

## **New Required Curriculum Proposal Process, 2025**

### **Overview**

At Geisel School of Medicine, under the authority and guidance of the school's Medical Education Committee (MEC), a multidisciplinary team of administrators, faculty, staff, and student leaders are dedicated to delivering a high quality, dynamic curriculum to all students in the MD Program. Increasingly, Geisel is embracing a competency-based educational framework as championed and articulated by the [AAMC](#) in 2024.

At Geisel, all unsolicited **new required curriculum proposals** will be referred to the New Curriculum Proposal Committee (NCPC) for review. Below is a description of the formal, systematic process for managing ideas and proposals for new required curriculum content.

### **Role of Guidelines**

The purpose of these guidelines is to provide a formal, systematic process for managing ideas for new required curriculum content. Key considerations include: (a) curriculum capacity, (b) quality and feasibility, and (c) residency readiness. These considerations must be weighed alongside student needs, institutional priorities, and national/global trends in health and healthcare.

To ensure a fair, timely, and equitable process for managing ideas for new required curricular content, faculty and students must submit a written proposal to the NCPC. **All proposals must be submitted by either a Geisel-affiliated faculty member or a student with a Geisel-affiliated faculty sponsor.**

As the MEC does not oversee this process, **questions regarding the NCPC and the New Required Curriculum Proposal Submission Guidelines should be directed to the NCPC Chair**, and not to the MEC. The NCPC will actively collaborate with the MEC and its standing subcommittees, focusing on issues such as curriculum quality improvement and innovative curricular content.

Information regarding this committee and process is posted for faculty and students on the New Required Curriculum Proposal website. The NCPC will meet quarterly to review submissions. The activities of the NCPC will abide by all existing school policies and procedures, as well as LCME requirements and federal regulations regarding students enrolled in our educational programs.

**A. Curriculum Capacity: Recognize there are a maximum number of content and work hours available within the MD curriculum**

The required four-year MD program is currently at maximum capacity with respect to total curricular hours. Therefore, if new curriculum content is added or integrated, it will necessitate other content be sunset or condensed.

Author(s) should consider how proposed content aligns/integrates with the current courses/curriculum outlined in Geisel's [Curriculum Inventory](#).

Author(s) should also be familiar with and consider MEC policies related to [Preclinical Student Contact Hours Policy](#) and [Clinical Student Work Hours Policy](#).

**B. Quality and Feasibility: Consider the feasibility, design quality, and implementation of the proposed curriculum**

Curriculum design in medical education involves a structured and step-wise approach to creating and implementing learning experiences, including needs assessment, goal setting, content selection, teaching strategies, assessment methods, and evaluation processes.

As part of the initial proposal development, author(s) will need to identify and characterize potential gaps within the current curriculum that the proposed curriculum could address.

In subsequent steps, author(s) will be asked to define the goals, measurable learning objectives, and outline the content of the proposed curriculum.

Author(s) will be invited to identify educational strategies by which the students will achieve the learning objectives as well as how student achievement of learning objectives will be measured.

Finally, author(s) should always consider the resources, institutional support, and administrative needs required to support and successfully implement a curriculum.

**C. Residency Readiness: Address how the proposed content contributes to student competency attainment and residency readiness**

Each component of the curriculum is based on defined goals and objectives that relate directly to and are designed to address Geisel's [Medical Program Objectives](#) (MPOs) and the [AAMC Foundational Competencies](#).

Author(s) should align the proposed curriculum with the [MPOs](#) and the [AAMC Foundational Competencies](#) to ensure the students are adequately equipped with the knowledge, skills, and attitudes needed for success during internship, residency, and beyond.

## Committee

New Curriculum Proposal Committee Membership (8 total members)

- Chair (faculty TBD) – Phase 1
- Vice Chair (faculty TBD) – Phase 2/3
- Assessment/Evaluation team representative
- Instructional Design and Technology representative
- Medical Education staff colleagues - #2
- Student(s) – Co-Academic Chairs of the SGA - #2

The purpose of this standing committee is to serve as 1) a clearinghouse for formal proposals and 2) a quality improvement / faculty development resource for medical educators, including Geisel students and faculty.

