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 Liaison Committee on Medical Education

**TEAM REPORT**

**OF THE**

**SURVEY FOR PRELIMINARY ACCREDITATION OF**

**OFFICIAL NAME OF THE**

**SCHOOL OF MEDICINE**

**City, State**

**Month #-#, 20##**

PREPARED BY AN AD HOC SURVEY TEAM

FOR THE

**LIAISON COMMITTEE ON MEDICAL EDUCATION**

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***Note to Team Secretary: Add or remove required and team-selected appendix documents in order.***

A. Survey visit schedule

B. Planning Self-study summary and composition of planning self-study committees

C. Maps

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***Note to Team Secretary: Replace or delete the highlighted areas and remove all highlight color before finalizing the survey report.***

# Memorandum

TO: Liaison Committee on Medical Education (LCME)

FROM: The Secretary of the ad hoc Survey Team that Conducted a Survey Visit for Preliminary Accreditation to the Name of School on Month #-#, 20##

RE: Survey Report

The following survey report is provided on behalf of the ad hoc LCME survey team that conducted a survey visit for preliminary accreditation to the Name of School on Month #-#, 20##.

Respectfully,

Survey team secretary signature

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Name, Degrees
Survey Team Secretary

# Introduction

A survey for preliminary accreditation of the Name of School was conducted on Month #-#, 20## by the following ad hoc survey team representing the Liaison Committee on Medical Education (LCME):

Chair:

Name

Title

Institution

Secretary:

Name

Title

Institution

Member:

Name

Title

Institution

Member:

Name

Title

Institution

SAMPLE

The team expresses its sincere appreciation to Dean First and Last Name and the administration, faculty, and staff of Name of School for their many courtesies and accommodations during the survey visit. Others’ First and Last Names merit special recognition and commendation for their thoughtful visit preparations and generous support during the conduct of the survey.

A copy of the survey visit schedule is included as Appendix A.

# The Data Collection Instrument (DCI) and the Planning Self-Study

(*See Appendix B for a summary of the planning self-study findings and composition of the planning self-study committees)*

Briefly describe the following:

* Quality (e.g., clear, complete, and concise) of the DCI. Were the DCI questions appropriately answered, and the requested information and appropriate documents included?
* Involvement of faculty and other stakeholders in the Planning Self-Study.
* Correlation between the Planning Self-Study findings and the survey team findings.

# Development and Setting of the School

*(See Appendix C for maps showing the location of clinical affiliates and, if relevant, regional campuses)*

Using information from the planning self-study and other sources, briefly summarize the history of the medical school to date, including its anticipated location and setting and the location(s) of affiliated hospitals (as available).

## Standard 1: Mission, Planning, Organization, and Integrity

**A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.**

*Include at least the following in the Appendix:*

Appendix #: An executive summary of the medical school strategic plan, as available (Element 1.1)

Appendix #: Standing committees of the medical school, to date (Element 1.3, DCI Table 1.3-1)

List any additional appendix documents for this standard and insert them into the Table of Contents.

### Element 1.1 Strategic Planning and Continuous Quality Improvement

**A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program’s compliance with accreditation standards.**

1. Briefly comment on the status, to date, of the development of a strategic plan for the medical school, including the development of its mission and goals. Summarize the process that is being used to develop the strategic plan and note if the school’s strategic plan is being created in collaboration with its sponsoring organization. Describe how and by whom the outcomes of the strategic plan will be monitored.

2. Describe the processes that will be used and the personnel and other resources that are or will be available to support continuous quality improvement activities related to the medical education program, including monitoring ongoing performance in accreditation elements. Has a plan to monitor compliance with LCME accreditation elements been developed or is planning for the school’s CQI process underway?

### Element 1.2 Conflict of Interest Policies

**A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.**

1. Place an “X” next to each unit for which the primary institutional governing board is directly responsible:

|  |  |
| --- | --- |
|  | University system |
|  | Parent university/organization |
|  | Health science center |
|  | Medical school |
|  | Other (describe): |

Note if there is a separate/subsidiary board for the medical school.

2. Place an “X” next to each area for which the medical school or its sponsoring organization has a faculty conflict of interest policy:

|  |  |
| --- | --- |
|  | Conflict of interest in research |
|  | Conflict of private interests of faculty with academic/teaching/responsibilities |
|  | Conflict of interest in commercial support of continuing medical education |

3. If the medical school is part of a for-profit, investor-owned entity, identify any board members, university or medical school administrators, or faculty members who are or will be shareholders/investors/administrators in the holding company for the medical school.

4. Describe the strategies that are or will be in place for managing actual or perceived conflicts of interest for the following groups:

* Medical school/sponsoring organization governing board
* Medical school administrators
* Medical school faculty

Summarize how the school of medicine/sponsoring organization will ensure that the conflict of interest policies are being followed.

### Element 1.3 Mechanisms for Faculty Participation

**A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.**

1. Referring to Table 1.3-1 in Appendix #, describe the status of forming the standing committees of the medical school. Note if the major standing committees have been formed or if precursor committees with the same or related charge are operating.

2. Describe how the selection process for faculty committees will ensure that there is broad faculty input into the governance process. Do or will committees include self/peer-nominated and/or peer-selected members or members?

3. Describe how faculty are being and will be made aware of new policies and other types of changes that require faculty comment and note how such input from faculty is or will be obtained.

4. Describe the mechanisms that are and will be used to inform faculty about issues of importance at the medical school.

### Element 1.4 Affiliation Agreements

**In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school’s faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum the following:**

* **The assurance of medical student and faculty access to appropriate resources for medical student education**
* **The primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students**
* **The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching**
* **Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury**
* **The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment**

|  |
| --- |
| **Table 1.4-1 | Affiliation Agreements** |
| For each inpatient clinical teaching site used for required clinical clerkships, including those in the medical school/’s/university’s own health system, **indicate (Y/N)** if the current affiliation agreement specifically contains the following information. Add rows, as needed. |
| Clinical Teaching Site | Date Agreement Last Signed | 1.Access to Resources | 2.Primacy of Program | 3.Faculty Appointments | 4.Environmental Hazard | 5.Learning Environment |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Describe the status of completing affiliation agreements with clinical teaching sites that will be used for the inpatient portion of required clinical clerkships for the medical school’s charter (i.e., first entering) class. If all needed inpatient sites for this cohort of students have not been identified and/or agreements have not all been finalized with prospective sites, provide a timeline for completion.

2. Comment on any identified deficiencies in the affiliation agreements that have been completed.

3. For ambulatory sites and private physician offices that will have a significant role in required clinical clerkships, describe how the medical school will ensure the primacy of the medical education program in the areas included in the element.

### Element 1.5 Bylaws

**A medical school promulgates bylaws or similar policy documents that describe the responsibilities of the dean and the faculty, and the charges to the school’s standing committees.**

1. Summarize the status of developing and formally adopting documents (e.g., faculty bylaws or other policy documents) that include the following:

* Responsibilities of the dean
* Responsibilities of the faculty
* Charges to the school’s standing committees

If bylaws/policy documents have not been finalized, provide a timeline for completion and adoption.

2. Describe how the bylaws/policy documents are or will be made available to the faculty.

### Element 1.6 Eligibility Requirements

**A medical school ensures that its medical education program meets all eligibility requirements of the LCME for initial and continuing accreditation, including receipt of degree-granting authority and accreditation by a regional accrediting body of either the medical school or its sponsoring organization.**

1. Provide the state in which the institution is/will be chartered/legally authorized to offer the MD degree. Describe the status of and timeline for obtaining degree-granting authority.

2. Place an “X” next to the institutional accrediting body that accredits/will accredit the medical school or its sponsoring organization:

|  |  |
| --- | --- |
|  | Higher Learning Commission (HLC) |
|  | Middle States Commission on Higher Education (MSCHE) |
|  | New England Commission of Higher Education (NECHE) |
|  | Northwest Commission on Colleges and Universities (NWCCU) |
|  | Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) |
|  | WASC Senior College and University Commission (WSCUC) |

3. Describe the current status of seeking and obtaining accreditation from the relevant institutional accrediting body. Note if the medical school’s sponsoring organization has submitted/applied for an expansion of scope to offer the MD degree or if the medical school has achieved/applied for candidate status. If candidate status has not yet been achieved, describe the steps that have been taken toward that status and the anticipated timeline for receipt.

## Standard 2: Leadership and Administration

**A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.**

*Include at least the following in the Appendix:*

Appendix #: Dean’s brief curriculum vitae (Element 2.2)

Appendix #: Dean’s position description (Element 2.3)

Appendix #: Organizational chart(s) showing relationship of the medical school to university and clinical affiliates (Element 2.3)

Appendix #: Organizational chart for dean’s office, including positions that are vacant or filled on an interim basis (Element 2.4)

Appendix #: Organizational charts for regional campus(es) (Elements 2.5 and 2.6)

List any additional appendix documents for this standard and insert them into the Table of Contents.

