****

**Data Collection Instrument**

**for Preliminary Accreditation Surveys**

 **Replace This Text with Your Official School Name and Remove Highlight**

**Published August 2024**

**For Medical Education Programs Applying for**

**Preliminary Accreditation in the 2025-26 Academic Year**

LCME® *Data Collection Instrument*, for Programs Applying for Preliminary Accreditation in the 2025-26 Academic Year

© Copyright August 2024, Association of American Medical Colleges and American Medical Association. All material subject to this copyright may be photocopied for the noncommercial purpose of scientific or educational advancement, with citation.

LCME® is a registered trademark of the Association of American Medical Colleges and the American Medical Association.

For further information contact lcme@aamc.org

**Visit the LCME website at** [**lcme.org**](http://www.lcme.org)

**Table of Contents**

[Standard 1: Mission, Planning, Organization, and Integrity 6](#_Toc168053163)

[1.1 Strategic Planning and Continuous Quality Improvement 7](#_Toc168053164)

[1.2 Conflict of Interest Policies 8](#_Toc168053165)

[1.3 Mechanisms for Faculty Participation 9](#_Toc168053166)

[1.4 Affiliation Agreements 10](#_Toc168053167)

[1.5 Bylaws 12](#_Toc168053168)

[1.6 Eligibility Requirements 13](#_Toc168053169)

[Standard 2: Leadership and Administration 14](#_Toc168053170)

[2.1 Administrative Officer and Faculty Appointments 15](#_Toc168053171)

[2.2 Dean’s Qualifications 16](#_Toc168053172)

[2.3 Access and Authority of the Dean 17](#_Toc168053173)

[2.4 Sufficiency of Administrative Staff 18](#_Toc168053174)

[2.5 Responsibility of and to the Dean 19](#_Toc168053175)

[2.6 Functional Integration of the Faculty 20](#_Toc168053176)

[Standard 3: Academic and Learning Environments 21](#_Toc168053177)

[3.1 Resident Participation in Medical Student Education 22](#_Toc168053178)

[3.2 Community of Scholars/Research Opportunities 23](#_Toc168053179)

[3.3 Diversity Programs and Partnerships 24](#_Toc168053180)

[3.4 Anti-Discrimination Policy 25](#_Toc168053181)

[3.5 Learning Environment/Professionalism 26](#_Toc168053182)

[3.6 Student Mistreatment 27](#_Toc168053183)

[Standard 4: Faculty Preparation, Productivity, Participation, and Policies 28](#_Toc168053184)

[4.1 Sufficiency of Faculty 29](#_Toc168053185)

[4.2 Faculty Appointment Policies 31](#_Toc168053186)

[4.3 Scholarly Productivity 32](#_Toc168053187)

[4.4 Feedback to Faculty 33](#_Toc168053188)

[4.5 Faculty Professional Development 34](#_Toc168053189)

[4.6 Responsibility for Educational Program Policies 35](#_Toc168053190)

[Standard 5: Educational Resources and Infrastructure 36](#_Toc168053191)

[5.1 Adequacy of Financial Resources 37](#_Toc168053192)

[5.2 Dean’s Authority/Resources 39](#_Toc168053193)

[5.3 Pressures for Self-Financing 40](#_Toc168053194)

[5.4 Sufficiency of Buildings and Equipment 41](#_Toc168053195)

[5.5 Resources for Clinical Instruction 42](#_Toc168053196)

[5.7 Security, Student Safety, and Disaster Preparedness 44](#_Toc168053197)

[5.8 Library Resources/Staff 45](#_Toc168053198)

[5.9 Information Technology Resources/Staff 47](#_Toc168053199)

[5.11 Study/Lounge/Storage Space/Call Rooms 48](#_Toc168053200)

[5.12 Required Notifications to the LCME 49](#_Toc168053201)

[Standard 6: Competencies, Curricular Objectives, and Curricular Design 50](#_Toc168053202)

[6.1 Program and Learning Objectives 52](#_Toc168053203)

[6.2 Required Clinical Experiences 53](#_Toc168053204)

[6.3 Self-Directed and Life-Long Learning 54](#_Toc168053205)

[6.4 Inpatient/Outpatient Experiences 55](#_Toc168053206)

[6.5 Elective Opportunities 56](#_Toc168053207)

[6.6 Service-Learning/Community Service 57](#_Toc168053208)

[6.7 Academic Environments 58](#_Toc168053209)

[6.8 Education Program Duration 59](#_Toc168053210)

[Standard 7: Curricular Content 60](#_Toc168053211)

[7.1 Biomedical, Behavioral, Social Sciences 61](#_Toc168053212)

[7.2 Organ Systems/Life Cycle/Prevention/Symptoms/Signs/Differential Diagnosis, Treatment Planning 62](#_Toc168053213)

[7.3 Scientific Method/Clinical/Translational Research 63](#_Toc168053214)

[7.4 Critical Judgment/Problem-Solving Skills 64](#_Toc168053215)

[7.5 Societal Problems 65](#_Toc168053216)

[7.6 Structural Competence, Cultural Competence and Health Inequities 66](#_Toc168053217)

[7.7 Medical Ethics 67](#_Toc168053218)

[7.8 Communication Skills 68](#_Toc168053219)

[7.9 Interprofessional Collaborative Skills 69](#_Toc168053220)

[Standard 8: Curricular Management, Evaluation, and Enhancement 70](#_Toc168053221)

[8.1 Curricular Management 71](#_Toc168053222)

[8.2 Use of Medical Educational Program Objectives 72](#_Toc168053223)

[8.3 Curricular Design, Review, Revision/Content Monitoring 73](#_Toc168053224)

[8.4 Evaluation of Educational Program Outcomes 75](#_Toc168053225)

[8.5 Medical Student Feedback 76](#_Toc168053226)

[8.6 Monitoring of Completion of Required Clinical Experiences 77](#_Toc168053227)

[8.7 Comparability of Education/Assessment 78](#_Toc168053228)

[8.8 Monitoring Student Time 79](#_Toc168053229)

[Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety 81](#_Toc168053230)

[9.1 Preparation of Resident and Non-Faculty Instructors 82](#_Toc168053231)

[9.2 Faculty Appointments 83](#_Toc168053232)

[9.3 Clinical Supervision of Medical Students 84](#_Toc168053233)

[9.4 Assessment System 85](#_Toc168053234)

[9.5 Narrative Assessment 86](#_Toc168053235)

[9.6 Setting Standards of Achievement 87](#_Toc168053236)

[9.7 Formative Assessment and Feedback 88](#_Toc168053237)

[9.8 Fair and Timely Summative Assessment 89](#_Toc168053238)

[9.9 Student Advancement and Appeal Process 90](#_Toc168053239)

[Standard 10: Medical Student Selection, Assignment, and Progress 91](#_Toc168053240)

[10.1 Premedical Education/Required Coursework 92](#_Toc168053241)

[10.2 Final Authority of Admission Committee 93](#_Toc168053242)

[10.3 Policies Regarding Student Selection/Progress and Their Dissemination 94](#_Toc168053243)

[10.4 Characteristics of Accepted Applicants 95](#_Toc168053244)

[10.5 Technical Standards 96](#_Toc168053245)

[10.6 Content of Informational Materials 97](#_Toc168053246)

[10.9 Student Assignment 98](#_Toc168053247)

[Standard 11: Medical Student Academic Support, Career Advising, and Educational Records 99](#_Toc168053248)

[11.1 Academic Advising and Academic Counseling 100](#_Toc168053249)

[11.2 Career Advising 101](#_Toc168053250)

[11.5 Confidentiality of Student Educational Records 102](#_Toc168053251)

[11.6 Student Access to Educational Records 103](#_Toc168053252)

[Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services 104](#_Toc168053253)

[12.1 Financial Aid/Debt Management Counseling/Student Educational Debt 105](#_Toc168053254)

[12.2 Tuition Refund Policy 107](#_Toc168053255)

[12.3 Personal Counseling/Mental Health/Well-Being Programs 108](#_Toc168053256)

[12.4 Student Access to Health Care Services 109](#_Toc168053257)

[12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records 110](#_Toc168053258)

[12.6 Student Health and Disability Insurance 111](#_Toc168053259)

[12.7 Immunization Requirements and Monitoring 112](#_Toc168053260)

[12.8 Student Exposure Policies/Procedures 113](#_Toc168053261)

[Style Guide for DCI Preparation 114](#_Toc168053262)

[Glossary of Terms for LCME Accreditation Standards and Elements 115](#_Toc168053263)

## 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.**

#### Supporting Documentation

1. Summarize the history of the medical school, to date.

2. Describe the location of the planned medical school administrative campus and any regional campuses.

3. Provide maps, as available, of the system of affiliated hospitals and the location of any planned regional campuses.

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.**

#### Narrative Response

a. Provide the mission of the medical school, if available. Describe when, how, and by whom the mission statement was or is being developed. If a mission statement for the school has not yet been formalized, describe when this process is likely to be completed.

b. Describe the process that is being used to establish the medical school strategic plan, including the development of the plan’s goals and intended outcomes. Note if the strategic plan is being developed in collaboration with the medical school’s sponsoring organization (e.g., university, health system). Provide the date when the plan was completed or when it is likely to be finalized.

c. Describe how and by whom the outcomes of the school’s strategic plan will be monitored. Have a timeline and process for monitoring the outcomes been created?

d. Describe the process that will be used and the personnel and other resources that will be available to support ongoing quality improvement activities related to the medical education program. Describe the status of developing a plan and process to monitor ongoing compliance with LCME accreditation elements.

#### Supporting Documentation

1. An executive summary of the medical school strategic plan, as available.

### 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.**

#### Narrative Response

a. 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): |

b. If the primary institutional board is responsible for any units in addition to the medical school (e.g., other colleges), is there a separate/subsidiary board for the medical school?

c. Is the medical school part of a for-profit, investor-owned entity? If so, 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.

d. Place an “X” next to each area in which the medical school or 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 |

e. Describe the strategies for identifying and managing actual or perceived conflicts of interest as they arise for the following groups:

1. Medical school/sponsoring organization governing board

2. Medical school administrators

3. Medical school faculty

What mechanisms will be used to ensure that the requirements of the conflict of interest policies will be followed?

