

COCA Substantive Change Request: Change in Curriculum/Curriculum Length

Effective for reviews submitted on or after October 1, 2024

**Commission on Osteopathic College Accreditation
American Osteopathic Association
142 E. Ontario Street
Chicago, IL 60611-6824
Telephone: (312) 202-8124
E-mail: predoc@osteopathic.org**

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General Information

A substantive change is any modification in a college of osteopathic medicine's (COM) operations, governance, or legal status that does not have a material adverse effect that could impact the COM's capacity to continue to meet the Commission on Osteopathic College Accreditation's (COCA) accreditation requirements for the delivery of the osteopathic medical education curriculum.

Substantive changes that must be reported to the COCA are defined by the U.S. Department of Education under 34 CFR §602.22. The COCA will not grant "pre-approval" of additional locations or branch campuses as those substantive changes are defined in 34 CFR §602.

A COM must receive prior approval from the COCA at least 120 days before the implementation of the substantive change, or within the time frame described under each change below. The COCA will consider requests for expedited reviews of any substantive change application in emergency situations.

The COCA will approve a substantive change when the criteria for the requested change have been met, and the COCA determines that the substantive change will not have a material adverse effect on the capacity of the COM to meet the continuing accreditation standards.

Substantive changes that require COCA approval include:

1. Any change in the established mission or objectives of the institution;
2. A change in location of the institution;
3. Any change in the legal status or form of control of the institution;
4. A change of instruction which represents a significant departure from the current curriculum;
5. A change from clock hours to credit hours or vice versa;
6. A substantial increase or decrease in the number of clock or credit hours awarded for completion of the curriculum;
7. A substantial increase or decrease in the length of the curriculum;
8. Establishment of an additional location or branch campus geographically apart from the main campus;
9. Contracting with a non-Title IV eligible institution for between 25% and 49% of a program;
10. Acquisition of any other institution or any program or location of another institution;
11. Addition of a permanent location at which a teach-out is being conducted for students of another institution that has ceased operations;
12. Any anticipated or unplanned increase in class size;
13. Transition from a branch campus to an additional location or vice versa; and
14. Transition from a branch campus or additional location to an independent COM.

The COCA may consider simultaneous substantive change requests submitted at the same time but may not consider a new request when another request is under review. The COCA will consider requests for reviews of any substantive change application when another is being reviewed in emergency situations.

The COCA will consider applications only from COMs with a current accreditation status of Accreditation or Accreditation with Exceptional Outcome and have no outstanding unmet elements from any type of monitoring including comprehensive reviews, focused reviews, and midcycle reports, for any of the following substantive changes:

1. Additional Location
2. Branch Campus
3. Planned Class Size Increase
4. Acquisition of any other Institution or any Program or Location of Another Institution

The COCA reserves the right to deny any substantive change request.

Substantive Changes Requiring Comprehensive Evaluation

The COCA may require that requests for substantive change be evaluated with a comprehensive evaluation, in addition to the evaluation requirements that exist for each type of substantive change, including whenever the COM meets one or more of the following conditions:

1. Had its last comprehensive site visit three (3) or more years ago;
2. Has received an accreditation status that included “with warning,” or “with probation,” within the last five (5) years;
3. Had an approved substantive change-class size increase within five (5) years;
4. Had a substantive change-unplanned class size increase within seven (7) years;
5. Had an approved substantive change-branch campus within five (5) years; or
6. Had an approved substantive change-additional location within five (5) years.

The COCA may grant a new cycle of review of continuing accreditation to a COM that undergoes a comprehensive site visit for purposes of evaluating a request for substantive change.

If COCA serves as a COMs institutional accreditor, additional information may be required to demonstrate compliance with elements in Standard 12 of the COCA COM Continuing Accreditation Standards. As of March 1, 2024, the COCA will no longer accept applications to serve as an institutional accreditor.

As of March 1, 2029, institutional accreditation by the COCA will end for all COMs. The COCA will no longer confer eligibility for Title IV Federal HEA programs. Subsequently, regardless of its accreditation status, any COM previously institutionally accredited by the COCA must obtain full institutional accreditation from one of the six USDE recognized institutional accreditors to retain COCA’s programmatic accreditation.

Queries about whether a proposed change qualifies as a substantive change and initial requests for a substantive change should be submitted to the COCA at predoc@osteopathic.org or (312) 202-8124. A staff member will contact you to discuss the process and required fees. The required substantive change documents must be submitted through COCA-approved electronic media.