### Element 2.1 Administrative Officer and Faculty Appointments

**The senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the governing board of the institution.**

|  |
| --- |
| **Table 2.1-1 | Administrative Officer and Faculty Appointments** |
| Complete this table for each category of appointee. Use “A “if the category is or will be *directly and solely appointed* by the Board of Trustees or “D” if the Board of Trustees has *delegated the appointment to another appointing authority* (e.g., the president, provost, or dean). If the Board of Trustees has no role in the appointment of individuals in that category, indicate “not applicable.” |
| Medical School Dean | Medical School Administrators | Medical School Faculty |
|  |  |  |

### Element 2.2 Dean’s Qualifications

**The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.**

1. Provide the date when the current dean was appointed. Note if anyone has held the dean position (planning or founding) prior to the incumbent.

2. List the mission areas of the medical school for which the dean has or will have formal leadership responsibility as specified in the dean’s formal position description. Note if there are areas for which the dean does not have/exercise authority (e.g., the clinical enterprise).

3. Referring to the dean’s curriculum vitae in Appendix (#), briefly summarize the dean’s qualifications to provide leadership in all of the areas of the dean’s responsibility and authority.

### Element 2.3 Access and Authority of the Dean

**The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the medical school and to other institutional officials in order to fulfill decanal responsibilities; there is a clear definition of the dean’s authority and responsibility for the medical education program.**

1. Describe the dean's formal (organizational) access to sponsoring organization and health system administrators. Describe how the dean’s access to these administrators is ensuring and will continue to ensure that the needs of the medical education program are considered in planning activities at these levels.

2. Summarize how the dean will exercise authority over faculty who will participate in the medical education program but are not employed by the medical school.

### Element 2.4 Sufficiency of Administrative Staff

**A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish effectively the missions of the medical school.**

|  |
| --- |
| **Table 2.4-1 | Department Chair Staffing** |
| For each department, provide the requested information regarding current department chairs. Note if the chair position is vacant or filled on an interim/acting basis. Add rows as needed. |
| Name of Department | Name of Incumbent | Date Appointed | Note if the Position is Unfilled (U) or Filled on an Acting/Interim (I) Basis |
|  |  |  |  |

|  |
| --- |
| **Table 2.4-2 | Dean’s Administrative Staff** |
| Provide the requested information regarding members of the dean’s office staff. Note if any position is filled on an interim/acting basis (I) or an anticipated position is unfilled (U). Add rows as needed. |
| Name of Incumbent | Title | % Effort Dedicated to Administrative Role | Date Appointed | Note if the is Unfilled (U) or Filled on an Acting/Interim (I) Basis |
|  |  |  |  |  |

1. Note if all departments have been created or if the final departmental structure is still incomplete.

2. If there are unfilled department chair positions or positions filled on an acting/interim basis, describe the status of recruitment efforts to fill those position(s).

3. List any unfilled dean’s administrative staff positions and describe the timing and status of recruitment efforts. If any members of the dean’s staff hold interim/acting appointments, describe the status of recruitment efforts to fill those position(s). Also note if gaps exist for one or more important administrative roles that are not currently included in the list of dean’s staff administrators.

### Element 2.5 Responsibility of and to the Dean

**The dean of a medical school with one or more regional campuses is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus is administratively responsible to the dean.**

Only respond to the items in this element if the school has or intends to have a regional campus at the time the first class enrolls. If there is no regional campus, delete the questions below and instead write, “Not applicable – there are no regional campuses.”

1. Describe the role and authorityof the medical school dean/designated chief academic officer (CAO) in overseeing the conduct and quality of the medical education program at all regional campuses; ensuring the adequacy of campus faculty in terms of numbers and areas of expertise; and ensuring the adequacy of campus resources.

2. Describe the planned reporting relationship of the principal academic officer at each regional campus to the medical school dean/CAO.

3. Describe the planned reporting relationship(s) of other campus administrators to their central campus counterparts (e.g., student affairs staff at the campus[es] and the associate dean for student affairs).

4. Describe the ways in which the principal academic officer(s) at the regional campus(es) will be integrated into the administrative structures of the medical school.

### Element 2.6 Functional Integration of the Faculty

**At a medical school with one or more regional campuses, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and data sharing).**

Only respond to the items in this element if the school has or intends to have a regional campus at the time the first class enrolls. If there is no regional campus, delete the questions below and instead write, “Not applicable – there are no regional campuses.”

1. Summarize the mechanisms and activities that are or will be in place to support functional integration and communication between/among the campus(es), including the central campus, at department and medical school levels.

2. Describe how institutional policies and/or faculty bylaws support/will support the participation of faculty based at the regional campus(es) in medical school governance (e.g., committee membership).

## Standard 3: Academic and Learning Environments

**A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students’ attainment of competencies required of future physicians.**

*Include at least the following in the Appendix:*

Appendix #: Professional behaviors (Element 3.5, Table 3.5-1)

List any additional appendix documents for this standard and insert them into the Table of Contents.

### Element 3.1 Resident Participation in Medical Student Education

**Each medical student in a medical education program participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited program of graduate medical education.**

1. Will every medical student in the charter class have an opportunity to complete at least a portion of a required clinical experience in a setting where residents teach/supervise medical students?

2. If some or all students will not have the opportunity to complete one or more required clinical experiences where they work with residents, describe the situation and how they will learn about the expectations and requirements of the next phase of their training.

### Element 3.2 Community of Scholars/Research Opportunities

**A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.**

1. Note if all medical students who are required or desire to participate in research will have the opportunity and support to do so. Describe the resources (e.g., infrastructure, staff support, funding opportunities) that will be available for medical students to learn about research opportunities, find research mentors, and conduct research. If the medical school has/will have one or more regional campus(es), describe planning to ensure that students at each campus will have research opportunities.

2. Describe how faculty scholarship is being/will be fostered at the medical school. Comment on the plans to ensure that there will be sufficient financial and other resources and available infrastructure and mentoring to support faculty scholarly activity/research.

### Element 3.3 Diversity Programs and Partnerships

**A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.**

1. Describe how the medical school plans to express its commitment to the value of diversity in the academic learning environment. Will this be included in policy or in other documents, for example in its mission statement or strategic plan?

2. As available, provide the categories of mission-aligned student diversity and describe how these were developed/are being developed.

3. Describe the planned activities that will be directed at the recruitment and retention of medical students from the school-identified diversity categories.

4. Summarize how the medical school plans to ensure that its faculty and senior administrative staff will be prepared to support the diverse student body.

5. Describe the major programs and partnerships planned for implementation at the medical school or its sponsoring organization to enhance diversity in the national pool of well-prepared applicants for admission to medical school.

### Element 3.4 Anti-Discrimination Policy

**A medical school has a policy in place to ensure that it does not discriminate on the basis of age, disability, gender identity, national origin, race, religion, sex, sexual orientation or any basis protected by federal law.**

1. Has the school developed or adopted from its sponsoring organization a formal anti-discrimination policy? If so, list the categories included in the policy and note whether all categories required by the element are present.

2. Describe how the anti-discrimination policy will be made known to members of the medical education community.

### Element 3.5 Learning Environment/Professionalism

**A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.**

1. Note if the professional behaviors that students are expected to develop have been identified. How will these professional behaviors be communicated to students, faculty, residents, and other persons in the medical education learning environment?

2. Referring to Table 3.5-1 in Appendix #, summarize the methods that will be used to assess medical students’ demonstration of the specified professional behaviors.

3. Describe the methods that will be used by the medical school and its clinical affiliates/partners to evaluate the learning environment in order to identify positive and negative influences on the development of medical students’ professional behaviors, especially in the clinical setting.

4. Summarize planning, to date, for activities that will foster an appropriate learning environment.

5. Summarize the status of identifying the individuals who will be responsible for the following:

a. receiving and acting on individual reports of unprofessional behavior by students, faculty, residents, and others

b. receiving and acting on the results of evaluations of the learning environment

### Element 3.6 Student Mistreatment

**A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.**

1. Describe the status of development of a formal medical school or sponsoring organization policy that defines student mistreatment. How will students, faculty, and others be informed about the medical school mistreatment policy?

2. Summarize the status of creating procedures for students and others to report individual or observed incidents of alleged mistreatment. Describe how the medical school will ensure that allegations of mistreatment can be made and investigated without fear of retaliation. Summarize planning to create processes for follow-up when reports of alleged mistreatment have been made.

3. Describe plans for developing educational activities for medical students, faculty, and residents to prevent student mistreatment.