#### Supporting Documentation

1. Policies and procedures intended to prevent or address financial or other conflicts of interest among medical school administrators and medical school faculty (including recusal from discussions or decisions if a potential conflict exists).

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 1.3-1 | Standing Committees** |
| List all major standing committees of the medical school, whether currently operational or anticipated. Indicate whether members are/will be *all appointed (A), all self-nominated*/*peer-nominated*/peer-*selected* (S), or *both appointed and self-nominated/peer-nominated/peer-selected* (B), and whether the committee is charged with making *recommendations* (R), is *empowered to take action* (A), or *both* (B). |
| Committee | Reports to | Current/Anticipated Number of Voting Members (Current/Anticipated Number of Faculty Voting Members) | Date Committee Became or Will Become Operational | MembershipSelection (A/S/B) | Authority(R/A/B) |
|  |  |  |  |  |  |

#### Narrative Response

a. If the standing committees have not all been formed, describe whether there currently are operating precursor committees with the same or related charge/function which will eventually develop into formal committees.

b. Summarize how the selection process for faculty committees will ensure that there is input from the general faculty into the governance process.

c. Describe how faculty currently are being made aware of policy and other types of changes that require faculty comment and how such input from faculty is or will be obtained.

d. In addition to faculty meetings, what mechanisms (such as written or electronic communications) are being or will be used to inform faculty about issues of importance at the medical school?

### 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

#### Supporting Data

|  |
| --- |
| **Table 1.4-1 | Affiliation Agreements** |
| For each inpatient clinical teaching site that will be used for required clinical clerkships, including those in the medical school/’s/university’s own health system, provide the page number(s) in the affiliation agreement where passages containing the following information appear. Add rows as needed.1. Assurance of medical student and faculty access to appropriate resources for medical student education.
2. Primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students.
3. Role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching.
4. 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.
5. Shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment.
 |
|  |  | Page Numbers(s) in Agreement |
| Clinical teaching site | Date agreement last signed | 1.Access to resources | 2.Primacy of program | 3.Faculty appointments | 4.Environmental hazard | 5.Learning environment |
|  |  |  |  |  |  |  |

#### Narrative Response

a. 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 charter (first entering) medical school class. [This does not include clinical teaching sites only used for electives or selectives or those used for ambulatory teaching.]

b. If affiliation agreements have not been finalized with sites needed to accommodate the first cohort of students entering the clinical years, indicate the timetable for the completion and signing of the affiliation agreements.

c. For ambulatory sites (e.g., clinics, group practices) and private physician offices that will have a significant role in required clinical clerkships, describe how (e.g., through memoranda/letters of understanding or other formal agreements) the medical school will ensure the primacy of the medical education program in the areas included in the element.

#### Supporting Documentation

1. The signed/executed affiliation agreement for each clinical teaching site at which students will complete the inpatient portions of required (core) clinical clerkships and/or integrated longitudinal clerkships. This does not include clinical teaching sites only used for electives or selectives. [Note: Each affiliation agreement should be saved as a separate document].

2. The template for the agreement with each ambulatory site (e.g., clinics, group practices) that will have a significant in required clinical clerkships. This does not include ambulatory clinical sites that only will be used for electives or selectives or individual physician practices.

3. The template letter of agreement or of faculty appointment for individual physicians who will have a significant role in required clinical clerkships/experiences by which the medical school will ensure the primacy of the medical education program in the areas included in the element.

### 1.5 Bylaws

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

#### Narrative Response

a. Describe the status of development of the formally approved documents (e.g., faculty bylaws or other policy documents) that include the following:

1. responsibilities of the dean

2. responsibilities of the faculty

3. charges to the school’s standing committees

b. Briefly describe how these formal documents are or will be made available to the faculty.

#### Supporting Documentation

1. Bylaws or other formally approved policy documents that have been developed and approved, as available.

### 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.**

#### Narrative Response

a. Provide the state in which the institution is or will be chartered/legally authorized to offer the MD degree. Describe the timeline for obtaining authority to grant the MD degree.

b. Place an “X” next to the institutional accrediting body that will accredit the medical school or has accredited 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) |

c. Describe the current status of 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 applied for candidate status. Describe the steps that have been taken toward obtaining candidate status and the anticipated timelines.

## 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.**

### 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.**

#### Supporting Data

|  |
| --- |
| **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 |
|  |  |  |

### 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**.

#### Narrative Response

a. Provide the date when the current dean was appointed.

b. Note if anyone held the dean position prior to the incumbent.

c. List the areas of the school’s mission for which the dean has or will have formal leadership responsibility as specified in the dean’s formal position description.

d. Provide a brief summary of the dean’s experience and qualifications to provide leadership in each of the mission area of the medical school for which the dean has responsibility.

#### Supporting Documentation

1. Dean’s abbreviated curriculum vitae.

2. Dean’s position description from bylaws or other policy document. If the dean has an additional role (e.g., vice president for health/academic affairs, provost), include that position description as well.

### 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.**

#### Narrative Response

a. Summarize the dean’s formal (organizational) access to sponsoring organization and health system administrators. Describe how the dean’s interactions with these administrators is ensuring or will ensure that the needs of the medical education program are included in planning activities at these levels.

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

#### Supporting Documentation

1. Organizational chart illustrating the relationship of the medical school dean to the sponsoring organization administration and to the administrators of the health science center and/or affiliated teaching hospitals (if relevant). If the medical school is part of a larger non-academic entity (not-for-profit or for-profit/investor-owned), the chart should include the relationship of the dean or other senior academic officer to the board of directors or officers of that entity.

### 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.**

#### Supporting Data

|  |
| --- |
| **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 basis (I) |
|  |  |  |  |

|  |
| --- |
| **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 position is unfilled (U) or filled on an acting/interim (I) basis |
|  |  |  |  |  |

#### Narrative Response

a. Describe the timetable and status of recruitment efforts for any unfilled dean’s administrative staff positions or for positions currently filled on an acting/interim basis. Note if additional dean’s administrative staff positions are being planned/considered for creation.

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

c. If there are any unfilled department chair positions in existing departments, describe the status and timetable for recruitment efforts to fill the position(s).

#### Supporting Documentation

1. Organizational chart of the dean’s office, indicating positions that are unfilled or filled on an interim basis.

### 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.**

*Note: Only schools operating one or more regional campus(es) should respond to Element 2.5.* See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definition of regional campus.

#### Supporting Data

|  |
| --- |
| **Table 2.5-1 | Regional Campus(es)** |
| Provide the requested information for each regional campus. Add rows as needed. |
| Campus | Location | Phase(s)\* of the Curriculum Taught at the Campus | Title of Principal Academic Officer |
|  |  |  |  |
|  |  |  |  |

\* Phases of the curriculum (pre-clerkship, clerkship/clinical)

#### Narrative Response

a. Describe how the medical school dean/designated chief academic officer (CAO) will oversee the following:

1. The conduct and quality of the medical education program at all regional campuses

2. The adequacy of campus faculty in terms of numbers and areas of expertise

3. the adequacy of campus resources

b. Describe the planned reporting relationship between the medical school dean/CAO and the principal academic officer at each regional campus.

c. Describe the planned reporting relationship(s) of other campus administrators (e.g., student affairs) to administrators at the central (administrative) campus.

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

#### Supporting Documentation

1. Position description for the role of principal academic officer at the regional campus(es).

### 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).**

*Note: Only schools operating one or more regional campus(es) should respond to Element 2.6.* See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definition of regional campus.

#### Narrative Response

a. Describe how faculty members in each discipline will be functionally integrated across regional campuses at the departmental and medical school levels, including anticipated activities such as faculty meetings/retreats and visits by departmental and medical school (e.g., dean, dean’s staff) leadership.

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

#### Supporting Documentation

1. Organizational chart(s) illustrating the anticipated relationship of site directors for pre-clerkship courses to course directors (if relevant).

2. Organizational chart(s) illustrating the anticipated relationship of site directors for clerkships to clerkship directors (if relevant).

## 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.**

### 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.**

#### Narrative Response

a. Provide the anticipated percentage of medical students in the first graduating class who will complete one or more required clinical experiences or selectives at an inpatient or outpatient site where residents participate in medical student teaching/supervision. For schools with regional campuses, provide these data by campus.

b. If some or all students will not have the opportunity to complete one or more required clinical experiences where residents participate in medical student teaching/supervision, describe how medical students will learn about the expectations and requirements of the next phase of their training.

### 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.**

#### Narrative Response

a. Will there be a requirement for medical students to complete a scholarly/research project at some point in the curriculum? If yes, describe how students, including those at regional campuses, will be assisted in identifying a research project and a mentor and be informed about project requirements.

b. If there will not be a requirement for medical students to complete a research project, briefly describe the opportunities that will be available for medical students to participate in research. How will medical students be informed about and assisted in finding research opportunities? If the medical school has/will have one or more regional campuses, describe planning to ensure that students at each campus will have research opportunities.

c. Describe the funding, personnel, and other resources that will be available to support medical student participation in research and other scholarly activities.

d. Describe the means by which faculty scholarship is being/will be fostered in the medical school, including the infrastructure, funding, and other resources that will be available to support faculty scholarship (e.g., a formal mentorship program, a research office, support for grant development, seed funding for research project development).

### 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.**

#### Narrative Response

a. Describe how the medical school is expressing/will express its commitment to the value of diversity in the academic learning environment, for example in its mission statement or in other documents such as its strategic plan.

b. Provide the current categories of mission-aligned student diversity or describe how these are being developed. If the category requires a definition (e.g., the specific definition of “rural” or “socioeconomically disadvantaged”), provide that as well.

c. Describe planning for medical school’s activities directed toward recruiting a pool of applicants and retaining a body of students who possess the backgrounds and experiences consistent with the school’s mission-aligned diversity categories.

d. Describe how the medical school will ensure that its faculty and senior administrative staff are prepared to support its diverse student body.

e. Describe how the medical school plans to develop, monitor, and evaluate the effectiveness of diversity programs and partnerships to develop a diverse national pool of medical school applicants.