Change in Curriculum/Change in Curriculum Length

Definition

A substantive change in curriculum/curriculum length will be considered when a comprehensive change in the curriculum is planned which means a significant departure from the existing curriculum content, length (increase or decrease of more than 20% during an accreditation cycle) or method of delivery. A modification made to the curriculum as part of the routine curricular evaluation and assessment/improvement process is not considered a substantive change.

Timing

A request for a change in curriculum must be reviewed at the April COCA meeting in the calendar year prior to when the desired change will occur. Application materials must be submitted at least 90 days prior to the COCA meeting where the substantive change will be reviewed.

Application

A request for a change in curriculum/curriculum length must provide documentation that describes the following:

1. The proposed curriculum change;
2. Analysis of additional financial, facility, and faculty resources needed for the curriculum change;
3. Curriculum committee discussion and approval;
4. Faculty governance discussion and approval; and
5. Changes needed in recruitment, academic counseling, and career counseling.

Depending on the scope of the change requested, the application may include a self-study demonstrating compliance with some or all of the following **Continuing accreditation elements**:

1. Element 3.1: Financial Resources

A COM and any branch campus must ensure that the financial resources of the school are adequate to sustain a sound program of osteopathic medical education and to accomplish the programmatic and institutional goals. Because of the potential financial consequences, if any COM or its parent institution experiences a change in status regarding its participation in the Title IV programs following its initial establishment of participation, it must notify the COCA.

Provide:

- a. An updated operational budget that shows impact to the financial resources available to the operation and stability of the COM and/or institution. The operational budget should include (at minimum) the anticipated income, revenue sources, and expenses including budget for faculty and staff through the anticipated graduation of the first class of students.
- b. Documentation of any changes in status in Title IV HEA program participation.

2. Element 3.2: Financial Planning and Budgeting

A COM and any branch campus must have a budgetary process that is designed to

support the mission of the COM, including at any additional locations.

Provide:

a. The flowchart demonstrating the budget development process for the budget covering the parent COM and any additional location(s), indicating where the final budget approval occurs and clearly reflecting the Dean's role in the process.

3. **Element 4.1: Facilities**

A COM (and any branch campus) and its additional location must have facilities for the program of instruction that enable the authorized class size of students and faculty to pursue the mission, curriculum content and delivery, and research/scholarly activity of the COM.

A COM (and any branch campus) must have access to facilities for simulation and standardized patient encounters and must demonstrate how the facilities contribute to student achievement of learning outcomes of its curriculum.

A COM (and any branch campus) must assess the adequacy of the core and required clinical rotation facilities and involve students in the assessment.

The COM must have space available for use by students in a manner intended to support diversity, equity, and inclusion to the extent permitted by law, and must consult with students in the process of establishing such a space.

Provide:

a. A completed Continuing Table 4.1 to describe the on-campus facilities dedicated to DO students.

b. Floor plans of the facilities with designations of how the space will be utilized (full architectural drawings are not required).

c. A description of, and indicate on the floor plans provided, the facilities used for simulation, study space, DEI support, and standardized patient encounters provided to students.

d. How the COM assesses the adequacy of the core and required clinical rotation facilities, including how students are involved in the assessment.

e. How the COM facilities contribute to student achievement of learning outcomes of the curriculum.

f. How the COM assesses the adequacy and efficacy of facilities intended to support diversity, equity, and inclusion, including how students are involved in the assessment.

4. **Element 4.3: Information Technology**

A COM must ensure access to information technology to support its mission at all locations and ensure Wi-Fi availability at all core and required rotation sites. Students, faculty, and staff must be involved in the assessment of information technology services.

Provide:

a. The COM's information technology strategic plan.

b. How students, faculty, and staff are involved in the assessment of information

technology services.

c. The most recent technology assessment report, including input from students, faculty, and staff at all locations/campuses and Wi-Fi availability at core and required clinical rotation sites.

5. **Element 4.4: Learning Resources**

A COM and any branch campus must ensure students and faculty have access to in-person and electronic learning resources at all campus locations that support pre-clinical and clinical education that achieve program objectives and support the COM's mission.

Provide:

a. A completed Continuing Table 4.4 to describe the COM's learning resources at all campus locations.