## Standard 4: Faculty Preparation, Productivity, Participation, and Policies

**The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution’s educational, research, and service goals.**

*Include at least the following in the Appendix:*

Appendix #: Faculty numbers, teaching responsibility, and protected time (Element 4.1,

DCI Tables 4.1-2 through 4.1-4)

List any additional appendix documents for this standard and insert them into the Table of Contents.

### Element 4.1 Sufficiency of Faculty

**A medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the institution.**

|  |
| --- |
| **Table 4.1-1 | Total Faculty**  |
| Provide the total number of full-time, part-time, and volunteer faculty in the basic science and clinical departments for each listed academic year (as available). |
|  | Full-Time Faculty Employed by the Medical School or Clinical Affiliate | Part-Time or Volunteer Faculty who will be Involved in Curriculum Planning/Teaching Medical Students |
| Academic Year | Basic Science\* | Clinical | Basic Science | Clinical |
| 2023-24 |  |  |  |  |
| 2024-25 |  |  |  |  |
| 2025-26 |  |  |  |  |

\* Full time basic science faculty may be based in either basic science or clinical departments.

1. Evaluate whether the current size and discipline distribution of the faculty are appropriate for the current stage of medical school development, including such activities as development of the curriculum, strategic planning, and policy development. Note if the categories for faculty (e.g., full-time, part-time) and faculty tracks have been created.

2. Describe the plans for additional faculty recruitments, by discipline, over the next three academic years and include the timing of the recruitments.

3. Summarize any basic science and clinical disciplines in which faculty will have primary and ongoing responsibilities for the instruction of students other than medical students. How does the medical school plan to ensure that this will not compromise the sufficiency of faculty to support the medical education program?

### Element 4.2 Faculty Appointment Policies

**A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve the faculty, the appropriate department heads, and the dean and provides each faculty member with written information about term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.**

1. Have clear policies for initial faculty appointment, renewal of appointment, promotion, granting of tenure (if relevant), and dismissal that will apply to the medical school been developed? Note when these policies were/will be approved.

2. Describe how and when faculty members receive formal notification about the terms of their employment, their benefits/compensation, their responsibilities in teaching and other areas, and their assignment to a faculty track (if tracks are utilized).

### Element 4.3 Scholarly Productivity

**The faculty of a medical school demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.**

1. Describe the institution’s expectations for faculty research and other types of scholarship, including whether scholarly activity will be required for the promotion and retention and for the granting of tenure for some or all faculty.

### Element 4.4 Feedback to Faculty

**A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on academic performance and progress toward promotion and, when applicable, tenure.**

1. Describe how and when there is/will be regularly scheduled formal feedback to faculty on their academic performance and their progress toward promotion and, if relevant, tenure. Note if there are policies in place or under development requiring that such feedback be provided and which categories of faculty are/will be required by the policy to receive this feedback.

2. Summarize the type(s) of feedback that will be provided to other categories of faculty (e.g., volunteer/adjunct) who are not included in the policy to receive the formal feedback specified above.

### Element 4.5 Faculty Professional Development

**A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and research to enhance his or her skills and leadership abilities in these areas.**

1. Are or will there be knowledgeable individuals available to provide faculty development that addresses the skills of curriculum development, teaching, and student assessment? If such individuals are currently in place or their recruitment is planned, describe their organizational placement and the time they have/will have to devote to faculty development activities.

2. Describe how the medical school has identified or will identify faculty development programming needs and priorities. Note if and how faculty development will be accessible to faculty at all instructional sites.

3. Summarize plans to ensure that there are mechanisms available to remediate identified problems with a faculty member’s teaching.

4. Describe plans to make funding available to support faculty participation in external professional development activities related to their respective disciplines and to their roles as teachers.

5. Indicate whether and how the medical school will provide faculty development programming focused on faculty research/scholarship (e.g., research methodology, publication development, grant acquisition). Note the personnel who will be available to provide this support and their organizational placement.

### Element 4.6 Responsibility for Medical School Policies

**At a medical school, the dean and a committee of relevant medical school administrators and faculty representatives determine the governance and policymaking processes within their purview.**

1. Describe the charge/purpose and membership of the standing committee where the dean, relevant medical school administrators, and faculty representatives determine the governance and policy-making processes of the medical school. If the committee currently is functioning, note recent issues that it has addressed. Note any anticipated membership changes over time.

2. Summarize how faculty members will have input to this committee.

## Standard 5: Educational Resources and Infrastructure

**A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.**

*Include at least the following in the Appendix:*

Appendix #: A six-year revenue and expenditure pro forma (Element 5.1)

Appendix #: Pre-clerkship classroom space (Element 5.4, Table 5.4-1)

Appendix #: Inpatient teaching sites (Element 5.5, Table 5.5-1)

List any additional appendix documents for this standard and insert them into the Table of Contents.

*Note that Elements 5.6 and 5.10 are not included in the DCI for Preliminary Accreditation.*

### Element 5.1 Adequacy of Financial Resources

**The present and anticipated financial resources of a medical school are derived from diverse sources and are adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.**

Provide the following, as available, for the indicated academic years:

|  |
| --- |
| **Total revenues** (in millions, to one decimal place) |
| 2023-24 | 2024-25 | 2025-26 |
|  |  |  |

|  |
| --- |
| **Total expenditures** (in millions, to one decimal place) |
| 2023-24 | 2024-25 | 2025-26 |
|  |  |  |

|  |
| --- |
| **Total state and university appropriations** (in millions, to one decimal place) |
| 2023-24 | 2024-25 | 2025-26 |
|  |  |  |

|  |
| --- |
| **Professional fee (practice plan) revenue** (in millions, to one decimal place) |
| 2023-24 | 2024-25 | 2025-26 |
|  |  |  |

|  |
| --- |
| **Grants and contracts, direct** (in millions, to one decimal place) |
| 2023-24 | 2024-25 | 2025-26 |
|  |  |  |

1. Describe all of the financial resources currently available to the medical school and all of the funding sources anticipated by the medical school over the next six years (i.e., the year prior to the enrollment of the charter class, the year that the charter class will enter, and the next four years) in the following areas:

* Total revenues
* Revenue mix
* Obligations and commitments
* Reserves (amount and sources)

2. Comment on the sustainability or anticipated growth of the current and anticipated financial resources, noting any trends to date.

3. Describe the medical school’s annual budget process and the role and authority of the medical school dean in budget development and approval. Note which individual(s)/group(s) approve/will approve the medical school budget.

4. Describe the status of funding for the construction/renovation of facilities as needed to support each of the medical school’s mission areas (e.g., education, research).

5. Summarize the fiscal condition of the medical school, including the school’s current overall financial status and the prospects for the long-term sustainability of its finances.

### Element 5.2 Dean’s Authority/Resources

**The dean of a medical school has sufficient resources and budgetary authority to fulfill the dean’s responsibility for the quality and sustainability of the medical education program.**

1. Describe how the dean (or the chief academic officer, if not the dean) participates or will participate in planning at the levels of the medical school and sponsoring organization to ensure that the resource needs of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are considered and met. Summarize the budgetary authority of the medical school dean in accessing funds from the medical school budget.

2 Note if there is/will be a specific budget for the medical education program. If so, describe how and by whom this budget is/will be developed and allocated.

3. In the table below, provide names and titles of the senior staff leadership (e.g., director of assessment, director of evaluation, director of information technology) of groups/units currently responsible for providing support for the planning, implementation, and evaluation of the curriculum and for student assessment, including the development and maintenance of the tools (such as a curriculum database) to support curriculum monitoring and management. Include the percentage of time contributed by each individual to supporting the medical education program. Add rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Staff Leader | Title | Staff Leader Reports to | % Effort to Support the Medical Education Program | # of Staff Reporting to Leader |
|  |  |  |  |  |

4. Describe plans and timelines for the recruitment of additional individuals to provide support for curriculum planning, implementation, or evaluation, and provide the recruitment timeline for and percent of effort to be contributed by these individuals.

### Element 5.3 Pressures for Self-Financing

**A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school’s educational mission.**

1. Describe how and at what institutional level (e.g., medical school administration, sponsoring organization administration, board of trustees) the following are/will be set:

* The number of new students in the medical school charter class and subsequent classes
* Medical school tuition and fees

2. Note how the medical school’s need to generate revenue from tuition, clinical care, and/or research will be managed to prevent negative effects on the medical education program.

### Element 5.4 Sufficiency of Buildings and Equipment

**A medical school has, or is assured the use of, buildings and equipment sufficient to achieve its educational, clinical, and research missions.**

1. Note if the medical school will have exclusive access to the needed educational spaces for the pre-clerkship phase of the curriculum or if the facilities will be shared with any other educational program(s). If the teaching space will be shared, note how and by whom the shared space is/will be assigned and if the medical school will have priority in any scheduling decisions.