#### Supporting Documentation

1. As available, provide the mission statement, strategic plan excerpt, policy, or other formally approved document that demonstrates the school’s commitment to the value of diversity in the academic learning environment.

### 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.**

#### Narrative Response

a. Describe the status of development and formal approval of the anti-discrimination policy that will apply to the medical school.

b. How will the final, approved anti-discrimination policy be made available to members of the medical education community?

#### Supporting Documentation

1. The medical school’s anti-discrimination policy (or the sponsoring organization policy that applies to the medical school) if it has been developed and formally approved.

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 3.5-1 | Professional Behaviors** |
| List the professional behaviors that medical students will be expected to develop, the location in the curriculum where formal learning experiences related to these attributes will occur and be assessed, and the methods that will be used to assess student attainment of each attribute. Add rows as needed. |
| Behavior | Anticipated Location(s) in Curriculum | Anticipated Assessment Method(s) |
|  |  |  |

#### Narrative Response

a. Describe how the list of professional behaviors that students will be expected to develop was/is being created, including the individuals and groups responsible for developing, reviewing, and approving the final list.

b. Describe how the list of required behaviors will be made known to faculty, residents, and others with involvement in the medical education learning environment.

c. 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.

d. Describe planning for educational and other activities to foster an appropriate learning environment.

e. Identify the individual(s) who will be responsible for receiving and acting on reports of unprofessional behavior by students, faculty, residents, and others, and for receiving and acting on the results of evaluations of the learning environment to ensure that there will be an appropriate learning environment in all settings used for the education of medical students.

### 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.**

#### Narrative Response

1. Describe the status of developing policies that define mistreatment. Describe how and when medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff are or will be informed about the medical school’s mistreatment policies.

b. Summarize the status of developing procedures for medical students, faculty, or residents 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 the anticipated process(es) that will be used for follow-up when reports of alleged mistreatment have been made.

c.  Describe plans for educational activities for medical students, faculty, and residents that will be directed at preventing student mistreatment.

#### Supporting Documentation

1. As available, formal policies and/or procedures for responding to allegations of medical student mistreatment, including the avenues for reporting and mechanisms for investigating reported incidents.

## 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.**

### 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.**

#### Supporting Data

|  |
| --- |
| **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

|  |
| --- |
| **Table 4.1-2 | Basic Science Faculty**  |
| List each of the medical school’s *basic science* disciplines, the department(s) where the current faculty are based, and the current number of faculty in that discipline and department. Only list those disciplines (e.g., pathology) included in the basic science faculty counts in Table 4.1-1. Schools with one or more regional campus(es) should also provide the campus name. Add rows as needed. |
| Campus | Discipline | Department | Full-Time Faculty | Full-Time Vacant | Part-Time Faculty and Volunteer Faculty |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Table 4.1-3 | Clinical Faculty** |
| For each campus, list the medical school’s *clinical departments* and provide the number of clinical (MD/DO) faculty in each department. Only list departments included in the faculty counts in Table 4.1-1. Schools with one or more regional campus(es) should provide the campus name in each row. Add rows as needed. |
| Campus | Department | Full-Time Faculty | Full-Time Vacant | Part-Time and Volunteer Faculty |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Table 4.1-4 | Protected Faculty Time** |
| Provide the amount of protected time (i.e., time with salary support) that the following individuals have/will have for their responsibilities in their leadership role, including administrative and student teaching/supervision (include a range if not consistent within each group). Add rows as needed. |
| Faculty Type | Amount(% FTE) | Check if a Member of the Dean’s Staff\* |
| Pre-clerkship/preclinical course directors, including directors of clinical skills courses |  |  |
| Clerkship directors |  |  |
| Chair of the curriculum committee |  |  |
| Chair of the admissions committee |  |  |

\* The individual has an administrative title.

#### Narrative Response

a. Provide general definitions, as used by the school, for the categories of full-time, part-time, and volunteer faculty.

b. Describe the timing of faculty recruitment activities, by discipline, planned over the next three academic years.

c. List the basic science disciplines and clinical departments where faculty will have primary and ongoing teaching responsibilities for students other than the school’s own medical students. Describe how the school will ensure that this does not compromise the availability of faculty to contribute to the medical education program.

### 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.**

#### Narrative Response

a. Describe how and when faculty members are notified of the following:

1. Terms and conditions of employment, including privileges

2. Benefits

3. Compensation, including policies on practice earnings

4. Assignment to a faculty track

b. Describe how and when faculty members are or will be notified about their responsibilities in teaching, research and, where relevant, patient care and indicate whether such notification will occur on a regularly scheduled basis.

#### Supporting Documentation

1. Medical school or sponsoring organization’s policies describing each faculty track. Note when and by whom these policies were or will be approved.

2. Medical school or university/parent organization policies for initial faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal. Note when these policies were or will be approved.

### 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.**

#### Narrative Response

a. Describe the institution’s expectations for faculty research and other types of scholarship by employment category/faculty track, including whether scholarly activities will be required for promotion, retention, and granting of tenure for some or all faculty.

### 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.**

#### Narrative Response

a. Describe how, when, and which categories of faculty members will receive formal feedback from departmental (i.e., department chair or division/section chief) or other programmatic or institutional (e.g., center directors, program leaders, senior administrator) leaders on their academic performance, progress toward promotion, and, if relevant, tenure.

b. Summarize the type(s) of feedback that are/will be provided to other categories of faculty (e.g., volunteer/adjunct) who are not included in the requirement to receive the feedback specified above (i.e., the formal feedback from the department chair/departmental leadership).

#### Supporting Documentation

1. Medical school or sponsoring organization policies that require faculty to receive regular formal feedback on their performance, progress toward promotion, and, if relevant, tenure. Note when these policies were or will be approved.

### 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.**

#### Narrative Response

a. Describe the current and anticipated availability and organizational placement (e.g., faculty development office, medical school dean’s office, university office) of knowledgeable individuals who can assist faculty in improving their skills in curriculum development, teaching, and assessment. Provide the percentage of effort that is or will be allocated by each of these individuals to faculty development activities.

b. Describe how the medical school identifies or will identify faculty development programming needs and priorities related to teaching and assessment skills.

c. Describe the steps that will be taken to ensure that in-person or virtual faculty development is or will be accessible at all instructional sites, including regional campuses.

d. Describe the means by which problems identified with an individual faculty member’s teaching and assessment skills will be remediated.

e. Describe plans to make funding available to support faculty participation in professional development activities related to their own discipline/specialty (e.g., attendance at professional meetings) and to their roles as teachers (e.g., attendance at regional/national medical education meetings).

f. Describe plans and resources for formal activities at the departmental, medical school, and/or sponsoring organization level to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement.

### 4.6 Responsibility for Educational Program 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.**

#### Narrative Response

a. Is there or will there be a standing or other committee, such as an executive committee, where the dean, relevant medical school administrators, and faculty representatives determine the governance and policy-making processes of the medical school? If so, describe the committee’s current or anticipated membership, charge, or purpose, and how often it meets/will meet. Note if the membership is likely to change as the school develops.

b. Briefly describe how faculty members have or 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.**

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

### 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.**

**Supporting Data**

Provide the following information, as available:

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/parent organization 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 |
|  |  |  |

#### Narrative Response

a. Provide the dates of the school’s fiscal year (month/day to month/day).

b. Referring to the six-year revenue and expenditure pro forma in the supporting documentation, describe all the financial resources currently available to the medical school and the status and sustainability of all 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 enters, and the next four years) in the following areas:

1. Total revenues

2. Revenue mix

3. Obligations and commitments

4. Reserves (amount and sources)

c. Describe the medical school’s annual budget process and the role and authority of the medical school dean in budget development and approval. Is the budget of the medical school approved by the governing board and/or officials of sponsoring organization or, in the case of an investor-owned for-profit medical school, by the corporate parent of the institution?

d. Describe the ways in which the medical school’s governance, through its organizational structure, will support the effective management of its financial resources.

e. Describe the ways that funding for the current and projected capital needs for the missions of the medical school are being and will continue to be addressed.

f. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) and/or of the medical school’s sponsoring organization or company performed during the most recently completed fiscal year.

#### Supporting Documentation

1. A six-year revenue and expenditure pro forma.

2. A copy of the most recent audited financial statements for the medical school and/or the medical school's sponsoring organization or company. Medical schools owned or operated by a sponsoring organization or company and those that do not have separate audited financial statements for the medical school should submit consolidated audited financial statements for the sponsoring organization or holding company. The DCI should contain the most current information available prior to submission.

### 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.**

#### Narrative Response

a. If the dean is *not* the chief academic officer (CAO) and responsibility for the medical education program is delegated to another administrator serving as CAO, provide the name and title of this individual, as well as the percent effort this individual devotes to this administrative responsibility.

|  |  |  |
| --- | --- | --- |
| Name | Title | % Effort in the CAO Role |
|  |  |  |

b. Describe how the dean/CAO participates or will participate in institution-level planning to ensure that the resource needs for the development of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are being met.

c. Describe the budgetary authority of the medical school dean in accessing funds from the medical school budget.

d. Describe how and by whom the budget to support the planning and delivery of the school’s medical education program is developed and approved, and how it is or will be allocated to departments and administrative units.

e. Provide the names and titles of the senior staff (e.g., director of assessment, director of evaluation, director of information technology) of groups/units currently responsible for providing staff 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. DO NOT include the academic leadership of the medical education program (e.g., assistant dean for curriculum) under “staff.” 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 |
|  |  |  |  |  |

f. 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. Do not include the recruitment of faculty whose sole role will be teaching.

### 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.**

#### Narrative Response

a. Describe how and at what institutional level (e.g., the medical school administration, sponsoring organization administration, the board of trustees, the legislature) the size of the medical school entering class will be set. How will the school/institutional leadership ensure that the number of medical students (see Table 5.12-1 for data on student enrollment plans) does not exceed available resources (i.e., faculty and educational facilities)?

b. Describe how and by whom the tuition and fees will be set for the medical school, both for the charter class and for subsequent classes.

c. Describe how and by whom pressures to generate revenue from tuition, clinical care, and/or research will be managed to prevent negative effects on the medical education program.