6. **Element 6.1: Curriculum Design and Management**

A COM and any branch campus must have in place an approved body (e.g., curriculum committee) that exercises collective responsibility for the education program as a whole, and has responsibility for the development, management, evaluation, and enhancement of the curriculum. This committee must include student and faculty representation from the pre-clinical and clinical education years, including representation from any additional campus locations. The curriculum must ensure that students attain the skills, including osteopathic core competencies, interprofessional education and humanistic skills, necessary to demonstrate GME readiness and meet the mission of the COM.

Provide:

- a. The charge and responsibility of the approved body/curriculum committee.
- b. A list of the current members of the approved body/curriculum committee and their titles.
- c. A list of meeting dates, rosters of attendees, and meeting minutes for the past academic year.
- d. The COM's curriculum design and teaching methods. (Not to exceed 250 words.)

7. **Element 6.2: Programmatic Level Educational Objectives**

A COM and any branch campus must define and make all programmatic level educational objectives known to students, faculty, and others with responsibility for student education and assessment.

Provide:

- a. The programmatic level educational objectives for the osteopathic medical education program.
- b. The link to the public webpage where the information is published.

8. **Element 6.3: Maximum Length of Completion**

A COM and any branch campus must have a policy that requires that each single degree student completes the DO degree within 150% of the standard time to achieve the degree (six years following matriculation) and describes any exceptions to the 150% time limit.

Provide:

- a. The policy that describes that single degree DO students must complete their education within 150% of the standard time (six years following matriculation).
- b. The link to the public webpage where this policy is published.
- c. A list identifying any single degree DO student(s) who graduated beyond 150% of the standard time and provide a detailed explanation as to the reason for allowing the student(s) to graduate past the 150% of the standard time.

9. **Element 6.4: Osteopathic Core Competencies**

A COM and any branch campus must teach and educate students to ensure the development of the seven osteopathic core competencies of medical knowledge, patient care, communication, professionalism, practice-based learning, systems-based practice, and osteopathic principles and practice/osteopathic manipulative treatment.

Provide:

- a. The COM's delivery of its curriculum including teaching and educating its students to ensure the development of the seven osteopathic core competencies of medical knowledge, patient care, communication, professionalism, practice-based learning, systems-based practice, and osteopathic principles and practice/osteopathic manipulative treatment. (Not to exceed 250 words.)
- b. A curriculum map demonstrating where the osteopathic core competencies are delivered.

Note: A single curriculum map can be provided for elements 6.4-6.8 and 6.12

10. **Element 6.5: Scientific Method**

A COM and any branch campus must ensure that the curriculum includes instruction in the scientific method including data collection to test and verify hypotheses or address questions regarding biomedical phenomena and in the basic scientific and ethical principles of clinical and translational research. The curriculum must include the methods by which such research is conducted, evaluated, explained to patients who are part of clinical studies, and applied to patient care.

Provide:

- a. The COM's delivery of its curriculum including instruction in the scientific method addressing data collection, testing and verifying hypotheses or questions regarding biomedical phenomena and the basic scientific and ethical principles of clinical and translational research. The curriculum must include the methods by which such research is conducted, evaluated, explained to patients/subjects of a clinical study, and applied to patient care. (Not to exceed 250 words.)
- b. A curriculum map demonstrating where scientific method content is delivered.

11. **Element 6.6 Principles of Osteopathic Medicine**

In each year of the curriculum, a COM and any branch campus must provide each student with instruction in osteopathic principles and practice (OPP), including both observation and hands-on application of osteopathic manipulative medicine (OMM)

supervised by COM-credentialed DO or MD.

Provide:

- a. The COM's delivery of its OPP and OMM curricula including instruction in OPP, including both observational and hands-on application of OMM. (Not to exceed 250 words.)
- b. A curriculum map demonstrating where OPP and OMM content are delivered.

12. **Element 6.7: Self-Directed Learning**

A COM and any branch campus must ensure that the curriculum includes self-directed learning experiences and time for independent study to allow students to develop skills for lifelong learning. Self-directed learning includes students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of sources of information.

Provide:

- a. The COM's delivery of its curriculum including self-directed learning experiences and time for independent study allowing students to develop skills for lifelong learning. (Not to exceed 250 words.)
- b. A curriculum map demonstrating where self-directed learning experiences and time for independent study are delivered.