2. Describe the status of creation/identification of the teaching spaces (e.g., lecture halls, laboratories, small-group rooms) that will be used when the charter class is in the pre-clerkship phase (e.g., first and second years) of the medical curriculum. Summarize the timeline for the completion of these teaching spaces and note any options that have been identified if the spaces will not be completed on schedule. Describe any additional teaching spaces that will be needed when the second entering class enrolls.

3. Describe the facilities that will be available for the teaching and assessment of medical students’ clinical and procedural skills.

4. Describe the availability of research space for the number of faculty in place when the charter class enters. Note any planning for increased research space as the size of the faculty increases.

### Element 5.5 Resources for Clinical Instruction

**A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings that have adequate numbers and types of patients (e.g., acuity, case mix, age, gender).**

|  |
| --- |
| **Table 5.5-2 | Inpatient Teaching Facilities** |
| Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship) that will take place at an inpatient facility. Only provide information for services used for required clinical clerkships at each hospital*. If the medical school has one or more regional campuses, provide the data by campus (as available).* Add rows as needed. |
| Facility Name/Campus(if applicable) | Clerkship | Average DailyInpatient Census | Anticipated Average # of Students Per Rotation (range) |
| Medical Students from this School | Medical Students (MD/DO)from Other Schools |
|  |  |  |  |  |

1. Describe the status of identifying clinical placement sites for required clinical experiences in the pre-clerkship phase of the medical curriculum.

2. Describe the status of identifying the inpatient and outpatient clinical teaching sites that will be needed when the charter class enters the required clinical clerkships.

3. Describe any substantive changes anticipated by the medical school in hospital and other clinical affiliations in the three years after the charter class enters the clinical phase of training.

### Element 5.7 Security, Student Safety, and Disaster Preparedness

**A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.**

1. Describe the security systems and personnel that are or will be in place on campus during and outside of regular classroom hours.

2. Describe the status of development of emergency disaster preparedness policies, procedures, and plans. How will medical students and faculty be informed of these policies and plans?

### Element 5.8 Library Resources/Staff

**A medical school provides ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the institution.**

|  |
| --- |
| **Table 5.8-1 | Medical School Library Resources and Space** |
| Provide the requested information on resources available at the main library for the medical school for the most recent academic year. *Schools with regional campuses may add rows for each additional library/campus.*  |
| Library/Campus (as appropriate) | Total Current Journal Subscriptions (all formats) | # of Book Titles(all formats) | # of Databases | Total User Seating |
|  |  |  |  |  |

1. Describe how the library and its staff will support medical education. Are or will the library staff be involved in curriculum planning and/or curriculum governance (e.g., by participation in the curriculum committee or its subcommittees)? Will library staff be involved in the delivery of any part of the medical education program?

2. List any other schools and/or programs that will be served by the main medical school library. Comment on the planning to ensure the adequacy of library holdings and other resources to support the needs of the medical education program. Describe whether students and faculty will have access to electronic and other library resources across all sites.

3. List the anticipated hours when the medical school library will be staffed. If there will be additional hours during which medical students will have access to all or parts of the library for study, note those as well.

### Element 5.9 Information Technology Resources/Staff

**A medical school provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the institution.**

1. Describe plans to assess and ensure the reliability and accessibility of a wireless network in classrooms and study spaces. Comment on the planned availability and accessibility of information technology resources (e.g., hardware, software, staff support) and availability of telecommunications technology. If audiovisual and/or information technology will be used to deliver components of the medical education program, including linking instructional sites/campuses, describe the status of their development.

2. Describe if medical students will be able to access educational resources from all sites, including off-campus clinical sites.

3. Describe the ways in which staff members in the information technology services unit are supporting and will support the development of the medical education program, including assisting in instructional development, planning/developing tools for monitoring curriculum content, and planning for/implementing curriculum delivery.

### Element 5.11 Study/Lounge/Storage Space/Call Rooms

**A medical school ensures that its medical students at each campus and affiliated clinical site have adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.**

|  |
| --- |
| **Table 5.11-1 | Study Space** |
| Place an “X” under each type of study space that will be available at the listed locations at the time the charter class enters. If a type of study space is not available at all regional campuses, describe the locations where study space will be available for students at these sites. |
|  | Library | Pre-clerkship (Campus)Classroom Building(s) | Regional Campus(es)(if relevant) |
| Small room used only for group study |  |  |  |
| Classroom that may be used for study, when free |  |  |  |
| Individual study room |  |  |  |
| Individual study carrel |  |  |  |
| Individual seating |  |  |  |

1. Summarize the anticipated availability and locations of study space, relaxation space, and personal lockers or other secure storage areas for student belongings on the central campus and, if relevant, on each regional campus during the pre-clerkship phase of the curriculum. Note if the space is solely for medical student use or if it is shared with others

2. Describe how the medical school is working with its clinical partners to ensure that study space, secure storage space for student belongings and, if needed, secure call rooms will be available to students in the clerkship phase of the curriculum.

3. Referring to the Planning Self-study, note if the school is considering the adequacy of study space, relaxation space, and personal lockers or other secure storage areas as medical students progress through the curriculum. Describe how the school has determined that the spaces for medical student use will be sufficient.

### Element 5.12 Required Notifications to the LCME

**A medical school notifies the LCME of any substantial change in the number of enrolled medical students; of any decrease in the resources available to the institution for its medical education program, including faculty, physical facilities, or finances; of its plans for any major modification of its medical curriculum; and/or of anticipated changes in the affiliation status of the program’s clinical facilities. The program also provides prior notification to the LCME if one or more class size increases will result in a cumulative increase in the size of the entering class at the main campus and/or in one or more existing regional campuses of 10% or 15 students, whichever is smaller, starting at the entering class size/campus yearly enrollment in place at the time of the medical school’s last full survey; and/or the school accepts a total of at least 10 transfer students into any year(s) of the curriculum.**

**A medical school makes a public disclosure of its LCME accreditation status and must disclose that status accurately. For developing medical schools that have not achieved accreditation, accurate statements, include, but are not limited to, the current accreditation status of the program and the anticipated timing of review for accreditation by the LCME. Any incorrect or misleading statements made by a program about LCME accreditation actions or the program’s accreditation status must immediately be corrected or clarified by an official notification announcement. For already-accredited programs, failure to make timely correction or clarification may result in reconsideration of the program’s accreditation status. The information provided to the public must include contact information for the LCME so that the information can be verified. Such contact information includes the URL or the LCME website and the LCME email address.**

**Supporting Data**

|  |
| --- |
| **Table 5.12-1 | Student Enrollment Plans** |
| Indicate the academic year that the charter class will be admitted, should preliminary accreditation be granted. Provide the anticipated number of students who will be admitted to the first year class, starting with the charter class |
| AY 2026-27 | AY 2027-28 | AY 2028-29 | AY 2029-30 |
|  |  |  |  |

## 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.**

*Include at least the following in the Appendix:*

Appendix #: Planned pre-clerkship instructional formats (Standard 6, DCI Table 6.0-1)

Appendix #: Planned weeks and formal instructional hours per clerkship (Standard 6, DCI Table 6.0-2)

Appendix #: Competencies, program objectives, outcome measures (Element 6.1, DCI Table 6.1-1)

Appendix #: Required clinical experiences (Element 6.2, DCI Table 6.2-1)

Appendix #: Sample weekly schedules that illustrate the amount of unscheduled time that students will have in the first and second years of the curriculum (Element 6.3)

Appendix #: A schematic or diagram that illustrates the structure of the planned curriculum, showing the approximate sequencing of, and relationships among, required courses and clerkships in each academic year/period of the curriculum

Appendix #: A schematic of any parallel curricula, if relevant

List any additional appendix documents for this standard and insert them into the Table of Contents.

1. Describe the general structure of the planned curriculum by phase (i.e., pre-clerkship, clerkship/clinical). If the curriculum includes a phase in addition to “pre-clerkship” and “clerkship/clinical,” define that phase here and use the title in the relevant tables. Include the general content areas/disciplines included in interdisciplinary courses or clerkships.

2. If the medical school intends to offer a parallel curriculum (track) for some students, provide a brief summary of the additional objectives associated with the parallel curriculum, the general curriculum structure of the parallel curriculum, the location(s) at which the parallel curriculum will be offered, and the number of students who will be enrolled, by curriculum year.

### Element 6.1 Program 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 and faculty. 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.**

1. Describe the status of development of the medical education program competencies and the medical education program objectives that are linked to each competency. Have the educational program objectives and competencies been approved?

2. Referring to Table 6.1-1 in Appendix #, describe if outcome (assessment) measures have been identified for each educational program objective. Are the outcome measures for each objective sufficiently specific to allow a judgment that each of the medical education program objectives has been met?

3. Describe the status of developing learning objectives for the courses in the pre-clerkship phase of the curriculum.

4. Briefly describe how the medical education program objectives and the learning objectives for each pre-clerkship course will be disseminated to medical students and to faculty with responsibility for teaching and assessing medical students in the relevant pre-clerkship course.