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 5.4-1 | Pre-clerkship Classroom Space** |
| Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching/simulation space, small group discussion room, etc.) that will be used for each instructional format during the pre-clerkship phase\* of the medical curriculum. Only include space that will be used for regularly scheduled medical school classes, including laboratories and clinical teaching/assessment activities. Add rows as needed. |
| Room Type/Purpose | # of Roomsof this Size/Type | Seating Capacity(provide a range if variable across rooms) | Building(s) in WhichRooms Are Located |
|  |  |  |  |

\* The pre-clerkship phase is the period before the start of the required clinical clerkships.

#### Narrative Response

a. If educational spaces used for required classes in the pre-clerkship years of the medical curriculum (e.g., lecture halls, laboratories, small group rooms) will be shared with other schools/programs, provide the office or individual responsible for scheduling the spaces and note if the medical education program will have priority in any scheduling decisions.

b. Describe the status of completion of teaching space that will be used for the charter class in the pre-clerkship phase of the curriculum, including the timeline for completion of new construction or renovation. Note whether the completion of teaching space for the charter class is on schedule. Describe options if the planned teaching space will not be available at the time the charter class is due to matriculate.

c. Describe any additional teaching space that will be needed when the second entering class is in the pre-clerkship phase of the curriculum.

d. Describe the facilities that will be used for teaching and assessment of medical students’ clinical and procedural skills. Note if this space will also be used for patient care or will be shared with other learners.

e. Describe the availability of research space for the number of faculty who will be in place when the charter class enters and plans for additional space, if needed, as the number of faculty increases.

### 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).**

#### Supporting Data

|  |
| --- |
| **Table 5.5-1 | Inpatient Teaching Sites by Clerkship** |
| List all *inpatient teaching sites* where the charter class of medical students will take one or more required clerkships. List the required clerkships as column headings. Indicate the clerkship(s) offered at each site by placing an “X” in the appropriate column. Schools with regional campuses should include the campus name for each facility. Add rows as needed. |
| Facility Name/Campus (if applicable) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **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. Schools with regional campuses should include the campus name for each facility. 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 |
|  |  |  |  |  |

|  |
| --- |
| **Table 5.5-3 | Ambulatory Teaching Sites by Clerkship** |
| For each *type of* *ambulatory teaching site* that will be used for one or more required clerkships, indicate the clerkship(s) offered at this type of site by placing an “X” in the appropriate column. List the required clerkships as column headings. Add rows and columns as needed. |
| Facility Type |  |  |  |  |  |  |  |
| University Hospital Clinic |  |  |  |  |  |  |  |
| Community Hospital Clinic |  |  |  |  |  |  |  |
| Community Health Center |  |  |  |  |  |  |  |
| Private Physician Office |  |  |  |  |  |  |  |
| Rural Clinic/AHEC |  |  |  |  |  |  |  |
| Other Type of Site (list) |  |  |  |  |  |  |  |

#### Narrative Response

a. Describe the status of identifying all the clinical placement sites for required clinical experiences that will occur in the pre-clerkship phase of the curriculum.

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

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

### 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.**

#### Narrative Response

a. Describe the security system(s) that are or will be in place and the personnel available to provide a safe learning environment for medical students in the pre-clerkship phase of the curriculum during the following times/situations. If the medical school has multiple teaching sites or regional campuses, describe the security systems in place at each site or campus.

1. During regular classroom hours

2. Outside of regular classroom hours

b. Describe the status of the development of emergency and disaster preparedness policies, procedures, and plans at the medical school or sponsoring organization level. Note how medical students and faculty will be informed of these institutional emergency and disaster preparedness policies and plans.

#### Supporting Documentation

1. As available, copies of medical school or sponsoring organization emergency and disaster preparedness policies, procedures, and plans, as they relate to medical students, faculty, and staff.

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 5.8-1 | Medical School Library Resources and Space** |
| Provide the requested information on resources that are or will be available at the main library for the medical school. 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 |
|  |  |  |  |  |

|  |
| --- |
| **Table 5.8-2 | Medical School Library Staffing** |
| Provide the number of staff FTEs in the following areas that are currently in place or will be in place at the time of matriculation of the charter class. Schools with regional campuses should add rows for each additional library/campus. |
| Professional Staff | Technical andParaprofessional Staff | Part-Time Staff(e.g., student workers) |
|  |  |  |

#### Narrative Response

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

b. List any other schools and/or programs that will be served by the main medical school library.

c. Describe the planning to determine if existing library collections will need to be expanded to support medical school faculty and the medical education program.

d. Describe whether electronic and other library resources will be accessible to medical students and faculty across all sites, including regional campuses.

e. Briefly summarize any partnerships that extend the library’s access to information resources. For example, does or will the library interact with other institutional and/or affiliated hospital libraries?

f. List the anticipated hours when the medical school library will be staffed. If additional hours will be available during which medical students will have access to all or part of the library for study, describe these as well.

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 5.9-1 | Medical School IT Services Staffing** |
| Provide the number of IT staff FTEs that will be dedicated/available to the medical school, using the academic year when the charter class will enter. Schools with regional campuses may add rows for each additional campus. |
| Total # of IT Staff (FTEs) | Professional Staff | Technical andSupport Staff |  Part-time Staff (e.g., student workers) |
|  |  |  |  |

#### Narrative Response

a. Describe plans to assess and ensure the reliability and accessibility of a wireless network in classrooms and study spaces. How will the school ensure that the IT resources are meeting student and faculty needs?

b. Describe plans for telecommunications technology that will link all instructional sites/campuses and how Information Technology (IT) staff and services will support the delivery of distributed education (as needed by the curriculum).

c. Describe how medical students, residents, and faculty will be able to access educational resources (e.g., curriculum materials) from off-campus sites, including teaching hospitals and ambulatory teaching sites.

d. Describe the ways in which staff members in the IT services unit are supporting and will support the development of the medical education program, including assisting in instructional development, planning for monitoring curriculum content (e.g., developing and supporting the curriculum database), and planning and implementing curriculum delivery.

### **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.**

#### Supporting Data

|  |
| --- |
| **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.  |
|  | Library | Pre-clerkship (Campus)Classroom Building(s) | Regional Campus(es)(if applicable) |
| Small room used only for group study |  |  |  |
| Classroom that may be used for study when free |  |  |  |
| Individual study room |  |  |  |
| Individual study carrel |  |  |  |
| Individual seating |  |  |  |

#### Narrative Response

a. Based upon a review of the amount and types of student study space that will be available, summarize how the school of medicine has determined that the available study space for students will be sufficient during the pre-clerkship phase of the curriculum.

b. Describe the locations of lounge/relaxation space and personal lockers or other secure storage areas for student belongings on the central campus and on each regional campus (if applicable) during the pre-clerkship phase of the curriculum. Note if the space is solely for medical student use or if it will be shared with others.

c. Describe how the medical school is working with its clinical partners to ensure that secure call rooms, if needed for overnight call, study space, and secure storage space for students’ belongings will be available at each site used for required clinical clerkships when the charter class enters the clerkship year.

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 6.0-1 | Planned Pre-clerkship Instructional Formats** |
| Using the academic year when the charter class will be in the first year of the curriculum, list each pre-clerkship course and provide the total number of instructional hours for each listed instructional format. Note that “small group” includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. Provide a definition of “other” if selected. Add rows as needed. |
|  | Number of Formal Instructional Hours Per Course |
| Course | Lecture | Lab | Small Group | Patient Contact\* | Other\*  | Total |
|  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |
| Other: describe |

\* Includes interactions with simulated patients

|  |
| --- |
| **Table 6.0-2 | Planned Weeks and Formal Instructional Hours per Block Clerkship\***  |
| Using the academic year(s) when the charter class will begin the required clerkships, provide the total number of weeks and formal instructional hours (lectures, conferences, and teaching rounds) for each required clerkship. Provide a range of hours if there will be significant variation across sites. Note that hours devoted solely to patient care activities should NOT be included as instructional time. Add rows as needed. |
| Clerkship | Total Weeks | Typical Hours per Week of Formal Instruction |
|  |  |  |

\* If the school will be using a longitudinal integrated clerkship model for all students (i.e., there will be NO block clerkships), leave this table blank and describe the structure of the clinical year(s) in the curriculum description below.

#### Narrative Response

a. Describe the general structure of the planned curriculum by phase (i.e., pre-clerkship, clerkship). In the description, refer to the placement of courses/clerkships as contained in the curriculum schematic requested below. For courses/clerkships where the title may not clearly indicate the content, indicate the disciplines included.

b. If the school plans to offer a parallel curriculum (track) to a subset of students, include the following information in each description and highlight the difference(s) from the curriculum of the standard medical education program:

1. The location of the parallel curriculum (main campus or regional campus)

2. The year the parallel curriculum first will be offered

3. The focus of the parallel curriculum, including the additional objectives that students must master

4. The general curriculum structure (including the sequence of courses/clerkships in each curriculum year/phase)

5. The number of students who will participate in each year/phase of the curriculum.

#### Supporting Documentation

1. Provide a schematic or diagram that illustrates the planned structure of the curriculum for the charter class. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkships in each academic period of the curriculum. The schematic should illustrate the general structure of the planned curriculum, including when in the curriculum the required clerkships will begin (e.g., mid-way through year two, at the beginning of year three).

2. Provide a schematic of any planned parallel curriculum (track) that will be available to the first two entering classes.