The final membership of this standing committee will be determined each spring by the Associate Dean for Medical Education. The composition of the committee will include representatives from each of the three (3) phases of the curriculum. Each member of this standing committee will have a one academic year term. Members will have the opportunity to renew annually prior to the start of the following academic year.

## Process

1. Geisel faculty and students are welcome to submit proposals. Educators must have a formal affiliation with Dartmouth. Any proposal that has more than one faculty member involved should have a designated lead faculty sponsor. Any student proposal must have at least one faculty sponsor.
2. Using a specific form and a [two-step process](#), educators will prepare a New Required Curriculum Proposal Submission, which outlines the framework of and rationale for their idea. Rather than going directly to a specific leader or an existing subcommittee/committee, all faculty and student proposals for new required curriculum will be routed through this centralized process and committee.
3. Each year, there will be four (4) proposal deadlines: September 1, December 1, March 1, and June 1. The NCPC will meet quarterly in September, December, March, and April to review both Step 1 and Step 2 proposals. With respect to timelines, typically, a Step 1 submission by September 1st is the latest deadline that would allow for consideration of implementation in the following year's academic program which starts in July. Submissions to other deadlines would be considered for later academic years.
4. Additional content and/or education experts, such as a specific faculty member and/or Geisel's Office of the Registrar, can be consulted by the NCPC as determined by the scope or topic of the individual proposal.



5. With respect to curriculum proposals, NCPC determinations will be as follows:

For Step 1 proposals:

- a. Approve: Invited to move to Step 2
- b. Revise: The proposal can be revised and resubmitted to the NCPC in advance of the subsequent quarterly deadline
- c. Reject: The NCPC declines to move the proposal forward and the proposal consideration process ends.

For Step 2 proposals:

- a. Approve: The successful proposal will be triaged by the NCPC to an existing subcommittee of the MEC or relevant educational leader
- b. Revise: The proposal should be revised and resubmitted to the NCPC in advance of the subsequent quarterly deadline
- c. Reject: The NCPC declines to move the proposal forward and the proposal consideration process ends.

6. With each decision, a brief but specific written justification and guidance will be provided by the NCPC. These determinations will be shared directly with the lead faculty sponsor. The faculty sponsor will have the responsibility of sharing the decision and feedback with the rest of the team, if relevant.
7. The NCPC will aim to provide general feedback to educators with recommendations regarding revision of content, as appropriate. The NCPC review will also provide specific feedback on feasibility, design, and implementation to facilitate success within the framework of institutional guidelines and concurrent curricular work. Written feedback will be provided within 3-4 weeks of the relevant NCPC meeting.
8. If a proposal is rejected at either Step 1 or Step 2, the team must wait at least one year before submitting a comparable proposal. Ideally, subsequent proposals will take into consideration previous feedback and guidance from the NCPC.
9. The four-year MD program is currently at **maximum capacity** with respect to total required curriculum hours. As such, the MEC and its subcommittees are aware that if new curriculum content is added or integrated, it is imperative for other content to be sunset or condensed. The decision to retire curriculum is under the purview of the MEC and Geisel's phase deans, in consultation with the relevant course and clerkship directors.
10. The NCPC will provide a report of its activity on an annual basis to the Dean of Educational Affairs, the Associate Dean for Medical Education, and the Chair of the Medical Education Committee (MEC).

## Appendix 1: Submission Requirements, Step 1

In Step 1 of your application, please provide an outline of the problem or educational need you aim to address, along with evidence that this issue is not already covered within the existing curriculum. (Suggested total word count: 1,500 words).

All questions must be answered.