### Element 6.2 Required Clinical Experiences

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

1. Briefly describe the status of planning, to date, for the list of required patient types/clinical encounters and procedural skills. Describe how and by whom the list is being/will be developed and if the list, to date, specifies the clinical setting and level of student responsibility for each patient type/clinical condition. Describe the individuals and groups (e.g., the curriculum committee) responsible for approving the list of patient types/clinical conditions.

2. Describe how and by whom the list of alternate experiences to remedy gaps is being/will be developed and approved.

3. Describe how medical students, faculty, and residents will be informed of the required clinical encounters and procedural skills.

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

**The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences that 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; appraisal of the credibility of information sources; and feedback on these skills from faculty and/or staff.**

1. Provide examples that illustrate the opportunities that will exist during the pre-clerkship phase of the curriculum for students to engage in all of the following components of self-directed learning as a unified sequence. (When answering, use the names of relevant courses from the description of the curriculum and the Tables under 6.0-1 included under Standard 6.)

* Self-assessment of their learning needs
* Identification, analysis, and synthesis of information relevant to their learning needs
* Assessment of the credibility of information sources
* Receipt of feedback on their information-seeking skills

### Element 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.**

|  |
| --- |
| **Table 6.4-1 | Percent Total Clerkship Time** |
| Provide the anticipated percentage of time that medical students will spend in inpatient and ambulatory settings in each required clinical clerkship. If the amount of time spent in each setting will vary across sites, provide a range. |
| Required Clerkship | Anticipated Percent of Total Clerkship Time |
| % Ambulatory | % Inpatient |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Comment on the overall balance between inpatient and outpatient planned clinical experiences during the clerkship phase of the curriculum. Summarize how the school will ensure that medical students will spend sufficient time in each setting to achieve the educational program objectives and meet the requirements of the clerkship phase as a whole and each individual clerkship.

### Element 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 expand their understanding of medical specialties, and to pursue their individual academic interests.**

|  |
| --- |
| **Table 6.5-1 | Required Elective Weeks** |
| Indicate the anticipated number of weeks of electives that will be required of all medical students in each phase of the planned curriculum. |
| Phase | Total Required Elective Weeks |
|  |  |
|  |  |
|  |  |
|  |  |

1. Briefly summarize how the medical school will ensure that there will be sufficient electives available to medical students.

### Element 6.6 Service-Learning/Community Service

**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/or community service activities.**

1. Summarize the status of identifying or creating service-learning and/or community service opportunities. Note if service-learning/community service will be required and where in the curriculum students will be expected to meet the requirement.

2. Describe how medical students will be informed about opportunities to participate in service-learning and community service activities.

3. Describe how the medical school will support service-learning and community services activities (e.g., through the provision of funding and/or staff support).

### Element 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.**

1. Note if there are/will be accredited continuing medical education programs at the medical school or its clinical affiliates. Describe how medical students will be exposed to continuing medical education activities for physicians.

2. Provide examples of any informal opportunities that will be available for medical students to interact with students in graduate programs and other health professions education programs and note how the medical school will be encouraging/supporting these interactions.

### Element 6.8 Education Program Duration

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

1. Provide the total number of scheduled weeks of instruction in the planned medical curriculum.

## 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.**

*Include at least the following in the Appendix:*

Appendix #: Structural competence, cultural competence, and health inequities (Element 7.6, DCI Tables 7.6-1 and 7.6-2)

List any additional appendix documents for this standard and insert them into the Table of Contents.

### Element 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 medical science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.**

|  |
| --- |
| **Table 7.1-1 | Planned Curricular Content** |
| For each topic area, place an “X” under each column to indicate the phases in which the learning objectives related to each topic will be taught and assessed.  |
| Topic Areas | Phases Where Topic Areas Will be Taught and Assessed |
| Pre-clerkship Phase | Clerkship Phase | Other |
| Biochemistry |  |  |  |
| Biostatistics and Epidemiology |  |  |  |
| Genetics |  |  |  |
| Gross Anatomy |  |  |  |
| Immunology |  |  |  |
| Microbiology |  |  |  |
| Pathology |  |  |  |
| Pharmacology |  |  |  |
| Physiology |  |  |  |
| Behavioral Science  |  |  |  |
| Pathophysiology of Disease |  |  |  |

1. Summarize the availability and expertise of the individuals who are/will be involved in selecting content from the biomedical, behavioral, and socioeconomic subject areas to be included in the pre-clerkship and clerkship phases of the curriculum. Also consider the response to Element 8.2.

### Element 7.2 Organ Systems/Life Cycle/Prevention/Symptoms/Signs/Differential Diagnosis, Treatment Planning

**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, and end-of-life care.**

|  |
| --- |
| **Table 7.2-1 | General Medical Education** |
| Place an “X” in each column indicating the courses and/or clerkships where each of the following topic areas will be taught and assessed. Use the same course names as provided in Supporting Data and Documentation for Standard 6. Add rows for course and clerkship names as needed. |
| Course/Clerkship Name | Continuity of Care | Preventive Care | Acute Care | Chronic Care | Rehabilitative Care | End-of- Life Care |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Describe the availability of individuals who are/will be involved in selecting content from the above topic areas for inclusion in the pre-clerkship and clerkship phases of the curriculum. Is the process for selecting and apportioning this content across the curriculum complete or still in progress? Also consider the response to Element 8.2.

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

**The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method 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.**

|  |
| --- |
| **Table 7.3-1 | Scientific Method/Clinical/Translational Research Assessment** |
| Identify where in the curriculum medical students will learn and be assessed on the scientific method and the basic scientific and ethical principles of clinical research.\* For each course or clerkship where the subject will be addressed, list the teaching format(s) that will be used and the method(s) of student assessment.  |
| Topic | Course/Clerkship | Teaching Format(s) | Assessment Method(s) |
| Scientific method |  |  |  |
| Scientific principles of clinical research |  |  |  |
| Scientific principles of translational research |  |  |  |
| Ethical principles of clinical and translational research |  |  |  |
| Use of biomedical statistics in medical science research and its application to patient care |  |  |  |
| How clinical and translational research is explained to patients |  |  |  |

\* See the *Glossary of Terms for LCME Accreditation* *Standards and Elements* at the end of the DCI for the LCME definitions of clinical and translational research.

### Element 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.**

|  |
| --- |
| **Table 7.4-1 | Critical Judgment and Problem Solving** |
| For each topic area, place an “X” in the appropriate column to indicate where in the curriculum the topic will be taught and assessed. |
| Topic Areas | Location in the curriculum where the listed skill is taught/assessed |
| Pre-clerkship Phase | Clerkship Phase | Other |
| Skills of Critical Judgment Based on Evidence |  |  |  |
| Skills of Medical Problem-Solving |  |  |  |

1. Evaluate the status of developing plans for the inclusion of the skills of critical judgment based on evidence and of medical problem-solving in the curriculum. Note if relevant examples were provided by the school to illustrate how these topics will be covered.

### Element 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.**

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| **Table 7.5-1 | Common Societal Problems that will be Taught and Assessed in the Curriculum** |
| For five examples of societal problems identified by the school, list each of the course(s)/clerkship(s) where the teaching will occur; categorize the learning objectives for that course or clerkship according to whether they address: (a) the diagnosis; (b) prevention; (c) appropriate reporting (if relevant); and (d) treatment of the medical consequences of the societal problem; and describe the assessment method(s) that will be used for each objective. |
| Societal Problem | Course/Clerkship | Type of Learning Objectives (a, b, c, d) | Assessment Method(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Summarize the process that was/is being used to select the societal problems included in the table above.

### Element 7.6 Structural Competence, Cultural Competence and Health Inequities

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

* **The diverse manner in which people perceive health and illness and respond to various symptoms, diseases, and treatments**
* **The basic principles of culturally and structurally competent health care**
* **The importance of health care disparities and health inequities**
* **The impact of disparities in health care on all populations and approaches to reduce health inequities**
* **The knowledge, skills, and core professional attributes needed to provide effective care in a multidimensional and diverse society**

1. Referring to Table 7.6-2 in Appendix #, evaluate the adequacy of planned coverage and assessment of content in the medical curriculum related to structural competence, cultural competence, health inequities, and healthcare disparities.

2. Summarize how the curriculum will prepare medical students to be aware of their own gender and cultural biases and those of their peers and teachers.

### Element 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 require medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.**

|  |
| --- |
| **Table 7.7-1 | Medical Ethics** |
| For each topic area, place an “X” in the appropriate column to indicate where in the curriculum the topic will be taught and assessed.  |
| Topic | Phases where the topic areas will be taught/assessed |
| Pre-clerkship Phase | Clerkship Phase | Other |
| Biomedical ethics |  |  |  |
| Ethical decision-making |  |  |  |
| Professionalism |  |  |  |
| Ethical behavior in patient care |  |  |  |

1. Note where in the curriculum students will be introduced to and assessed on the ethical principles and standards of the profession.