13. **Element 6.8: Interprofessional Education for Collaborative Practice**

In each year of the curriculum, a COM and any branch campus must ensure that the core curriculum prepares osteopathic medical students to function collaboratively on health care teams, adhering to the Interprofessional Education Collaborative (IPEC) core competencies, by providing learning experiences in academic and/or clinical environments that permit interaction with students enrolled in other health professions degree programs or other health professionals.

Provide:

- a. The COM's delivery of its curriculum which includes the COM's preparation of students to function collaboratively on health care teams, adhering to the IPEC core competencies. (Not to exceed 250 words.)
- b. A curriculum map demonstrating where interprofessional education is delivered.

14. **Element 6.9: Clinical Education**

A COM must:

1. Describe how clinical skills are taught and assessed throughout its curriculum;
2. Define eligibility requirements, including clinical skills, for a student to enter clinical rotations;
3. Define its core clinical rotations, core clinical rotations must include family medicine, internal medicine, general surgery, and pediatrics (all core clinical rotations must be a minimum of four weeks long and must include in-person patient care);
4. Define its required clinical rotations, required clinical rotations must include psychiatry, obstetrics and gynecology, and emergency medicine (all required clinical rotations must be a minimum of four weeks long and must include in-person patient

care); Note: Critical care medicine can be substituted for emergency medicine. Note: Psychiatry and obstetrics and gynecology will change from a required to a core rotation by July 1, 2027.

5. Define the types of patients and clinical conditions that osteopathic medical students are required to encounter, the clinical skills to be performed by the students, the appropriate clinical setting for these experiences, and the expected levels of student responsibilities;

6. Provide clinical education rotations, including demonstration of adequate faculty, for the three-year rolling average of the number of students eligible to enter core and required rotations for the first time, students repeating core and required rotations, and off-cycle students;

7. Have published policies and procedures (protocols) addressing methodologies by which students can satisfactorily complete, including remediation activities, the clinical education curriculum, including standardized/simulated and supervised patient encounters; and

8. Provide executed affiliation agreements that support the clinical educational experience for its students.

Note: The distinction between core rotations and required rotations is that core rotations must be taught in the third year of the curriculum by the faculty who hold (or have held) board certification, or be board eligible, in the listed specialty. These stipulations do not apply to required rotations.

Provide:

a. A copy of a COM-approved clinical education affiliation agreement.

b. Provide a list of all contracted clinical sites for core and required clinical rotations. At the time of the site visit, a COM must produce all documents that evidence the acceptance of the COM's students to participate at the affiliate sites, including all executed affiliation agreements.

c. The definition of a student eligible to enter clinical rotations.

d. Documentation (e.g., clinical education manual) listing core and required third- and fourth-year rotations.

e. Syllabi for all core and required clinical rotations.

f. Evidence that each student at a minimum must successfully complete core clinical rotations including family medicine, internal medicine, general surgery, and pediatrics.

g. Evidence that each student must successfully complete required clinical rotations including psychiatry, obstetrics and gynecology, and emergency medicine.

h. The policies and procedures (protocols) demonstrating how clinical education is delivered to all students through the COM.

i. A completed Continuing Table 6.9a detailing student population eligible to participate in clinical rotations.

j. A completed Continuing Table 6.9b demonstrating adequacy of core clinical rotation and required clinical rotation capacity.

k. A contingency plan for all core and required rotations indicating how students will be placed in clinical education in the event opportunities are no longer available.

15. **Element 6.10: Clinical Experience**

A COM and any branch campus must ensure that each student's rotations prior to the fourth-year clinical clerkships include the following experiences: 1) at least one rotation conducted in a health care setting in which the student works with resident physicians currently enrolled in an accredited program of graduate medical education; 2) at least one rotation under the supervision of an osteopathic physician; and 3) more than one rotation in an inpatient setting.

Provide:

- a. A de-identified document showing how the most recent cohort of students received the mandatory clinical experiences prior to their fourth-year clinical clerkships from the system used by the COM to track compliance with these requirements.
- b. The process the COM uses to ensure students receive the mandatory clinical rotation experiences prior to their fourth-year clinical clerkships. (Not to exceed 250 words)

16. **Element 6.11: Comparability Across Clinical Education Sites**

A COM and any branch campus must ensure that the curriculum includes comparable educational experiences and equivalent methods of assessment across all core and required clinical educational sites where students learn, ensuring all students achieve similar outcomes based on educational learning objectives. This comparison of comparability must include a statistical analysis.

