



# Curriculum Committee

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## **Purposes and Functions of the Curriculum Committee**

Through its management and oversight of the undergraduate program leading to the Medical Doctor (M.D.) degree, the College of Medicine Curriculum Committee ensures that students learn the requisite knowledge, skills, attitudes and behaviors to progress to residency training. The Curriculum Committee functions in accordance with the LCME Standard 8.1 mandate that “an institutional body (e.g., a faculty committee) oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation and enhancement of a coherent and coordinated curriculum.” (Appendix 1)

## **Curriculum Design and Management**

The Curriculum Committee works to continually update the medical curriculum and to ensure that students receive the most effective and relevant curriculum for the practice of medicine.

Curriculum Design and **Management** Functions:

- Review Global Objectives
  - Review, evaluate, and periodically update the global objectives of the entire medical education program.
  - Ensure adequate coverage of all competencies throughout the curriculum.
  - In consultation with individual course directors, evaluate whether the distribution of competencies among courses is logical and coherent.
- Ensure Vertical and Horizontal Integration
  - Horizontal Integration – Assess whether each course employs multidisciplinary, foundational concepts from the pertinent basic sciences disciplines that advance understanding of clinical medicine.
  - Vertical Integration – Assess whether the sequencing of courses provides a functional building of concepts to facilitate student learning.
  - Make recommendations on curriculum structure based on feedback from the Quality Assurance Reports
  - Provide faculty with suggestions for local best practices in teaching, learning, and evaluation.

## **Curriculum Evaluation**

The Curriculum Committee reviews aggregate data and individual course measures annually. Based upon these measures, the Committee recommends subsequent action, when necessary, and devises a mechanism to monitor the action taken. In addition to the review of aggregate data (see examples below), individual courses are reviewed annually through Course Quality Assurance Reports. (Appendices 3 and 4) Annually, the Committee compiles the data from the abovementioned and submits a report to the Dean that contains an overall review of the curriculum, including recommendations for further action or resources needed.

**Curriculum Evaluation Functions:**

- Review and Evaluate Individual Courses (Appendix 3 and 4)
- Review and Evaluate Aggregate Data
  - Step 1 & 2 results
  - CPX results

- Overall course and faculty evaluation data
- Match results
- Entering class demographics – gpa, mcat, geography, etc
- Residency Director Reports
- AAMC Graduation Questionnaire

## **Program and Course Request Approvals**

The Curriculum Committee deliberates upon all requests to modify programs or courses within the College of Medicine. Whereas the Curriculum Committee reviews course/program changes required for the Medical Doctor degree, the Basic Science Subcommittee (see below) reviews all other course/program changes and communicates recommendations to the Curriculum Committee for final approval.

### **Program and Course Request Functions:**

- Evaluate requests for completeness of information (Appendix 5)
- Communicate concerns, follow up action needed to the requestor
- Assess the proposal alignment with the global objectives of the educational program.
- Assess (at minimum) the adequacy of the following to support course/program activities:
  - Facilities
  - Faculty expertise and dedicated time
  - Office of Curriculum personnel expertise and availability

## **Policy Development**

The Curriculum Committee recommends policies that support any of the above functions. This includes, but is not limited to, policies concerning curriculum design, pedagogical principles, assessment standards, course and faculty evaluation standards, and admissions criteria.

## **Recordkeeping**

Per LCME Standard 8, the Curriculum Committee must document the performance of its designated functions. This documentation also serves to ensure that global medical education objectives are fulfilled and that the education program is moving forward.

Recordkeeping Functions:

- Curricular Quality Assurance documents, including annual report to the Dean
- Curriculum Committee minutes
- Policy changes
- Course and program change forms and supporting documents

## **Membership of Curriculum Committee**

From *College of Medicine Rules of Procedure and Structures of Committee* (Appendix 2): The Curriculum Committee shall be composed of three basic science faculty, four clinical science faculty,

one community-based faculty, a medical student representative from each class, the Associate Dean for Academic Affairs, and the Assistant Dean for Curriculum (as an ex officio member). The Chair will be the Associate Dean for Academic Affairs.

### **2016-2017 Curriculum Committee Membership**

Christopher Feddock, M.D., M.S., Associate Dean for Curriculum, serves as Chair and voting member. John Ragsdale, M.D., M.S., Assistant Dean for Clinical Educations, serves as Vice-Chair, and assumes the role of chair in the absence of Dr. Feddock.