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 6.1-1 | Competencies, Program Objectives, and Outcome Measures** |
| As available, for each general competency expected of graduates, provide the related medical education program objectives and the outcome measure(s) (assessments) that specifically will be used to assess students’ attainment of each related education program objective. Add rows as needed. |
| General Competency | Medical Education Program Objective(s) Linked to the Competency | Outcome (Assessment) Measure(s) for Each Objective |
|  |  |  |

#### Narrative Response

a. Describe the status of developing the medical education program objectives and linking them to the relevant competencies. How and by what group(s) will the competencies and program objectives be developed and approved?

b. Identify the individual(s)/group(s) who are or will be responsible for defining outcome measures for each of the medical education program objectives. How will the medical school ensure that the outcome measures selected will be sufficiently specific to allow a judgment that each of the medical education program objectives has been met?

c. Describe how medical education program objectives will be disseminated to each of the following groups:

1. Medical students

2. Faculty with responsibility for teaching, supervising, and/or assessing medical students

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

e. Describe how learning objectives for each required course in the pre-clerkship phase of the curriculum will be disseminated to each of the following groups:

1. Medical students

2. Faculty with responsibility for teaching, supervising, and/or assessing medical students in that course

3. Residents with responsibility for teaching, supervising, and/or assessing medical students in that course

Also see the response to Element 9.1

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 6.2-1 | Required Clinical Experiences** |
| For each required clinical clerkship or clinical discipline within a longitudinal integrated clerkship, list and describe each patient type/clinical condition or required procedure/skill that medical students will be required to encounter, along with the corresponding clinical setting and level of student responsibility. |
| Clerkship/Clinical Discipline | Patient Type/Clinical Condition | Procedure/Skill | Clinical Setting | Level of Student Responsibility\* |
|  |  |  |  |  |

\* Select the one minimal level of student responsibility that will be expected of all students in order to meet the requirements of the clerkship.

#### Narrative Response

a. Describe the status of developing the list of required patient types/clinical encounters and procedural skills for each required clinical clerkship or for the clerkship year as a whole. Which individuals and/or groups are or will be involved in developing the list?

b. Provide a definition for the terms used under “levels of student responsibility” in Table 6.2-1. That definition should clearly describe what the students are expected to do in that situation (e.g., observe, participate).

c. Note the role of the curriculum committee or other central oversight body (e.g., a subcommittee of the curriculum committee) in reviewing and approving the list of patient types/clinical conditions and skills across courses and clerkships.

d. Describe which individuals and/or groups are or will be developing the list of alternative experiences designed to remedy gaps when students are unable to access a required encounter or perform a required skill.

e. Describe how medical students, faculty, and residents will be informed of the required clinical encounters and skills and the corresponding levels of student responsibility.

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

**The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences 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.**

#### Narrative Response

a. List the courses in which self-directed learning activities will occur during the pre-clerkship phase of the curriculum. Describe the learning activities in which students will engage in all of the following components of self-directed learning in a unified sequence and indicate the methods that will be used to assess student achievement of these skills. Use the names of relevant courses from Table 6.0-1 when answering.

1. Identify, analyze, and synthesize information relevant to their learning needs

2. Independent identification, analysis, and synthesis of relevant information

3. Appraisal of the credibility of information sources

4. Assessed on and receive feedback on their information-seeking skills

### 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.**

#### Supporting Data

|  |
| --- |
| **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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

#### Narrative Response

a. Describe planning, to date, to ensure that medical students will spend sufficient time in both ambulatory and inpatient settings to meet the learning objectives and the other requirements for the clerkship (e.g., be able to meet required clinical encounters/procedures).

### 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.**

#### Supporting Data

|  |
| --- |
| **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 |
|  |  |
|  |  |
|  |  |
|  |  |

#### Narrative Response

a. Describe how the medical school will ensure that sufficient electives will be available to medical students.

### 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.**

#### Narrative Response

a. Note if service-learning/community service will be required. Summarize the status of identifying or creating opportunities for medical students to participate in service-learning and/or community service activities whether they are required or optional. See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definitions of service-learning and community service.

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

c. Describe how the medical school will support service-learning and/or community service activities through the provision of funding and/or staff support.

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 6.7-1 | Continuing Medical Education** |
| If the medical school and/or its clinical affiliates already are accredited by the ACCME to sponsor continuing medical education for physicians, complete this table, adding rows as needed, to indicate each sponsoring organization’s current accreditation status, the length of accreditation granted, and the year of the next accreditation review. |
| Program Sponsor | Accreditation Status | Length of Accreditation Term |
|  |  |  |

#### Narrative Response

a. If the medical school or its clinical affiliates are not ACCME-accredited to sponsor continuing medical education (CME) for physicians, describe plans for developing or providing access to ACCME-accredited CME opportunities. Describe how medical students will be exposed to CME activities for physicians.

b. Describe planning for informal opportunities for medical students to informally interact with students from graduate and/or professional degree programs. How will the medical school encourage such interactions?

### 6.8 Education Program Duration

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

**Supporting Data**

|  |
| --- |
| **Table 6.8-1 | Number of Scheduled Weeks per Curriculum Phase** |
| Use the table below to indicate the number of scheduled weeks of instruction in each phase1 of the planned curriculum (do not include vacation time). Refer to the Supporting Documentation section for Standard 6 if the medical school will offer one or more parallel curricula (tracks). 2 |
| Curriculum Phase | Number of Scheduled Weeks |
| Pre-clerkship phase |  |
| Clerkship phase |  |
| Other phase (as defined by the school) |  |
| Total weeks of scheduled instruction |  |

1The pre-clerkship phase is the time prior to the start of the required clinical clerkships. The clerkship phase includes the time for required clinical and other related activities. “Other phase” may be a separate portion of the curriculum following the completion of required clerkships.

2Note any differences for parallel tracks and/or campuses.

## Standard 7: Curricular Content

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

### 7.1 Biomedical, Behavioral, Social Sciences

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

#### Supporting Data

|  |
| --- |
| **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 |  |  |  |

\*Describe “Other”

#### Narrative Response

a. Describe the availability and expertise of the individuals who are/will be involved in selecting content from the biomedical, behavioral, and socioeconomic disciplines to be included in the pre-clerkship and clerkship phases of the curriculum.

### 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.**

#### Supporting Data

|  |
| --- |
| **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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

#### Narrative Response

a. Describe the availability of the individuals involved in selecting content from the above areas to be included in the pre-clerkship courses and the clerkships.

### 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.**

#### Supporting Data

|  |
| --- |
| **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 this DCI for the LCME definitions of clinical and translational research.

### 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.**

#### Supporting Data

|  |
| --- |
| **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 will be taught/assessed |
| Pre-clerkship Phase | Clerkship Phase | Other\* |
| Skills of Critical Judgment Based on Evidence |  |  |  |
| Skills of Medical Problem-Solving |  |  |  |

\*Define “Other”

#### Narrative Response

a. Provide one example from the pre-clerkship phase of the curriculum where students will learn, demonstrate, and be assessed on each of the following skills. In each description, include the course(s) in which this instruction and assessment will occur, the instructional formats that will be used, and the methods of assessment.

1. Skills of critical judgment based on evidence

2. Skills of medical problem solving

### 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.**

**Supporting Data**

|  |
| --- |
| **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) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#### Narrative Response

a. Describe the process used by the faculty to select the societal problems that will be included in the curriculum.

### 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 healthcare disparities and health inequities
* The impact of disparities in health care on all populations and approaches to reduce health care inequities
* The knowledge, skills, and core professional attributes needed to provide effective care in a multidimensional and diverse society

#### Supporting Data

|  |
| --- |
| **Table 7.6-1 | Recognizing and Addressing Bias** |
| Provide the names of courses and clerkships that will prepare students to be aware of their own gender and cultural biases and those of their peers and teachers and the methods that will be used in that course or clerkship to deliver the content. Add rows as needed.  |
| Course/Clerkship | Instructional Format(s) |
|  |  |

|  |
| --- |
| **Table 7.6-2 | Structural Competence, Cultural Competence, Health Inequities, and Healthcare Disparities** |
| For each topic area\*, indicate with an “X” the phase(s) in the curriculum where it will be taught, and the methods that will be used in that phase to assess student performance. |
| Topic | Pre-clerkship Phase | Assessment Method(s) | Clerkship Phase | Assessment Method(s) |
| Structural Competence |  |  |  |  |
| Cultural Competence |  |  |  |  |
| Health Inequities |  |  |  |  |
| Healthcare Disparities  |  |  |  |  |

\* See the Glossary *of Terms for LCME Accreditation* *Standards and Elements* at the end of this DCI for the LCME definitions of structural competence, cultural competence, health inequities, and healthcare disparities.

### 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.**

#### Supporting Data

|  |
| --- |
| **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 |  |  |  |

\*Describe “Other”

#### Narrative Response

a. Briefly describe where in the curriculum students will be explicitly introduced and assessed on their knowledge of the ethical principles and standards of the profession.

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

### 7.8 Communication Skills

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

#### Supporting Data

|  |
| --- |
| **Table 7.8-1 | Communication Skills** |
| Provide the names of courses and clerkships and indicate with an “X” those that will 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) |
|  |  |  |  |

#### Narrative Response

a. Describe plans for educational activities to address each of the following topic areas, including the type(s) of educational sessions and assessment methods that will be used:

1. Communicating with patients and patients’ families

2. Communicating with physicians as part of a medical team

3. Communicating with non-physician health professional members of the health care team

### 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.**

#### Narrative Response

a. Describe plans for at least one required experience where medical students will be brought together with students or practitioners from other health professions to learn to function collaboratively on health care teams that have the goal of providing coordinated services to patients. Include the following information:

1. The learning objectives of the experience related to the development of collaborative practice skills

2. The name and curriculum phase of the course or clerkship in which the experience will occur

3. The duration of the experience (e.g., single session)

4. The setting in which the experience will occur

5. The anticipated other health professions students or practitioners involved

6. The way(s) that the medical students’ attainment of the objectives of the experience will be assessed.

## **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.**

### 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.**

#### Narrative Response

a. Provide the name of the faculty committee that has/will have 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). Note if the formal curriculum committee currently is functioning or if a precursor group is now active. If a precursor group is currently functioning, note when the final committee will become functional.

b. Describe the composition of the committee currently working to plan the medical school curriculum. Note if the members are medical school faculty and/or others (e.g., from other units of the sponsoring organization). Is this committee empowered to approve the curriculum plan or will the plan be formally approved once the final curriculum committee is created?

c. Describe the intended composition (i.e., the number of members, member terms, and any specific categories of membership, such as basic science or clinical faculty members, course directors, students) the curriculum committee will have when formally constituted and the methods that are being or will be used to select its members and chair.

d. If there will be subcommittees of the curriculum committee, describe the charge/role of each, along with its planned membership and reporting relationship to the parent committee.