Provide:

- a. The policies and procedures describing how student outcomes at clinical educational sites are reviewed and utilized in the determination of the comparability of outcome of the clinical experiences.
- b. The most recent report assessing student outcomes across sites, including a statistical analysis. Describe plans to address any issues found.

17. **Element 6.12: Diversity, Equity, and Inclusion (DEI) Curriculum**

A COM must incorporate diversity, equity, and inclusion into its curriculum to the extent permitted by law.

Provide:

- a. A description of the COM's curriculum that includes issues related to diversity, equity, and inclusion.
- b. A curriculum map demonstrating where the diversity, equity, and inclusion content is delivered.

18. **Element 7.1: Faculty and Staff Resources and Qualifications**

At all educational teaching sites, including affiliated sites, a COM must have sufficient faculty and clinical staff resources to achieve the program mission, including part time and adjunct faculty, and preceptors who are appropriately trained and credentialed. The physician faculty, in the patient care environment at core rotation sites, must hold current medical licensure and have had AOA or ABMS board certification at some time in their career or be currently board eligible in the specialty being taught.

A COM must have a mechanism to review and approve credentials of physician faculty that have never been board certified or are not board eligible by the AOA or ABMS at non-core rotations sites.

All non-physician faculty in the patient care environment must have demonstrated appropriate qualifications in their disciplinary field.

COMs that have met the qualifications to request a substantive change are expected to uphold the same level of faculty and staff resources to ensure success of the new curriculum.

Provide:

- a. An organizational chart (including titles and names) demonstrating how the faculty are organized.
- b. a completed Continuing Table 7.1a and 7.1b
- c. A description of the mechanism to review and approve credentials of physician faculty that have never been board certified or are not currently board eligible by the AOA or ABMS at non-core rotations sites.

19. **Element 7.3: Department Chair Qualifications**

A COM and any branch campus must employ chairs of department(s), or the equivalent of departments, with proven experience in teaching and academic leadership in a medical education setting. For clinical department chairs, the chair must have an active medical license and active AOA or ABMS board certification in their specialty.

Provide:

- a. The organizational chart (including titles and names) demonstrating the reporting hierarchy for each department.
- b. The current job description for each department chair, or equivalent.
- c. A complete and current curriculum vitae for each department chair, or equivalent.
- d. For each clinical department chair, or equivalent, the medical license (if a DO or MD).
- e. For each clinical department chair, or equivalent, the AOA or ABMS board certification documents (if a DO or MD).

20. **Element 7.4: Primary Care Leadership**

A COM may organize its medical faculty under an organizational structure of its own design, but the leadership of the COM's clinical education must include one or more actively licensed osteopathic physicians who are AOA or ABMS board certified in a primary care discipline (family medicine, internal medicine, or pediatrics) with proven experience in teaching and academic leadership in a medical education setting.

Provide:

- a. The job description for the chair of primary care, or equivalent.
- b. A complete and current curriculum vitae for the chair of primary care, or equivalent.
- c. A copy of the chair's, or equivalent, medical license.
- d. A copy of the chair's, or equivalent, AOA or ABMS board certification documents

21. **Element 7.5: OMM/OPP Leadership**

Osteopathic philosophy and principles (OPP) that include osteopathic manipulative medicine (OMM) are defining characteristics of a COM in maintaining its osteopathic distinction. Accordingly, in a Department of OMM/OPP or equivalent, a COM must employ at least one full-time Doctor of Osteopathic Medicine with proven experience in developing and delivering OMM/OPP curriculum at a COM, an active medical license, and active board certification from the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) or a Certificate of Special Proficiency in OMM (C-SPOMM), whose principal duties include developing the osteopathic content of the COM's curriculum.

Provide:

- a. The job description for the chair of OMM/OPP.*
- b. A complete and current curriculum vitae for the chair of OMM/OPP.*
- c. A copy of the chair's* medical license.
- d. A copy of the chair's* AOA board certification documents.

* or person responsible for developing the OMM/OPP curriculum.

22. **Element 7.7: Faculty Association**

A COM must have a faculty organization that serves as a representative forum for faculty participation for the free exchange of ideas and concerns, of all faculty. The faculty association must include representation of faculty from all campus locations, when applicable. A branch campus may have a faculty association independent from its parent COM.