2. Summarize the methods that will be used to assess medical students’ ethical behavior in the care of patients and to identify and remediate any medical students’ breaches of ethics in patient care.

### Element 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.**

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| **Table 7.8-1 | Communication Skills** |
| Provide the names of courses and clerkships and indicate with an “X” those that include explicit learning objectives related to the topic areas listed.  |
| Course/Clerkship | Topic Areas |
| Communicating with Patientsand Patient’s Families | Communicating with Physicians (e.g., as part of the medical team) | Communicating with Non-physician Health Professionals (e.g., as part of the health care team) |
|  |  |  |  |

1. Describe the current plans for educational activities and assessments that will be included in the medical curriculum for each of the following topic areas:

* Communicating with patients and patients’ families
* Communicating with physicians (e.g., as part of the medical team)
* Communicating with non-physician health professionals as members of the health care team

### Element 7.9 Interprofessional Collaborative Skills

**The faculty of a medical school ensure 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.**

1. Summarize plans for at least one required experience where students will be brought together with students or practitioners from other health professions to learn to function collaboratively on health care teams with the goal of providing coordinated services to patients, including how medical students’ attainment of the objectives of the experience will be assessed. Does the example adequately address the expected areas (i.e., learning objectives, participants, setting, assessment)?

## 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.**

*Include at least the following in the Appendix:*

Appendix #: Comparability actions (Element 8.7, DCI Table 8.7-1)

List any additional appendix documents for this standard and insert them into the Table of Contents.

### Element 8.1 Curricular Management

**A medical school has in place a faculty committee that has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.**

1. Describe the composition of the committee that is currently working to plan and develop policies for the medical school curriculum. Note if the members are medical school faculty and/or others (e.g., from other units of the sponsoring organization). If the current committee is a precursor to the formal curriculum committee, note if the precursor committee is empowered to approve the curriculum plan.

2. Provide the name of the faculty committee that has/will have formal authority and primary responsibility for the oversight and management of the curriculum (e.g., “curriculum committee”). Describe the source of its authority (e.g., medical school faculty bylaws) and its intended composition. If the formal curriculum committee, as specified in bylaws/school of medicine policy, is currently not functioning, note when it will become active.

3. Briefly summarize the intended composition and charge/role of each subcommittee of the curriculum committee.

### Element 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, and to review and revise the curriculum. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.**

1. Describe and provide an example of how the medical education program objectives have been/are being used as guides for planning the following:

* the selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases
* the evaluation of curriculum outcomes

2. Describe the status of linking course and clerkship learning objectives to the medical education program objectives. How are the curriculum committee (or its precursor committee) and its subcommittees, along with course faculty, ensuring that course learning objectives are being linked to the medical education program objectives and that the linkages are being reviewed?

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

**The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.**

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| **Table 8.3-1 | Role in Curriculum** |
| For each of the listed tasks, indicate the role(s)1 of the individual(s)/group(s) listed below (D, E, R, Rec, A). If an individual/group does not have a role in a task, leave the cell blank. |
| Task | Course/Clerkship Directors andFaculty | CAO/Associate Dean for Medical Education | Office of Medical Education Staff | Curriculum Committee | Curriculum CommitteeSubcommittee(s) |
| Educational program objectives |  |  |  |  |  |
| Course/clerkship learning objectives |  |  |  |  |  |
| Course/clerkship content and instructional methods |  |  |  |  |  |
| Course/clerkship quality and outcomes |  |  |  |  |  |
| Faculty/resident teaching |  |  |  |  |  |
| Curriculum content, including horizontal and vertical integration |  |  |  |  |  |
| The outcomes of curriculum phases |  |  |  |  |  |
| The outcomes of the curriculum as a whole |  |  |  |  |  |

1Definitions:

(D) Design/develop = Develop/create the product or process that is the basis of the task (e.g., the educational program objectives, the plan, and tools for course evaluation)

(E) Evaluate = Carry out a process to collect data/information on quality/outcome

(R) Review = Receive and consider the results of an evaluation of the product or process and/or of its outcomes

(Rec) Recommend = Propose an action related to the process or product based on a review or evaluation

(A) Approve/Take Action = Have final responsibility for an action related to the product or process

1. Briefly describe the planned process for and the frequency of formal reviews for each of the following curriculum elements:

* Required courses in the pre-clerkship phase of the curriculum
* Required clerkships
* Individual phases of the curriculum
* The curriculum as a whole

2. Describe plans for monitoring curriculum content, including the means that will be used to monitor content and the anticipated frequency of monitoring. Note the status of development of tools for curriculum monitoring (e.g., a curriculum database).

3. List the roles/titles of individuals who will have access to the curriculum database and of individuals who will be responsible for updating its content.

### Element 8.4 Evaluation of Educational Program Outcomes

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

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| **Table 8.4-2 | Monitoring of Medical Education Program Outcomes** |
| Provide the individuals and/or groups in the medical school who will collect and act on the results of each of the program outcome indicators. |
| Program Outcome Indicator | Individual(s) Who Will Collect the Data | Individuals/Groups Who Will Act on the Data |
| Results of USMLE or other national examinations  |  |  |
| Student scores on internally developed examinations |  |  |
| Performance-based assessment of clinical skills (e.g., OSCEs) |  |  |
| Student responses on the AAMC GQ  |  |  |
| Student advancement and graduation rates |  |  |
| NRMP match results  |  |  |
| Specialty choices of graduates |  |  |
| Assessment of residency performance of graduates |  |  |

1. Describe and evaluate the status, to date, of plans to collect and use outcome data to evaluate the attainment of the educational program objectives.

### Element 8.5 Medical Student Feedback

**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.**

1. Describe how and by whom evaluation data will be collected from medical students on course and clerkship quality.

2. Describe when and how medical students will evaluate individual faculty, residents, and others who will teach and supervise them in required courses and clerkships.

### Element 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.**

1. Describe the planned process(es) for students to log the completion of their required clinical encounters and procedural skills. Note if a centralized tool is being created for logging.

2. Describe how and by whom, at the level of the clerkship/clinical discipline, each medical student’s completion of required clinical encounters and procedural skills will be reviewed. Summarize when and by whom the results will be discussed with students.

3. Describe the planned process(es) that will be used at the departmental and central (i.e., curriculum governance) levels for monitoring aggregate data on medical students’ completion of clerkship-specific required clinical encounters and procedural skills. Note how these data will be used in determining the adequacy of patient volume and case mix.

### Element 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.**

1. Referring to Table 8.7-1 in Appendix #, summarize the following information for courses and/or clerkships that will be offered at more than one instructional site, including regional campus(es).

* How and by whom will faculty members at each instructional site be informed of and oriented to the learning objectives, required clinical encounters and procedural skills (if relevant), and grading system for the course or clerkship?
* How and how often will individuals responsible for the course or clerkship communicate with site directors and faculty at each instructional site?

2. Describe the individuals (e.g., site director, clerkship director, department chair) and/or groups (curriculum committee/subcommittee) who will be responsible for reviewing and acting on satisfaction and performance information related to comparability across instructional sites. Summarize the data/information that will be used by these individuals and groups to determine whether comparability exists.

### Element 8.8 Monitoring Student Time

**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 throughout the curriculum.**

1. Note if medical students in the pre-clerkship phase of the curriculum will have required activities outside of regularly scheduled class time (e.g., assigned reading or online modules) to prepare them for in-class activities. Describe how this “out-of-class” time will be accounted for in calculating student academic workload.

2. Summarize the content of any policy/guideline covering the amount of time per week that students will spend in required activities during the pre-clerkship phase of the curriculum. Note whether the policy only addresses in-class activities or also includes required activities assigned to be completed outside of scheduled class time.

3. Has a duty hours policy for the clinical clerkships been developed? How will the duty hours policy be disseminated to medical students, faculty, and residents?

4. Describe the process(es) by which data on medical student duty hours will be collected during clerkships. Note the mechanisms that will be available for medical students to report any violations of duty hours policies without fear of retaliation.

5. Describe the frequency with which the curriculum committee and/or its relevant subcommittee(s) will monitor the scheduled time in the pre-clerkship phase of the curriculum and the workload of students in the clerkship phase of the curriculum, in the context of formal policies and/or guidelines.

## 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.**

*Include at least the following in the Appendix:*

Appendix #: Methods of assessment (Standard 9, DCI Tables 9.0-1 and 9.0-2)

Appendix #: Preparation of residents as teachers (Element 9.1, DCI Table 9.1-1)

Appendix #: Pre-clerkship formative feedback (Element 9.7, DCI Table 9.7-1)

List any additional appendix documents for this standard and insert them into the Table of Contents.