#### Supporting Documentation

1. The charge to or the terms of reference of the final curriculum committee, including the excerpt from the bylaws or other policy granting the committee its authority. If the subcommittees of the curriculum committee have or will have formal charges, include those as well.

2. A list of current curriculum committee members (or members of the precursor to the curriculum committee), including their voting status, employer (e.g., medical school, university, health system, other), and membership category (e.g., faculty or administrator).

### 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.**

#### Narrative Response

a. Describe and provide one example of how the medical education program objectives are currently being used to guide planning for the following activities:

1. The selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases

2. The evaluation of curriculum outcomes

b. Describe the status of developing course learning objectives and planning for clerkship learning objectives and linking them to medical education program objectives. Summarize the roles and activities of faculty and the curriculum committee and its subcommittees in making and reviewing this linkage.

### 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.**

#### Supporting Data

|  |
| --- |
| **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

#### Narrative Response

a. Describe the planning to date for the formal review of each of the curriculum elements listed below. Include in the description the data sources that will be used, the outcomes that will be evaluated, the frequency with which such reviews will be conducted, the process by which they will be conducted, the administrative support that will be available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) who will receive and act on the results of the evaluation.

1. Required courses in the pre-clerkship phase of the curriculum

2. Required clerkships

3. Individual phases of the curriculum

4. The curriculum as a whole

b. Describe the status of development of tool(s) for monitoring the content of the curriculum (i.e., the “curriculum database”).

c. Describe plans for monitoring curriculum content, including the individuals who will be responsible for creating and implementing the monitoring process.

d. List the roles and titles of the individuals who will have access to the curriculum database. List the roles and titles of the individuals who will have responsibility for monitoring and updating its content.

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 8.4-1 | USMLE Requirements for Advancement/Graduation** |
| Place an “X” under the appropriate columns to indicate if the school’s medical students will be required to take and/or pass USMLE Step 1 and Step 2 CK for advancement and/or graduation. |
|  | Take | Pass |
| Step 1 |  |  |
| Step 2 CK |  |  |

|  |
| --- |
| **Table 8.4-2 | Monitoring of Medical Education Program Outcomes** |
| Provide the individuals and/or groups in the medical school who will collect and review/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 Review/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 |  |  |

#### Narrative Response

a. Describe the status of developing plans to collect outcome data that will allow a determination of whether students in aggregate are achieving each of the educational program objectives.

### 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.**

#### Narrative Response

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

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

### 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.**

#### Narrative Response

a. Describe the process(es) that will be used by students to log their required clinical encounters and skills. Is a centralized tool for logging being created or will individual clerkships develop and use their own systems?

b. Summarize when, how, and by whom each student’s completion of clerkship-specific required clinical encounters and skills will be monitored at the level of the clerkship/clinical discipline. Describe when and by whom the results will be discussed with the students (e.g., as part of a mid-clerkship review).

c. Summarize when, how, and by what individual(s)/committee(s) aggregate data on students’ completion of clerkship-specific required clinical encounters and skills will be monitored. How will these data be used to assess the adequacy of patient volume and case mix?

### 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.**

**Supporting Data**

|  |
| --- |
| **Table 8.7-1 | Comparability Actions** |
| Provide the requested information for each course or clerkship that will be offered at more than one instructional site, including regional campuses Add rows as needed. |
| Course/Clerkship | Summarize how faculty at distributed sites will be informed about learning objectives, assessment system, and required clinical encounters | Summarize how and how often course/clerkship leadership will communicate with site leadership and faculty | Methods to ensure that site leadership and faculty receive information about student performance and satisfaction |
|  |  |  |  |
|  |  |  |  |

#### Narrative Response

a. Describe the individuals (e.g., site director, clerkship director, department chair) and/or groups (curriculum committee or a curriculum committee subcommittee) who will be responsible for reviewing and acting on data/information related to comparability in a given course or clerkship across instructional sites. Summarize the data/information that will be used by these individuals and/or groups to determine whether comparability does or does not exist.

### 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.**

#### Narrative Response

a. Referring to the sample weekly schedules requested in the Supporting Documentation, describe the amount of unscheduled time in an average week that will be available for medical students in the pre-clerkship phase of the curriculum.

b. Note if medical students in the pre-clerkship phase of the curriculum will have required activities outside of regularly scheduled class time, such as assigned reading or online modules that include information to prepare them for in-class activities. Describe how the average amount of time students spend in such required activities will be estimated and how this “out-of-class” time will be accounted for in calculating student academic workload. Do not include time for regular study or review.

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

d. Summarize the status of developing a clinical duty hours policy, including on-call requirements for medical students. Describe how the policy relating to duty hours will be disseminated to medical students, residents, and faculty.

e. Describe the mechanisms that will be available for medical students to report violations of the duty hours policy, including the methods that will be available for students to report violations without fear of retaliation. Describe how data on medical student duty hours will be collected during the clerkship phase of the curriculum and to whom the data will be reported.

f. 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.

#### Supporting Documentation

1. Formal policies or guidelines addressing the amount of scheduled time during a given week in the pre-clerkship phase of the curriculum.

2. As available, the formally approved policy relating to duty hours for medical students during the clerkship phase of the curriculum, including on-call requirements for clinical rotations.

3. Sample weekly schedules that illustrate the amount of time in the pre-clerkship year(s) of the curriculum that medical students will spend in scheduled activities.

## 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.**

#### Supporting Data

|  |
| --- |
| **Table 9.0-1 | Methods of Assessment – Pre-clerkship Phase of the Curriculum** |
| List all required courses, including clinically based courses, which will be included in the pre-clerkshipphase of the curriculum*,* adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade by placing an “X” in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of “Other.” Number each entry in that row (1, 2, etc.) and provide the corresponding number in the “Other” column. |
|  |  | Included in Grade |  |
| Course Name | Anticipated # of Exams | InternalExam | Lab orPractical Exam | NBME SubjectExam | OSCE/SPExam | Faculty/ResidentRating | Paper orOral Pres. | Other\*(specify) | Narrative AssessmentProvided (Yes/No) |
|  |  |  |  |  |  |  |  |  |  |
| \*Other: |

|  |
| --- |
| **Table 9.0-2 | Methods of Assessment – Clerkship Phase of the Curriculum** |
| List all required clerkships that will be included in the clerkship phase of the curriculum, adding rows as needed. Indicate items that contribute to a grade by placing an “X” in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences. Use the row below the table to provide specifics for each occurrence of “Other.” Number each entry in that row (1, 2, etc.) and provide the corresponding number in the “Other” column. |
|  | Included in Grade |
| Clerkship Name | NBME Subject Exam | Internal WrittenExams | Oral Examor Pres. | Faculty/Resident Rating | OSCE/SP Exams | Other\*(Specify) | Narrative AssessmentProvided (Yes/No) |
|  |  |  |  |  |  |  |  |
| \*Other: |

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 9.1-1 | Provision of Objectives and Orientation for Instructors in the Pre-clerkship Phase of the Curriculum** |
| List each course in the pre-clerkship phase of the curriculum where residents, graduate students, postdoctoral fellows, and/or other non-faculty instructors will teach/supervise medical students. Describe how the relevant department or the central medical school administration will ensure that the learning objectives and orientation to the methods of assessment are provided, and that this information will be received and reviewed.  |
| Course | Types of Non-faculty Instructors Who Will Provide Teaching/Supervision | How Learning Objectives Will Be Provided and Instructors Oriented to Assessment Methods | How the Provision of Learning Objectives and Orientation to Assessment Methods Will Be Monitored |
|  |  |  |  |

#### Narrative Response

a. Describe any existing or planned school/institution-level (e.g., curriculum committee, GME office) policies or guidelines that require or will require the participation of residents, graduate students, and/or postdoctoral fellows in orientation or faculty development programs related to their teaching and/or assessing medical students.

b. How will the school ensure that all residents who will supervise/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 roles in teaching and/or assessment?

c. How will the school ensure that all graduate students, postdoctoral fellows, and other non-faculty instructors participating in pre-clerkship phase courses have received and reviewed the relevant course learning objectives and been oriented to and trained for their teaching and/or assessment responsibilities?

d. Describe planning for institution-level and/or department-level programs to prepare residents, graduate students, or postdoctoral fellows to teach or assess medical students.

e. How and by whom will the participation of residents, graduate students, postdoctoral fellows, and other non-faculty instructors in sessions to enhance their teaching and assessment skills be monitored?

### 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.**

#### Narrative Response

a. Describe the status of policy development and planning for processes that ensure physicians who will supervise medical students in required clerkships will have faculty appointments.

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

### 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.**

#### Narrative Response

a. Describe how departments and the central medical school administration will ensure that all medical students are appropriately supervised during required clinical learning experiences so as to ensure student and patient safety.

b. Describe the practices that will be used to ensure that the level of responsibility delegated to a medical student during required clinical experiences (e.g., required clinical clerkships) 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?

c. Describe the development of procedures for students to report concerns about the adequacy and availability of supervision confidentially and without fear of retaliation. How will students be informed of the reporting mechanisms? How and by whom will concerns with supervision be monitored?

### 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.**

#### Narrative Response

a. Describe planning, to date, for the school’s clinical assessment system, including the methods (e.g., OSCE or standardized patient assessments, direct observation by physicians/residents) that will be used to observe students’ performing core clinical skills during the pre-clerkship phase of the curriculum. Describe the purpose of each of these categories of clinical assessments (i.e., formative or summative) and when during the pre-clerkship curriculum the assessments will be administered.

### 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.**

#### Narrative Response

a. Describe any school policy/guidelines describing the circumstances in which narrative descriptions of a medical student’s performance will be provided (e.g., length of teacher-student interaction, group size).

b. List the courses in the pre-clerkship phase of the curriculum that will include narrative descriptions as part of a medical student’s final course assessment where the narratives are:

1. Provided only to students as formative feedback

2. Used as part of the final grade (summative assessment) in the course

c. Referring to Table 6.0-1, describe the reasons why narrative assessment will not be provided in a course where teacher-student interaction could permit it to occur (i.e., where there is sufficient time devoted to small group learning and/or a sufficient faculty-student ratio).