Basic science faculty:

- Brian Higgins, Ph.D., Department of Microbiology
- Brian Jackson, Ph.D., Department of Physiology
- Raven Piercey, Ph.D., Department of Behavioral Science

Clinical science faculty:

- Andy Ayoob, M.D., Department of Radiology
- Curtis Cary, M.D., Department of Pediatrics
- Agatha Critchfield, M.D., Department of Obstetrics & Gynecology
- Deborah Erickson, M.D., Department of Urology
- Wanda Gonsalves, M.D., Department of Family & Community Medicine
- Jeremy Hart, M.D., Department of Pathology

Medical student members:

- Mackenzie Wyatt, M-1
- Doug Zoerner, M-2
- Taylor Shackleford, M-3
- Joshua Rock, M-4

## **M1-M2 Course Director Subcommittee**

### 1) RESPONSIBILITY

- a) Coordinate and implement the educational activities in the preclerkship curriculum.
- b) Monitor and coordinate course content to ensure fulfillment of the overall curriculum plan.
- c) Perform periodic reviews of outcome data for the M1 and M2 academic years.
- d) Make policy and procedure recommendations to the Curriculum Committee for review and approval.
- e) Any additional roles as designated by Curriculum Committee.

### 2) MEMBERSHIP

- a) All course directors and co-course directors in the M1 and M2 academic years. Each individual shall be allotted a single vote.
- b) Senior Associate Dean for Medical Education (ex-officio and non-voting)
- c) Assistant/Associate Dean for Curriculum (ex-officio and non-voting)
- d) Chairperson of the M3-M4 subcommittee (ex-officio and non-voting)
- e) A 3<sup>rd</sup> year class representative selected by his/her class (non-voting)
- f) Other non-voting members shall be appointed as deemed necessary

### 3) FUNCTIONS

- a) The chairperson shall convene the Subcommittee at his/her discretion or at the direction of the Curriculum Committee Chair.
- b) The Subcommittee shall elect a chairperson and/or vice-chairperson as necessary to fill vacancies. An elected chairperson will serve a 1-year term. A vice-chairperson shall be elected at the beginning of each academic year who shall succeed the chairperson at the beginning of the subsequent academic year. Whenever the chairperson is absent, the vice-chairperson shall fulfill the functions and duties of chairperson.
- c) Formal actions by the committee include elections, policy recommendations, or procedure recommendations shall be approved by a simple majority vote. A quorum of 15 voting members is necessary for any formal vote.
- d) The chairperson shall attend Curriculum Committee meetings as an ex-officio member and present any policy or procedure recommendations to the Committee.

## **M3-M4 Clerkship Directors Subcommittee**

### 1) RESPONSIBILITY

- a) Coordinate and implement the educational activities in the clerkship curriculum.
- b) Monitor and coordinate course content to ensure fulfillment of the overall curriculum plan.
- c) Perform periodic reviews of outcome data for the M3 and M4 academic years.
- d) Make policy and procedure recommendations to the Curriculum Committee for review and approval.
- e) Any additional roles as designated by Curriculum Committee.

### 2) MEMBERSHIP

- a) All course directors and co-course directors for the required clerkships and primary acting internship rotations. Each individual shall be allotted a single vote.
- b) Senior Associate Dean for Medical Education (ex-officio and non-voting)
- c) Assistant/Associate Dean for Curriculum (ex-officio and non-voting)
- d) Chairperson of the M1-M2 subcommittee (ex-officio and non-voting)
- e) A 4<sup>th</sup> year class representative selected by his/her class (non-voting)
- f) Other non-voting members shall be appointed as deemed necessary

### 3) FUNCTIONS

- a) The chairperson shall convene the Subcommittee at his/her discretion or at the direction of the Curriculum Committee Chair.
- b) The Subcommittee shall elect a chairperson and/or vice-chairperson as necessary to fill vacancies. An elected chairperson will serve a 1-year term. A vice-chairperson shall be elected at the beginning of each academic year who shall succeed the chairperson at the beginning of the subsequent academic year. Whenever the chairperson is absent, the vice-chairperson shall fulfill the functions and duties of chairperson.
- c) Formal actions by the committee include elections, policy recommendations, or procedure recommendations shall be approved by a simple majority vote. A quorum of 7 voting members is necessary for any formal vote.
- d) The chairperson shall attend Curriculum Committee meetings as an ex-officio member and present any policy or procedure recommendations to the Committee.