### Element 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 and provides central monitoring of their participation in those opportunities.**

1. Briefly describe any existing or planned school/sponsoring organization (e.g., curriculum committee, GME office) policies or guidelines that will require the participation of residents and others (e.g., graduate students, postdoctoral fellows) in orientation or faculty development programs related to teaching and/or assessing medical students.

2. Referring to Appendix #, summarize how the medical school will monitor that that all non-faculty instructors participating in the pre-clerkship phase of the curriculum have received and reviewed the course objectives and been appropriately oriented to their teaching responsibilities.

3. Summarize planning, to date, to ensure that residents who will supervise and assess medical students in required clinical clerkships, whether they are from the school’s own residency programs or other programs, receive the relevant clerkship learning objectives, the list of required clinical encounters, and the necessary orientation to and training for their teaching and assessment roles.

### Element 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.**

1. Describe the development of policy and processes to ensure that physicians who will supervise medical students in required clerkships have faculty appointments.

2. Describe how, by whom, and how often the faculty appointment status of physicians who will teach and assess medical students in required clerkships will be monitored.

### Element 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 the student’s level of training, and that the activities supervised are within the scope of practice of the supervising health professional.**

1. Describe how departments and the central medical school administration will ensure that all medical students will be appropriately supervised during clinical learning experiences in all phases of the curriculum.

2. Describe the status of development of procedures for medical students to report concerns about the adequacy and availability of clinical supervision.

3. Describe the practices that will be used to ensure that the level of responsibility delegated to a medical student during required clinical experiences and other school-sponsored clinical experiences (i.e., electives) is appropriate to the student’s level of training and experience. Are these practices based on a formal supervision policy/guideline?

### Element 9.4 Assessment System

**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.**

1. Describe the status of planning to ensure that medical students will be observed performing core clinical skills during the pre-clerkship phase of the curriculum. Note the assessment methods that will be used in the pre-clerkship phase for the observation of students’ core clinical skills and whether the assessments will be formative or summative.

### Element 9.5 Narrative Assessment

**A medical school ensures that a narrative description of a medical student’s performance, including 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.**

1. Describe any medical school policies or guidelines in place or in development that address the circumstances in which narrative descriptions of medical students’ performance will be expected.

2. Note if narrative assessments will be provided in all pre-clerkship courses whose formats would permit such feedback (refer to Appendix #, Standard 6 for the names of pre-clerkship courses).

3. If a narrative assessment will not be provided in one or more pre-clerkship courses where teacher-student interaction could permit it to occur (e.g., there is small-group learning), describe the reason(s) that a narrative assessment will not be provided.

### Element 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.**

1. Describe how and by what individuals and/or groups the standards of achievement will be set for the following:

* 1. Courses and clerkships (i.e., grading criteria, passing standard)
	2. The curriculum as a whole (i.e., progression and graduation requirements)

 Note the status, to date, of developing the standards of achievement for each of these areas.

### Element 9.7 Formative Assessment and Feedback

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

1. Describe any institutional policies or guidelines specifying that medical students will be provided with formal formative feedback by the midpoint of courses and clerkships.

2. Summarize the methods that will be used for and evaluate the adequacy of plans for mid-course formative assessment and feedback during the pre-clerkship phase of the curriculum (refer to Appendix #, Table 9.7-1).

3. Describe plans for monitoring of the availability of mid-course and mid-clerkship feedback. How and by which individuals and groups will the provision of this feedback be monitored?

4. For planned courses/clerkships of less than four weeks duration, describe how students will be provided with timely feedback on their knowledge and skills.

### Element 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.**

1. Has the school developed a policy or guideline related to the timing of course/clerkship final grades? Summarize how the medical school will ensure that course and clerkship final grades will be reported to students according to the policy and timeframe set by the school and the requirements of this element.

2. How and by whom will the timing of course and clerkship grade reporting be monitored? Describe any processes that have been developed to address situations in which grades are not submitted in a timely manner.

3. Describe plans for collecting and using student perceptions of the fairness of summative assessments in courses and clerkships.

### Element 9.9 Student Advancement and Appeal Process

**A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is 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 advancement, graduation, or dismissal.**

1. Note if a single set of core standards for promotion, advancement, and graduation have been created and if the core standards have been codified in policy.

2. Describe the planned composition of the medical student promotions committee (or the promotions committees, if more than one). If the promotions committee(s) include course and/or clerkship directors, describe whether there is a recusal policy in place for directors and/or others who may have a conflict of interest.

3. Briefly summarize the decision-making process in case of a possible adverse action for academic or professionalism reasons that may affect the status of a medical student. Note the groups or individuals that will be involved in the initial decision-making and appeal processes and describe if there will be due process protections in each step of the process.

## Standard 10: Medical Student Selection, Assignment, and Progress

**A medical school establishes and publishes admission requirements for potential applicants to the medical education program and uses effective policies and procedures for medical student selection, enrollment, and assignment.**

List any appendix documents for this standard and insert them into the Table of Contents.

*Note that Elements 10.7 and 10.8 are not included in the review for preliminary accreditation.*

### Element 10.1 Premedical Education/Required Coursework

**Through its requirements for admission, a medical school encourages potential applicants to the medical education program to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences, and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.**

1. List any prerequisite courses that will be required for admission and note how and by whom these requirements were established and approved. Describe how the premedical course requirements will be made known to potential applicants and their advisors.

2. List the premedical courses or subjects that will be recommended for admission.

3. Summarize how the school will determine if changes in premedical course requirements are needed.

### Element 10.2 Final Authority of Admission Committee

**The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.**

1. Describe the anticipated size and composition of the admission committee at the time when the process for selection of the charter class begins. In the description, note the initial categories of committee membership (e.g., faculty, medical school administrators, community members) and the specified number of members from each category. Note any anticipated changes to the composition of the admission committee over time (e.g., the addition of students).

2. Is there a policy or guideline that faculty members constitute the majority of voting members at all meetings and that specifies the definition of a quorum at meetings?

3. Describe how and by whom admission committee members will be oriented to admission committee policies and the admission process.

4. Summarize the charge to the admission committee and the source of the committee’s authority (e.g., medical school bylaws). Will all accepted applicants be reviewed and approved by the admission committee? If there are/will be one or more subcommittees of the admission committee, describe their composition, role, and authority.

5. Describe how the medical school will ensure that there are no conflicts of interest in the admission process and that no admission decisions will be influenced by political or financial factors. Note if there are or are plans for policies related to conflict of interest in the admission process.

### Element 10.3 Policies Regarding Student Selection/Progress and Their Dissemination

**The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.**

1. Briefly summarize how and by whom the policies, procedures, and criteria for medical student selection were developed and approved. Describe how the criteria for student selection will be made available to the public, including prospective applicants and their advisors.

2. Describe the steps in the admissions process, beginning with receipt of the initial application. For each of the following steps, as applicable, describe the planned procedures and criteria that will be used to make the relevant decision and the individuals and groups (e.g., admission committee or subcommittee, interview committee) involved in the decision-making process:

* Preliminary screening for applicants to receive the secondary/supplementary application
* Selection for the interview
* The interview and the results of the interview
* The acceptance decision and the creation of the wait list
* The offer of admission, including how applicants are selected from the wait list

3. Describe the role of the medical school admission committee in the acceptance of applicants to joint degree programs (e.g., MD-PhD).

4. Describe the status of development and approval of policies for student assessment, advancement, and graduation and the policies for disciplinary action. How will these policies be made available to medical students and faculty?

### Element 10.4 Characteristics of Accepted Applicants

**A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.**

1. Note if a list of personal attributes to be assessed in the admission process has been developed. Describe when during the admission process, how, and by which individual(s)/group(s) the personal attributes of applicants will be assessed.

2. How will the members of the admission committee and the individuals who interview applicants (if other than admission committee members) be prepared and trained to assess applicants’ personal attributes?

### Element 10.5 Technical Standards

**A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.**

1. Describe the status of development and approval of technical standards. How will the medical school disseminate its technical standards for admission, retention, and graduation to potential and actual applicants, faculty, enrolled students, and others?

2. When and how will medical school applicants and enrolled medical students be expected to formally document (attest) that they are familiar with and capable of meeting the technical standards, with or without accommodation? Note how and by whom the attestations will be monitored.

### Element 10.6 Content of Informational Materials

**A medical school’s academic bulletin and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g., immunization) requirements for the MD degree and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the medical education program.**

1. How will informational and recruitment materials about the medical education program be made available (e.g., online, in the media, in hard copy) to potential and actual applicants, their advisors, and the public?