### 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.**

#### Narrative Response

a. 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, graduation)

### 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.**

#### Supporting Data

|  |
| --- |
| **Table 9.7-1 | Pre-clerkship Formative Feedback** |
| Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) that will be used to provide formative feedback during each course in the pre-clerkship phase of the curriculum. |
| Course Name | Length of Course(in Weeks) | Type(s) of Formative Feedback Provided | Timing of Formative Feedback |
|  |  |  |  |

#### Narrative Response

a. Describe how and by whom the provision of mid-course and mid-clerkship feedback will be monitored within individual departments and at the curriculum management level. How will the curriculum governance process ensure that such feedback will occur?

b. For planned courses/clerkships of less than four weeks duration, describe how students will be provided with timely feedback on their knowledge and skills related to the course/clerkship learning objectives.

#### Supporting Documentation

1. Any institutional guidance (i.e., curriculum governance policy or guideline) that medical students receive formative feedback by at least the mid-point of courses and clerkships of four weeks (or longer) duration.

### 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.**

#### Narrative Response

a. Note if there is a formal institutional expectation that students will receive their grades in courses and clerkships within six weeks. How will this expectation be transmitted to course and clerkship directors and to departments?

b. Describe how and by whom the timing of course and clerkship grades will be monitored. What steps will be taken if grades are not submitted in a timely manner?

c. How will the school collect and use student perceptions of the fairness of summative assessments in courses and clerkships (e.g., the assessments matched/did not match the course/clerkship learning objectives; the grading scheme was/was not applied consistently)?

### 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.**

#### Narrative Response

a. Describe the status of creating a single set of core standards (i.e., set of policies and expectations) for promotion, advancement, and graduation that will be applied across all instructional sites, including regional campuses.

b. Describe the planned composition of the medical student promotions committee (or the promotions committees, if more than one). If the promotions committee will include course and/or clerkship directors and/or clinical faculty, describe whether there is a recusal policy in place for committee members who may have a conflict of interest, such as for course/clerkship directors who have taken an action (e.g., awarded a failing grade) that contributes to the adverse academic action being proposed against a student or for clinical faculty who have provided health care to a student being reviewed.

c. Briefly describe the decision-making process in cases 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 place throughout.

#### Supporting Documentation

1. The policy that specifies the requirement for a single set of core standards for advancement and graduation and the standards in the case of a parallel curriculum with additional requirements.

2. The policies and procedures for disciplinary action and due 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.**

*Note: Elements 10.7 and 10.8 are not included in the DCI for Preliminary Accreditation.*

### 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.**

#### Narrative Response

a. List any college courses the school will require as prerequisites for admission. How will these be made known to potential applicants and their advisors?

b. List any courses or subjects that the medical school will recommend, but not require, as prerequisites for admission.

c. Describe how and by whom the planned premedical course requirements were established and by which individuals and/or groups they were approved. How will the school determine if changes are needed?

### 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**.

#### Narrative Response

a. Describe the anticipated size and composition of the medical school admission committee at the time the charter class is being reviewed for admission. In the description, note the initial categories of 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). If there are subcommittees of the admission committee, describe their composition, role, and authority.

b. Note if a quorum has been defined for admission committee meetings. How will the admission committee ensure that faculty members will constitute a majority of voting members at all meetings?

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

d. Summarize the charge to the admission committee and the source of the committee’s authority (e.g., medical school bylaws). Are there circumstances where the full admission committee will not make the final admission decision (e.g., selection of applicants for admission from the waitlist)? If so, note if these applicants (e.g., applicants on the wait list) will have already been judged as acceptable by the admission committee.

e. 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.

#### Supporting Documentation

1. An excerpt from the medical school bylaws or other formal policy document that specifies the authority of, charge to, and composition of the admission committee and its subcommittees (if any) and the rules for its operation, including voting membership and definition of a quorum at meetings.

### 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.**

#### Narrative Response

a. Describe how and by whom the policies, procedures, and criteria for medical student selection were or are being developed and approved.

b. Describe how the criteria for student selection will be made available to prospective applicants, their advisors, and the public.

c. Describe the steps in the admissions process, beginning with the 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:

1. Preliminary screening for applicants to receive the secondary/supplementary application

2. Selection for the interview

3. The results of the interview (e.g., interview “score” or outcome result)

4. The acceptance decision

5. The creation of the wait list

6. The offer of admission, including how applicants are selected from the wait list

d. If there are plans for a joint baccalaureate-MD program(s) or dual degree program(s) (e.g., MD-PhD), describe the role of the medical school admission committee in applicant review and selection.

e. Describe the status of development of the policies for the assessment, advancement, and graduation of medical students, and the policies for disciplinary action. How and by what individual(s)/group(s) will these be approved and made available to medical students and to faculty?

**Supporting Documentation**

1. The policies and procedures for the selection, assessment, advancement, graduation, and dismissal of medical students, and the policies and procedures for disciplinary action.

2. The formal charge to or the terms of reference for the medical student promotions committee(s).

### 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.**

#### Narrative Response

a. Describe the personal attributes of applicants that will be considered during the admission process. How and by whom is this list of personal attributes being developed and approved?

b. Describe the methods that will be used during the admission process to evaluate and document the personal attributes of applicants. Refer to the admission procedures as outlined in Element 10.3 to illustrate at what stage(s) of the admission process, how, and by whom these attributes will be assessed.

c. Describe how the members of the admission committee and the individuals who interview applicants (if different from members of the admission committee) will be prepared and trained to assess applicants’ personal attributes.

### 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.**

#### Narrative Response

a. Describe how and by whom the technical standards were or will be developed and approved.

b. Describe how the technical standards for admission, retention, and graduation will be disseminated to potential and actual applicants, enrolled medical students, faculty, and others.

c. Describe when and how medical school applicants and enrolled medical students will be expected to formally document (i.e., attest) that they are familiar with and capable of meeting the technical standards with or without accommodation (e.g., by formally indicating that they have received and reviewed the standards). How and by whom will this documentation be monitored?

#### Supporting Documentation

1. The medical school’s technical standards for the admission, retention, and graduation of applicants and students.

### 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.**

#### Narrative Response

a. Describe how recruitment and informational materials about the medical education program will be made available (e.g., online, in the media, in hard copy) to potential and actual applicants, career advisors, and the public. How will the school ensure that recruitment materials are accurate?

#### Supporting Documentation

1. Samples of any draft recruitment materials related to the medical school.

2. Draft online academic bulletin or catalog. Indicate where in the bulletin/catalog, or other informational materials that will be available to the public, the following information can be accessed:

a. Medical education program mission and objectives

b. Requirements (academic and other) for the MD degree and joint degree programs

c. Academic calendar for each curricular option

d. Required course and clerkship descriptions

### 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.**

#### Narrative Response

a. Describe the process that will be used for medical student assignment to an instructional site or parallel curriculum in the following circumstances, as relevant. In the description, include when, how, and by whom the final decision about assignment will be made. Note the ability of students to select or rank options.

1. A clinical clerkship site (e.g., a hospital) for an individual clerkship

2. A regional campus that includes only the clerkship (clinical years) phase of the curriculum

3. A regional campus that includes the pre-clerkship phase of the curriculum or all years of the curriculum

4. A parallel curriculum (“track”) located on the central medical school campus or at a regional campus

b. Describe if, in any of the circumstances above, medical students will have the opportunity to negotiate with their peers to switch assignment sites or tracks after an initial assignment has been made but before the experience has begun.

c. Describe the procedures whereby students can formally request an alternative assignment through a medical school administrative mechanism either before or during their attendance at the site/in the track. Describe the status of developing criteria that will be used to evaluate the request for the change and indicate the individual(s) who will be tasked with making the decision. Describe how medical students will be informed of the opportunity to request an alternate assignment and the process for making the request.

## 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.**

*Note: Elements 11.3 and 11.4 are not included in the DCI for Preliminary Accreditation.*

### 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.**

**Supporting Documentation**

|  |
| --- |
| **Table 11.1-1 | Academic Advising and Counseling at Regional Campuses** |
| Indicate how the following services will be made available to students at each regional campus by placing an “X” in the appropriate columns(s). Select all that apply for each service. Add additional rows for each service/campus. *Note: this question only applies to schools with regional campus(es).* |
| Services | Campus | Available to Students Via |
| Personnel Located on Campus | Visits from Central Campus Personnel | Email or Videoconference | Student Travel to Central Campus |
| Academic advising\* |  |  |  |  |  |
| Tutoring |  |  |  |  |  |
| Academic counseling\* |  |  |  |  |  |

\* See the definitions of academic advising and academic counseling in the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of the DCI.

#### Narrative Response

a. 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 the status of recruitment of individuals to provide these services and whether the individuals will be based at the medical school, the sponsoring organization, or a combination of both. *Schools with regional campus(es) should provide this information by campus.*

b. Describe how and when medical students experiencing academic difficulty or at risk for academic difficulty will be identified. Will there be a process for identifying students who are likely to be or are in academic difficulty before they fail a course or clerkship?

c. 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. How will students be directed to these sources of academic counseling? Describe how the medical school will ensure that medical students obtain academic counseling only from individuals who have no role in making assessment or advancement decisions about them, including individuals who will prepare the MSPE.

### 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.**

#### Supporting Data

|  |
| --- |
| **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 |
|  |  |  |  |

|  |
| --- |
| **Table 11.2-2 | Career Advising at Regional Campuses** |
| Indicate how the following services will be made available to students at each regional campus by placing an “X” in the appropriate columns(s). Select all that apply. Add additional rows for each service/campus. *Note: this question only applies to schools with regional campus(es).* |
| Services | Campus | Available to Students Via |
| Personnel Located on Campus | Visits from Central Campus Personnel | Email or Videoconference | Student Travel to Central Campus |
| Career advising |  |  |  |  |  |

#### Narrative Response

a. Using Table 11.2-1 above, provide an overview of the planned system of career advising for medical students, including the personnel from the medical school administration, the faculty (e.g., career advisors, specialty advisors), and other sites (e.g., a university career office, outside consultants) who will be available to support the medical student career advising system. Describe the roles/responsibilities of these individuals. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management/coordination of the career advising system.

b. Describe how the individuals/groups involved in career advising, especially faculty, will be oriented to the policies and trained for their specific role(s) in the medical student career advising system.

c. List the individual(s) who will primarily be responsible for the preparation of the Medical Student Performance Evaluation (MSPE).