## **Basic Science Subcommittee**

### **Responsibility**

This subcommittee is charged with reviewing all undergraduate and graduate basic science course proposals/changes and program proposals/changes. The subcommittee will serve in an advisory manner to the Curriculum Committee providing recommendations for the full Curriculum Committee to modify and/or forward on to the Dean and Faculty Council.

### **Membership**

The subcommittee consists of two members of the Curriculum Committee and five additional faculty members with primary appointments in basic science departments who serve as course directors of undergraduate or graduate courses. Faculty members will be identified on the basis of their broad, educational perspective and their ability to view the curriculum as an integrated program. Terms of office shall be between three and five years and in order to insure a continuum of activity and ideas, the membership terms will be staggered. Curriculum Committee will make recommendations for membership and forward recommendations to the Dean. The Dean will officially appoint faculty to the Basic Science Subcommittee. One of the Curriculum Committee members will serve as chairperson and report subcommittee recommendations to the Curriculum Committee.

### **Functions**

1. Review proposals for changes in content, emphasis and time allotment for each course
2. Assess whether major curricular changes meet the goals of the educational program
3. Consider whether resources are adequate to meet the course objectives

## **Appendix 1. LCME Structure and Function of a Medical School (Effective July 1, 2015)**

### **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 enables its medical students to achieve those competencies and objectives. The 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.

#### ***6.1 Format/Dissemination of Medical Education Program Objectives and Learning Objectives***

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students, faculty, residents, and others with responsibility for medical student education and assessment. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

#### ***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.

#### ***6.3 Self-Directed and Life-Long Learning***

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

#### ***6.4 Inpatient/Outpatient Experiences***

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

#### ***6.5 Elective Opportunities***

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.

#### ***6.6 Service-Learning***

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and community service activities.



### **6.7 Academic Environments**

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate, and professional degree programs and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

### **6.8 Education Program Duration**

A medical education program includes at least 130 weeks of instruction.

## **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.

### **7.1 Biomedical, Behavioral, Social Sciences**

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary scientific knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

### **7.2 Organ Systems/Life Cycle/Primary Care/Prevention/Wellness/Symptoms/ Signs/Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors**

The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to:

- Recognize wellness, determinants of health, and opportunities for health promotion and disease prevention.
- Recognize and interpret symptoms and signs of disease.
- Develop differential diagnoses and treatment plans.
- Recognize the potential health-related impact on patients of behavioral and socioeconomic factors.
- Assist patients in addressing health-related issues involving all organ systems.

### **7.3 Scientific Method/Clinical/Translational Research**

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care).

### **7.4 Critical Judgment/Problem-Solving Skills**

The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical

judgment based on evidence and experience, and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.

### ***7.5 Societal Problems***

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

### ***7.6 Cultural Competence/Health Care Disparities/Personal Bias***

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding:

- The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.
- The basic principles of culturally competent health care.
- The recognition and development of solutions for health care disparities.
- The importance of meeting the health care needs of medically underserved populations.
- The development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensionally diverse society.

### ***7.7 Medical Ethics***

The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires its medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

### ***7.8 Communication Skills***

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

### ***7.9 Interprofessional Collaborative Skills***

The faculty of a medical school ensures that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

## **Standard 8: Curricular Management, Evaluation, and Enhancement**

The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that 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.

### ***8.1 Curricular Management***

A medical school has in place an institutional body (e.g., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

### ***8.2 Use of Medical Educational Program Objectives***

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, to review and revise the curriculum, and to establish the basis for evaluating programmatic effectiveness. The learning objectives of each required course and clerkship are linked to medical education program objectives.

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

The faculty of a medical school 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 faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.

### ***8.4 Program Evaluation***

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 medical education program quality. These data are collected during program enrollment and after program completion.

