cycle appointment) to 30 April. Students are also selected to serve on subcommittees of the MEC and are eligible to serve on the MEC task forces as appropriate. In addition, the MSTP student serves as a representative on the Special Programs Subcommittee.

Voting membership consists of 42-50 members: Chair (1), Vice Chair (1), Special Programs Subcommittee Chair (1), Clinical Subcommittee Chair (1), Preclinical Subcommittee Chair (1), Preclinical module directors (2), Course director for introduction of clinical medicine (ICM) or his/her designee (1), Course director for scholarly activity (1), Clerkship director and regional liaisons to the primary clerkship director representing each campus (4), Representative from the Office of Diversity and Inclusion (1), At large faculty representing Joint Health Sciences Departments and Clinical Departments including one to three faculty from each regional campus (total varies: 14-18), Residents/housestaff (2), Students representing all years and campuses, including one MSTP representative (12-16).

Ex-officio (non-voting) membership consists of 18-19 members, each of which is entitled to designate a representative if unable to participate: Senior Associate Dean for Medical Education (1); Associate Deans for Undergraduate Medical Education (1), Students (1), and Admissions and Enrollment Management (1); Assistant Deans for Clinical Education (1), Students (1), Clinical Simulation (1), and Community Engaged Scholarship (1); MEC Past Chair(s) (1/2), One representative from Tuscaloosa, Huntsville and Montgomery campuses selected by respective Deans (3), Representative from Lister Hill Library of the Health Sciences (1), Directors of Educational Research, Evaluation and Assessment (1), Academic Success (1), Faculty and Curriculum Development (1), Medical Education Information Services

(MEIS) (1), and Medical Education Accreditation and Continuous Quality Improvement Office (1).

Meetings and Communications: The MEC meets at minimum bi-monthly and members are expected to attend at least 50% of meetings annually. Review of a recorded meeting may satisfy the attendance requirement under extenuating circumstances. Information concerning medical education activities, announcements concerning upcoming meetings/topics to be discussed, and meeting minutes are communicated electronically via email and made available on the SOM website to all MEC members. A meeting quorum consists of a simple majority of the voting members.

Operation and Reporting: Proposals are considered and recommendations to approve or not approve are voted on by participating members. Approval can be achieved by a simple majority of the voting member quorum; however, student votes may never comprise >50% of the voting member quorum. If such an instance does occur, then absent voting members are asked to cast votes on the proposal before final recommendations are made. Once the MEC has reviewed and voted on a proposal, the proposal and MEC vote, along with recommendations from the MEC or subcommittee, are then forwarded to the Senior Associate Dean for Medical Education and then to the Heersink School of Medicine's Dean who will provide notification of receipt. Implementation of MEC recommendations is the responsibility of the Senior Associate Dean for Medical Education.

MEC Executive Committee

Responsibilities: The Executive Committee assists the MEC Chair and Vice Chair in coordination efforts among subcommittees and task forces; addressing education issues that require urgent action and therefore cannot be addressed via routine procedures; compile and distribute pertinent outcomes data (support provided by Office of Undergraduate Medical Education and Department of Medical Education); and provide consultation and advisement to the Dean and the Senior Associate Dean for Medical Education on education issues, financial aspects, and practical implications of implementing reform.

Membership and Structure: Membership consists of both voting and ex-officio (i.e., non-voting) members.

Voting membership consists of 5 members: MEC Chair (1), MEC Vice Chair (1), Preclinical Curriculum Subcommittee Chair (1), Clinical Curriculum Subcommittee Chair (1), and Special Programs Subcommittee Chair (1).

Ex-officio (non-voting) membership is identical to the MEC as described above.

Meetings and Communications: The MEC meets at minimum bi-monthly prior to the full MEC meeting. A meeting quorum consists of a simple majority of the voting members.

Subcommittees

The MEC has the following three subcommittees responsible for various elements of the curriculum: Preclinical, Clinical, and Special Programs.

Subcommittee Leadership: Subcommittee leadership is provided by each subcommittee chair. Subcommittee chairs serve two-year appointment terms, with an option for a third year. MEC voting members, excluding students, may self-nominate, be nominated by another MEC member or by leadership. Final appointments are made by the Senior Associate Dean for Medical Education in consultation with the MEC leadership.

Subcommittee Membership Appointments and Structure: Subcommittee members are appointed as outlined under each subcommittee. Ex-officio subcommittee membership is identical to the MEC as described above.

Subcommittee Meetings and Communications: Each subcommittee meets as needed. Information concerning medical education activities, announcements concerning upcoming meetings and topics to be discussed is communicated in a timely fashion to all members. A meeting quorum consists of a simple majority of the subcommittee members.