2. Describe how the school will ensure that recruitment materials are current and accurate.

### Element 10.9 Student Assignment

**A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.**

1. Describe the status of development of policies and procedures for the assignment of students to an instructional site, a regional campus, or a parallel curriculum, if applicable. Note how and by whom the final decision about assignment will be made for a clinical clerkship site and, if relevant, a regional campus and/or a parallel curriculum.

2. Describe the informal and formal processes that will allow students to request an alternate assignment either before or during their attendance, including by whom the final decision will be made. Note how medical students will be informed of the opportunity to request an alternate assignment.

## Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

**A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school’s medical education program objectives. All medical students have the same rights and receive comparable services.**

List any appendix documents for this standard and insert them into the Table of Contents.

*Note that Elements 11.3 and 11.4 are not included in the review for preliminary accreditation.*

### Element 11.1 Academic Advising and Academic Counseling

**A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and provides medical students academic counseling only from individuals who have no role in making assessment or promotion decisions about them.**

1. Describe the types of academic assistance (e.g., tutoring, academic advising, study skills/time management workshops) that will be available to all medical students. Note whether the individuals who will provide these services are currently employed or are being recruited and describe the ultimate organizational locus of each.

2. Describe any activities that will be implemented to identify students at risk for academic difficulty in the entering class or students who experience academic difficulty at any point during the medical curriculum. Will there be processes in place to identify and assist students before they fail a course or clerkship?

3. Summarize the types of counseling that will be available to students experiencing or at risk for academic difficulty and the categories of individuals available to deliver such counseling. Summarize how students will be directed to these sources of academic counseling.

4. Identify how the medical school will ensure that medical students have the option of obtaining academic counseling from individuals who have no role in making assessment or advancement decisions about them.

### Element 11.2 Career Advising

**A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.**

|  |
| --- |
| **Table 11.2-1 | Optional and Required Career Advising Activities** |
| Describe plans for career information sessions and advising activities in each year of the curriculum. Note whether each will be required (R) or optional (O). *Schools with regional campus(es) should provide the information by campus.* |
| Career Information and Advising Activities  |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  |  |  |  |

1. Referring to Table 11.2-1 above, summarize the planned system for residency and career advising, including the anticipated types of required and optional career advising activities that will be available in each year of the curriculum.

2. Describe the roles and responsibilities of the categories of personnel, including members of the medical school administration and faculty and administrators and faculty at other locations (e.g., the medical school’s sponsoring organization), who will be available to assist medical students in making career decisions. Summarize how these individuals will be oriented to the career advising system and to their specific roles in it.

3. List the individual(s) who will have responsibility for developing the MSPE.

### Element 11.5 Confidentiality of Student Educational Records

**At a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.**

1. If it has been determined, describe the general content of a medical student’s academic file and non-academic file so that there will be appropriate separation and assurance of confidentiality.

2. Describe the planned location(s) (physical or digital) where medical students’ academic records will be stored and comment on the security of the storage arrangements.

3. Has the medical school specified the individuals who will have access to medical students’ educational records? How will the medical school ensure that student educational records will be made available only to those individuals who are permitted to review them? Note the individual(s) who will have final responsibility for reviewing requests to view of student’s educational record.

### Element 11.6 Student Access to Educational Records

**A medical school has policies and procedures in place that permit a medical student to review and to challenge the student’s educational records, including the Medical Student Performance Evaluation, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.**

1. Describe the process that medical students will need to follow to review or challenge their educational records. Note specifically if students will be permitted to review and potentially challenge the following:

* Content of the MSPE
* Course and clerkship data
* Course and clerkship grades

Note any components of students’ educational records which students will not be permitted to review.

2. Describe how medical students will be able to gain access to their records in a timely manner.

3. How will the policy and procedures that permit medical students to review and challenge their records be made known to students and faculty?

## Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

**A medical school provides effective student services to all medical students to assist them in achieving the program’s goals for its students. All medical students have the same rights and receive comparable services.**

List any appendix documents for this standard and insert them into the Table of Contents.

### Element 12.1 Financial Aid/Debt Management Counseling/Student Educational Debt

**A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.**

|  |
| --- |
| **Table 12.1-1 | Financial Aid/Educational Debt Management Activities** |
| Describe financial aid and educational debt management counseling/advising activities (including one-on-one sessions) that will be available to medical students in the pre-clerkship phase (first and second years) of the curriculum. Note whether these activities will be required or optional.  |
| Financial Aid/ Debt Management Activities (required/optional) |
| Year 1 | Year 2 |
|  |  |

1. Provide the anticipated tuition and fees for entering in-state and out-of-state (nonresident) students in the charter class:

|  |  |
| --- | --- |
| In-state residents: |  |
| Out-of-state (nonresidents): |  |

2. Describe and comment on the anticipated accessibility and sufficiency of staff in the financial aid office for the charter class. Note if the financial aid office resides organizationally within the medical school or at the sponsoring organization (e.g., university level). If the latter, list the other schools/programs supported by financial aid office staff and note whether there are/will be financial aid staff who will be specifically available to assist medical students.

3. Referring to Table 12.1-1 above, briefly summarize the planned formal and informal programs and services during the pre-clerkship phase of the curriculum for counseling students about financial aid and educational debt management.

4. Describe the planned and current activities of the medical school or its sponsoring organization to increase the amount and availability of scholarship and grant support for future medical students. Describe other mechanisms that will be used by the medical school and the sponsoring organization to limit medical student educational debt.

### Element 12.2 Tuition Refund Policy

**A medical school has clear policies for the refund of a medical student’s tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).**

1. Note if there is a policy for the refund of tuition and fees at the level of the sponsoring organization or if a medical school policy has been/is being created. Briefly describe the tuition and fee refund policy and how the policy will be disseminated to medical students.

2. If not included in the tuition refund policy, describe any policies related to the refund of payments made for health and disability insurance and for other fees.

### Element 12.3 Personal Counseling/Mental Health/Well-Being Programs

**A medical school has in place an effective system of counseling services for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.**

1. Describe the system that exists/will exist for providing mental health services, including personal counseling, to medical students. Identify the location(s) of personnel who will provide the services and comment how the accessibility and confidentiality of the planned services will be ensured.

2. Briefly describe programs being planned that will promote medical students’ well-being and/or facilitate their adjustment to the demands of medical school.

### Element 12.4 Student Access to Health Care Services

**A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.**

1. Describe planning for a system to provide medical students with access to diagnostic, therapeutic, and preventive health services, including where and by whom such services will be provided. How will medical students at all instructional sites/campuses be informed about the availability of and methods to access health services?

2. Describe the status of development of a policy and procedures that will permit medical students to be excused from classes or clinical activities in order to access health services. Describe how medical students and faculty will be informed of this policy and process.

### Element 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/ Location of Student Health Records

**The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.**

1. Describe the policies and procedures to ensure that the individuals responsible for providing psychiatric or psychological counseling and/or health services to medical students will not also be involved in students’ academic assessment or in decisions about their promotion or graduation. How will medical students, residents, and faculty be informed of this requirement?

2. Describe how the medical school plans to ensure the confidentiality of medical students’ health records, including where student health records will be stored.

### Element 12.6 Student Health and Disability Insurance

**A medical school ensures that health insurance and disability insurance are available to each medical student and that health insurance is also available to each medical student’s dependents.**

1. Briefly describe how information about health insurance for medical students and their dependents will be made available to all medical students.

2. Indicate when during the medical education program disability insurance will be made available to medical students. Describe when and by what means medical students will be informed of its availability.

### Element 12.7 Immunization Requirements and Monitoring

**A medical school follows accepted guidelines in determining immunization requirements for its medical students and monitors students’ compliance with those requirements.**

1. Describe the status of the development of immunization policies and requirements for medical students. Do the medical school’s immunization requirements follow national and/or regional recommendations (e.g., from the Centers for Disease Control and Prevention, state agencies)?

2. Describe how and by whom the immunization status of medical students will be monitored and how students and the medical school will be informed when deficiencies in meeting immunization requirements are noted.

### Element 12.8 Student Exposure Policies/Procedures

**A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:**

* **The education of medical students about methods of prevention**
* **The procedures for care and treatment after exposure, including a definition of financial responsibility**
* **The effects of infectious and environmental disease or disability on medical student learning activities**

**All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.**

1. Describe the status of developing institutional policies in the following areas:

* The education of students about preventing exposure
* The procedures for treatment, screening, and follow-up in the event of exposure, including definition of financial responsibility
* The implications of infectious and/or environmental disease or disability for medical student educational activities

Summarize when and how medical students will be informed of the school’s policies related to exposure to infectious and environmental hazards.

2. Describe when and how students, including visiting students, will learn about the procedures to be followed in the event of exposure to blood-borne or air-borne pathogens (e.g., a needle-stick injury).

3. Describe how and when in the curriculum medical students will be instructed about preventing exposure to infectious diseases, especially from body fluids.