### ***8.5 Use of Student Evaluation Data in Program Improvement***

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

### ***8.6 Monitoring Of Completion of Required Clinical Experiences***

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

### ***8.7 Comparability of Education/Assessment***

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

### ***8.8 Monitoring Student Workload***

The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

## **Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety**

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

### ***9.1 Preparation of Resident and Non-Faculty Instructors***

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, with central monitoring of their participation in those opportunities provided.

### ***9.2 Faculty Appointments***

A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.

### ***9.3 Clinical Supervision of Medical Students***

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

### ***9.4 Variety of Measures of Student Achievement / Direct Observation of Core Clinical Skills***

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

### ***9.5 Narrative Assessment***

A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

### ***9.6 Setting Standards of Achievement***

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

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

A medical school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship four or more weeks in length to allow sufficient time for remediation. Formal feedback typically 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 a medical student can measure his or her progress in learning.

### ***9.8 Fair and Timely Summative Assessment***

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.

***9.9 Single Standard for Promotion/Graduation and Appeal Process***

A medical school ensures that the medical education program has a single standard for the promotion and graduation of medical students across all locations and a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to promotion, graduation, or dismissal.

## **Appendix 2. College of Medicine Rules of Procedure and Structures of Committee**

(approved 1/25/10)

### **3.41 The Curriculum Committee:**

- a. **Charge:** The Curriculum Committee advises the Faculty Council on broad instructional policy issues and makes recommendations on the curricula of the college. This committee shall:
  1. Review and evaluate the global objectives of all medical educational programs of the College;
  2. Determine whether educational goals of the College are being met and recommend means by which deficiencies should be corrected;
  3. Consider whether resources to achieve the educational mission and objectives of the College are adequate and make recommendations for corrective measures;
  4. As needed, recommend changes in the criteria to be used for student admissions;
  5. Recommend significant changes in schedules and content of the curriculum, recommend incorporation of innovative teaching methods and improve either vertical or horizontal integration of the curriculum;
  6. Review proposals for changes in content, emphasis and approximate time allotment for each course offered. To facilitate this activity, all Directors of required medical degree courses shall submit, as part of the curriculum quality assurance program, an annual written report to the Curriculum Committee in which the educational operating procedures for each required medical degree course are reviewed and in which changes are proposed. Based upon its review of the reports, the Curriculum Committee will recommend curriculum changes to the Dean and Faculty Council;
  7. Review the curriculum as a whole and recommend appropriate changes to the Dean and Faculty Council;
  8. Examine the teaching methods and student learning environment and determine whether they are appropriate to meet the educational goals of the College.
- b. **Curriculum Change Procedures:** The Faculty Council will study the recommendation(s) for curriculum changes submitted for implementation by the Curriculum Committee, assess strengths and weaknesses, and notify the Dean and Curriculum Committee of its determinations of the academic merit of each of the recommendations. The Faculty Council's ex-officio representative to the Curriculum Committee has the discretion to act on behalf of the Faculty Council concerning course changes or submissions he/she deems to be minor changes. The ex-officio member shall refer major changes to the entire Faculty Council for discussion. When the Faculty Council determines that a major curricular recommendation does not have sufficient academic merit, the Faculty Council will notify the Curriculum Committee of its suggestions for strengthening the Curriculum Committee's final recommendation to the Dean. Routine matters related to course administration will be coordinated by the Office of Academic Affairs by interaction with appropriate Course Directors.
- c. **Membership:** The Curriculum Committee shall be composed of three basic science faculty, four clinical science faculty, one community-based faculty, a medical student representative from each class, the Associate Dean for Academic Affairs, and the

**Assistant Dean for Curriculum (as an ex officio member). The Chair will be the Associate Dean for Academic Affairs.**

- 1. Faculty members will be recommended by the Faculty Council appointed by the Dean after consultation with the appropriate Departmental Chair and Associate Deans.**
- 2. Faculty members will be identified on the basis of their broad, educational perspective and their ability to view the curriculum as an integrated program. Terms of office shall be three years and in order to insure a continuum of activity and ideas, the membership terms will be staggered.**
- 3. The student members are selected by their class. The junior and senior class representatives shall serve as voting members with one vote delegated to the senior if present or the junior class representative if the senior class representative is absent.**
- 4. Standing subcommittees shall consist of the course directors of the various courses of the curriculum. The subcommittees shall be organized as deemed most appropriate and shall report to the Curriculum Committee and advise it.**