Subcommittee Operations and Reporting: Each subcommittee may appoint task forces to investigate particular issues and, on the basis of information provided by the task force, make recommendations to the MEC Chair and Senior Associate Dean for Medical Education and Dean. Each subcommittee may appoint ad hoc members (SOM faculty, students, residents/fellows) when their expertise is needed. Reviews and recommendations developed by the subcommittees are presented to the larger MEC, at which time and where appropriate, a vote may occur.

Preclinical Curriculum Subcommittee

Responsibilities of the Preclinical Curriculum Subcommittee include the review, revision, and monitoring of the preclinical curriculum, and where possible, fostering integration among basic science disciplines and between basic and clinical sciences. The Preclinical Curriculum Subcommittee, with support provided by the Office of Undergraduate Medical Education, formally reviews each preclinical module, as a whole or in part, at least once every 3-4 years and submits a report, including recommendations, to the MEC for approval. In years that a formal MEC review is not conducted, designated materials used in the formal review are collected and provided to module directors.

Preclinical Subcommittee consists of 8-11 members: Preclinical Subcommittee Chair (1) Preclinical module director (1), Course director for Introduction to Clinical Medicine or his/her representative (1), Clerkship director (1), At large faculty (2-4), and Student representatives (2-3).

Clinical Curriculum Subcommittee

Responsibilities of the Clinical Curriculum Subcommittee include the review, revision, and monitoring of the clinical curriculum and where possible, fostering integration between basic and clinical sciences. The Clinical Curriculum Subcommittee formally reviews the Introduction to Clinical Medicine course, each junior clerkship (all campuses), and Acting Internships, in whole or in part, at least once every 3-4 years. Review reports, including recommendations, are submitted to the MEC for approval. In years that a formal MEC review is not conducted and with support provided by the Office of Undergraduate Medical Education, designated materials used in the formal review are collected and provided to course/clerkship directors and/or departmental representatives who may discuss these materials with other clinical directors, student representatives, where possible, and provide an interim report to the Subcommittee, highlighting the impact of changes from the previous year.

Clinical Subcommittee consists of 9-12 members: Clinical Subcommittee Chair (1), Module director (1), Clerkship director (1), At large faculty (4-6), and Student representatives (2-3).

Special Programs Subcommittee

Responsibilities of the Special Programs Subcommittee include formal reviews of specific School of Medicine pathways/programs, including, but not limited to Rural Programs, Dual Degree Programs (e.g., MSTP), coordinated degree programs (e.g., MD/MBA), Scholarly Activity, Tuscaloosa Primary Care Track, and Learning Communities. Each pathway/program is reviewed at least once every four years and may be reviewed more than once in four years if recommended by the Subcommittee. The Office of Undergraduate Medical Education provides data collection and analysis support and evaluation consultation for these reviews.

Special Programs Subcommittee consists of 8-10 members: Special Programs Subcommittee chair (1), At large faculty (3-5), Director of scholarly activity (1), Student representatives (2), and Student MSTP representative (1).

Implementation and Advisory Group

The Module Directors Committee and the Clerkship Directors Committee are responsible for implementing the curriculum as reviewed, revised and approved by the MEC, and for advising the MEC regarding academic initiatives or curricular changes under consideration. Module directors and Clerkship directors report back

to the MEC on changes implemented in their modules/clerkships based on MEC reviews and recommendations, as well as UME follow-up and guidance. The Module Directors Committee assumes general responsibility for the day-to-day operations of the preclinical curriculum and, where possible, fosters integration among basic science disciplines and between basic and clinical sciences. Similarly, the Clerkship Directors Committee serves the same function for the clinical curriculum. The Module Directors and Clerkship Directors Committees are invited to participate in the MEC biennial joint retreat where they engage in the overall discussions and provide a review of the horizontal and vertical integration of the curriculum.

These Committees, which meet monthly, are not part of the MEC but have representation on the MEC, as previously described. MEC representatives serve as the primary information conduit between the Committees and the MEC. The Associate Dean for Undergraduate Medical Education facilitates communication across committees and the MEC. Both Committees may interact with Subcommittees of the MEC as required.

These groups are composed of directors, co-directors, and coordinators of each module or clerkship, those with primary responsibilities for other critical elements of the curriculum but which are not core modules or clerkships (such as the Director of Pharmacology Education), and representatives from the Office of Undergraduate Medical Education and Medical Student Services; other members are appointed at the discretion of the Senior Associate Dean for Medical Education and Dean

HISTORY

Policy Created: 2014

Approved: January 04, 2022 by Medical Education Committee

Revised: January 05, 2022