1. **Name and email address** of the lead faculty sponsor (listed first)
2. **Name(s) and email address(es)** of faculty/student member(s) co-authors
3. **Title** of the proposal
4. **Scope and Curriculum Category** –
  - a. Explain what is being proposed: a new course/module/class/session/topic/curricular thread
5. **Problem Statement** – Provide a brief, clearly stated sentence summarizing the problem and its significance. Briefly explain what led you (and your team) to focus on this issue and why it deserves broader attention.
6. **Evidence Summary** – Synthesize your review of the evidence supporting the importance of this issue and previous efforts to address it at Geisel.
  - a. Justify its inclusion as a required part of the curriculum for all Geisel students.
  - b. Describe your review of the current Geisel curriculum to confirm that it is not being addressed. [Geisel Curriculum Dashboard](#)
    - i. Use the keyword search to look at course & session objectives using terms relevant to your proposed content
  - c. Explain how the proposed content aligns with [2024 AAMC competencies](#) or Geisel’s [Medical Program Objectives](#) (MPOs)
7. **Specific Aim** – Write a clear, specific, and actionable statement that defines the primary goal of your instructional materials.
8. **Logistics** –
  - a. Identify the curriculum phase where this content may fit best and briefly justify its placement.
  - b. Provide an estimated number of total instructional hours. (A list of individual session is part of the step 2 application, and not needed here).



**9. Integration –**

- a. Does this proposed content align with current curricular components, and how might it be incorporated into existing courses or clerkships?
- b. Could this content be delivered through an Enrichment Opportunity or Clinical Elective, rather than via required curriculum? Please explain.

**10. Resources –** Please provide a brief overview of the resources that might be needed to develop and deliver this curriculum. As examples, faculty and/or staff support, space or equipment needs (e.g., simulation facilities, materials/tools).

## Appendix 2: Submission Requirements, Step 2

For Step 2 of your application, please share further details about the structure of your proposed curriculum, including the approach and methods for carrying out your proposal, a timeline, logistical considerations, and strategies for successful implementation. (Suggested total word count: 3,000 words)

1. **Name and email address** of the lead faculty sponsor (listed first)
2. **Name(s) and email address(es)** of faculty/student member(s) submitting proposal
3. **Title** of the proposal

This information should match the information submitted in Step 1.

4. **Learning Objectives** - Provide course-level objectives that directly support your overall goal for the proposed curriculum.
5. **Content, Methods, and Implementation** - Outline the core components of your proposed curriculum. This is the meat of your proposal, where you'll lay out what you plan to do:
  - a. Detail your strategy for delivery and implementation steps.
  - b. Specify the phase, clerkship, or required rotation during which this content will be delivered. Are additional curricular hours being requested for content delivery?
  - c. List the planned activities and the specific instructional methods you propose to teach the content. (i.e large group discussion/lecture, small groups, PBL integration, asynchronous learning, etc.)
6. **Leadership and Oversight** - Who will be responsible for leading, organizing, delivering, assessing, evaluating, and supporting the delivery of this content?
7. **Faculty** –
  - a. Experts from which department(s) are best positioned to teach these materials?
  - b. Will this initiative necessitate faculty development? Please explain.
  - c. Who are the partners or stakeholders you intend to involve? What is the rationale for their involvement?
8. **Budget** – Provide a detailed budget proposal that includes faculty and staff FTE, if being requested, space or equipment needs (e.g., simulation facilities, materials/tools). Please be as specific as possible.
9. **Timing** - What is the targeted launch date? Do you have a rollout schedule and a plan for pilot testing?



10. **Assessment** – Describe your assessment plan for this material. How will you know that students have acquired the desired knowledge and skills?
11. **Evaluation** - How will you evaluate your curriculum?
12. **Challenges and Limitations** – How feasible is your Specific Aim, and what obstacles might hinder its success? Identify potential barriers and propose strategies to overcome them. Considering the limited number of required contact hours, how would you integrate this new required curriculum without exceeding the allowed time?
13. **Positive Impact** – Conclude your proposal by summarizing the anticipated benefits of your work on undergraduate medical education. Highlight why your proposed content is valuable and how it will contribute to the success of Geisel students.