Provide:

- a. The bylaws for the faculty association(s).
- b. A list of faculty association(s) meeting dates, rosters of attendees, and meeting minutes for the past academic year.
- c. A copy of, or link to, the faculty handbook.

23. **Element 7.8: Faculty Appointment and Advancement**

A COM must have clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure (if a tenure program exists), and remediation. The policies and procedures must provide each faculty member with written information about his or her term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, due process, and, if relevant, the policy on practice earnings.

A COM or its parent institution must create a process to review pay and rank parity every three years consistent with its mission-appropriate diversity outcomes among its faculty.

Provide:

- a. The policies and procedures for faculty appointment and advancement, including:
 - i. term of appointment;

- ii. responsibilities;
- iii. lines of communication;
- iv. privileges and benefits;
- v. performance evaluation and remediation;
- vi. f. terms of dismissal;
- vii. due process; and
- viii. the policy on practice earnings (if relevant).

Note: If these policies/procedures are part of a larger document, please provide a specific citation (e.g., page number/section number) to where the above policies can be located.

- b. The link to the webpage where the documents are published.
- c. The pay/rank equity review policy.
- d. The most recent pay/rank equity study.

24. **Element 7.9: Diversity, Equity, and Inclusion (DEI) Training**

A COM must offer DEI training to employed faculty and staff at least annually to the extent permitted by law.

Provide:

- a. Documentation demonstrating that DEI training is offered to all COM-employed faculty and staff at least annually.

25. **Element 8.1: Research and Scholarly Activity Strategic Plan**

A COM must produce and publish a strategic plan for research and scholarly activities at all campus locations that documents how the COM intends to contribute to the advancement of knowledge through research and scholarly contributions. The plan must include cultural competency and health disparities research/scholarly activities.

Provide:

- a. The COM's research and scholarly activity strategic plan.
- b. The link to the public webpage where the research and scholarly activity strategic plan is published.

26. **Element 9.2: Academic Standards**

A COM must publish and follow policies and procedures on academic standards that include grading, class attendance, tuition and fees, refunds, student promotion, retention, graduation, students' rights and responsibilities, and the filing of grievances and appeals.

Provide:

- a. The policies and procedures on academic standards, including:
 - i. grading
 - ii. class attendance
 - iii. tuition and fees
 - iv. refunds
 - v. student promotion

- vi. retention
- vii. graduation
- viii. students' rights and responsibilities; and
- ix. filing of grievances and appeals

Note: If these policies/procedures are part of a larger document, please provide a specific citation (e.g., page number/section number) to where the above policies can be located.

- b. The link to the public webpage where the documents are published.

27. Element 9.5: Academic Counseling

A COM must provide academic counseling to assist all students in study skills, learning styles, learning resources, and other assistance for academic success.

Provide:

- a. The process for ensuring that academic counseling is provided to students at all locations. (Not to exceed 250 words.)
- b. A completed Continuing Table 9.5.

28. Element 11.1: Program Assessment

A COM must conduct learning outcome assessments that connect to its program mission, goals, and objectives to continuously improve the educational quality of its osteopathic medical education program.

Provide:

- a. The guiding documents which govern how the COM conducts program learning outcome assessments. This may be in the form of a program review manual or guide that has been adopted by the faculty. This must describe an assessment of the osteopathic core competencies in the curriculum
- b. A list of the program learning outcome assessments performed over the past three academic years.
- c. Examples of changes in curriculum, pedagogy, counseling, or other aspects of the student experience that have been made as a result of recent program reviews in order to more fully support student learning, including the core competencies.

29. Element 11.2: Student Evaluation of Instruction

A COM must have policies and procedures in place to collect and consider confidential student evaluations of their courses, clerkships, faculty, and other relevant student experiences. The COM must demonstrate that these results are incorporated into the COM's self-assessment to improve curriculum; promote diversity, equity, and inclusion; and address deficiencies in student experiences.

Provide:

- a. The processes for obtaining student evaluation of classroom and clinical instruction.
- b. How student evaluations are kept confidential. (Not to exceed 250 words.)
- c. The evaluation forms used by the students for these purposes.

d. A flowchart demonstrating how the evaluation data are utilized in curricular improvement.

Monitoring

Monitoring will occur as part of the routine annual reporting to the COCA. In addition, the COCA may require a progress report, student survey, or a focused site visit.

Successful completion of the application and all required monitoring, and approval by COCA, completes the Change in Curriculum/Change in Curriculum Length process.