1.

### 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.**

#### Narrative Response

a. Describe the planned general content of the medical student’s academic file and non-academic file. How will the medical school maintain students’ educational records separately from other relevant records (e.g., health information) to ensure that there is appropriate confidentiality?

b. Describe the physical location(s) where medical student academic records will be kept and how confidentiality of these records will be ensured. If medical student records are stored online, describe the mechanisms to ensure their confidentiality and security.

c. Describe how the medical school has determined or will determine which individuals have permission to review a medical student’s educational record. How will the medical school ensure that student educational records will be available only to those individuals who are permitted to review them? What individual(s) will have final responsibility for reviewing and approving requests to view a medical student’s educational record?

#### Supporting Documentation

1. Policy and procedure for a member of the faculty/administration to gain access to a medical student’s educational record.

### 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.**

#### Narrative Response

a. Describe the process that medical students will follow in order to review or challenge their records. Describe how medical students will be able to review and challenge the following:

1. Content of the MSPE

2. Course and clerkship data and non-course/clerkship-based assessments (e.g., examination performance, OSCE performance, narrative assessments)

3. Course and clerkship grades

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

c. How will students be able to gain access to their records in a timely manner?

d. Describe how the medical school’s policies and procedures related to students’ ability to review and challenge their records will be made known to students and faculty.

#### Supporting Documentation

1. Medical school policies and procedures related to medical students’ ability to review and challenge their records, including the length of time it takes for students to gain access to their records.

## 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.**

### 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.**

#### Supporting Data

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

|  |
| --- |
| **Table 12.1-2 | Support Services at Regional Campuses** |
| Indicate how the following service will be made available to students at each regional campus by placing an “X” in the appropriate columns(s). Add additional rows for each campus. *Note: this table only applies to schools with regional campus(es).* |
| Available to Students Via | Campus | Services |
| Financial Aid Management |
| Personnel Located on Campus |  |  |
| Visits from Central Campus Personnel |  |  |
| Email or Videoconference |  |  |
| Student Travel to Central Campus |  |  |

#### Narrative Response

a. Provide the anticipated total tuition and fees that will be assessed to first year medical students (both for in-state residents and out-of-state non-residents) for the year that the charter class enters. Include the medical school’s health insurance fee, even if that fee is waived for a student with proof of existing coverage.

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

b. Provide the name, title, and date of appointment of the individual who will serve as the financial aid director for the medical school and the reporting relationship(s) of the director of financial aid. If the director of financial aid for the medical school has not yet been hired, provide a timeline for this recruitment. Will the financial aid director be based within the medical school or at the medical school’s sponsoring organization (e.g., university)? Provide the total number of staff members in the financial aid office at the time the charter class enters. Indicate the number of financial aid staff members who will be specifically assigned to assist medical students when the charter class enters and note any additional recruitments planned as the number of medical students increases.

c. List any other schools/programs that will be supported by financial aid office staff who also will support medical students and the current and/or anticipated enrollment in those other schools/programs.

d. Describe planned and current activities at the medical school or sponsoring organization to increase the amount and availability of scholarship and grant support for medical students (e.g., a current fund-raising campaign devoted to increasing scholarship resources). Describe the goals of these activities, the current levels of success, and the timing for completion.

e. Describe other mechanisms that will be used by the medical school and the sponsoring organization to limit medical student debt, such as limiting tuition increases.

### 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).**

#### Narrative Response

a. Briefly describe the status of developing a tuition and fee refund policy. Describe the content of the policy (if available) and how it will be disseminated to medical students.

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

#### Supporting Documentation

1. Policy for refunding tuition and fee payments to medical students who withdraw or are dismissed from the medical education program.

### 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.**

**Supporting Data**

|  |
| --- |
| **Table 12.3-1 | Support Services at Regional Campuses** |
| Indicate how the following services are made available to students at each regional campus by placing an “X” in the appropriate columns(s). Add additional rows for each service/campus. *Note: this table only applies to schools with regional campus(es).* |
| Available to Students Via | Campus | Services |
| Personal Counseling | Student Well-Being Programs |
| Personnel Located on Campus |  |  |  |
| Visits from Central Campus Personnel |  |  |  |
| Email or Videoconference |  |  |  |
| Student Travel to Central Campus |  |  |  |

#### Narrative Response

1. Describe the system that the medical school is creating to provide personal counseling and mental health services to medical students and the plans to ensure that such services are accessible and confidential. Note specifically the individuals who will be available to provide mental health services/personal counseling (i.e., roles and titles, as available) and where these services will be provided.

 *Schools with regional campus(es) should provide the information by campus.*

1. Summarize programs being planned and personnel and other resources identified to support students’ well-being and their ongoing adjustment to the physical and emotional demands of medical school.

 *Schools with regional campus(es) should provide the information by campus.*

### 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.**

**Supporting Data**

|  |
| --- |
| **Table 12.4-1 | Support Services at Regional Campuses** |
| Indicate how the following service is made available to students at each regional campus by placing an “X” in the appropriate columns(s). Add additional rows for each service/campus. *Note: this table only applies to schools with regional campus(es).* |
| Available to Students Via | Campus | Services |
| Student Health Services |
| Personnel Located on Campus |  |  |
| Visits from Central Campus Personnel |  |  |
| Email or Videoconference |  |  |
| Student Travel to Central Campus |  |  |

#### Narrative Response

a. Describe planning for how medical student will access diagnostic, preventive, and therapeutic health services, including where and by whom (i.e., roles and titles, as available) services will be provided. For example, if there is a student health center, comment on its location, staffing, and hours of operation. If there is no student health center, how will the school assist students in finding health services?

*Schools with regional campus(es) should provide the information by campus.*

b. Describe how medical students at all instructional sites/campuses with required educational activities will be informed about the availability of and methods to access health services.

c. Note the status of developing policy and procedures for permitting medical students to be excused from curricular activities in order to access health care. Describe how medical students and faculty will be informed of this policy and process.

#### Supporting Documentation

1. Policy or guidance documents, as available, which specifies that medical students may be excused from classes or clinical activities in order to access health services.

### 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.**

#### Narrative Response

a. Describe how the medical school will ensure that a provider of health and/or psychiatric/psychological services to a medical student will have no current or future involvement in the academic assessment of or in decisions about the promotion of that student. Describe how medical students, residents, and faculty will be informed of this requirement.

b. If health and/or psychiatric/psychological services are provided by university/sponsoring organization or medical school service providers, describe where these student health records will be stored and how the confidentiality of these records will be maintained. Note if any medical school personnel will have access to these records.

#### Supporting Documentation

1. Policies and/or procedures that specify and ensure that providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student.

### 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.**

#### Narrative Response

a. Indicate how information about accessing health insurance for medical students and their dependents will be made available to students. Describe the status of identifying health insurance options.

b. Indicate whether and when disability insurance will be made available to medical students. Describe when and by what means medical students will be informed of its availability.

### 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.**

#### Narrative Response

a. Summarize the medical school’s planned immunization policies and requirements for medical students and note if the guidelines follow national and/or regional recommendations (e.g., from the Centers for Disease Control and Prevention, state agencies, etc.). Briefly describe how these requirements will be made known to potential applicants and enrolled medical students.

b. 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 identified.

### 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.**

#### Narrative Response

a. Describe the status of developing policies in the following areas related to medical student exposure to infectious and environmental hazards:

1. The education of medical students about methods of prevention

2. The procedures for care and treatment after exposure, including definition of financial responsibility

3. The effects of infectious and/or environmental disease or disability on medical student learning activities

b. Describe when and how the school’s own medical students and visiting medical students will be informed of the medical school’s policies and procedures related to exposure to infectious and environmental hazards at all instructional sites. For example, when and how will students, including visiting students, learn about the procedures to be followed in the event of exposure to blood-borne (e.g., a needle-stick injury) or air-borne pathogens? *Schools with regional campus(es) should provide the information by campus.*

c. Describe when in the course of their education medical students will learn how to prevent exposure to infectious diseases, especially from body fluids.

#### Supporting Documentation

1. Policies on medical student exposure to infectious and environmental hazards

2. Policies related to the effects of infectious and/or environmental disease or disability on medical student learning activities.

## Style Guide for DCI Preparation

1. Use Times New Roman, 11 pt. black font and single spacing for all responses to DCI questions and tables (note, this does not necessarily apply to template headings, footers, etc.).
2. Use a serial comma (Oxford comma) before the coordinating conjunction (usually “and” or “or”) in a series of three or more items.
3. The words “ex officio”, “ad hoc”, and “via” (or other Latin phrases used colloquially) should not be italicized.
4. No periods are used with degrees and other abbreviations, with the exception of “U.S.”
5. Academic years should be listed as 20##-## (e.g., 2025-26).
6. The first occurrence of an abbreviation of acronyms should be spelled out with the abbreviation/acronym in parentheses. Subsequent uses should list just the abbreviation/acronym. Consider adding a glossary for easy reference to the abbreviations.
7. The word “data” is plural (e.g., data are available – not, data is available).
8. Only one space should be used after periods in between sentences.
9. The word "dean" is not capitalized except when it begins a sentence or is linked to an individual’s name, such as "Dean Robert Jones." DO NOT capitalize titles (e.g., vice president, provost, president, chair, and associate dean) unless followed by a name.
10. The words "medical school," "college," and "university" are not capitalized unless they begin sentences or are used as the school’s full name (e.g., Jones Medical School).
11. The word "faculty" is not capitalized unless it begins a sentence.
12. Discipline names (e.g., "Physiology," "Biochemistry," "Medicine") are capitalized when they refer to departments. Note that "department" is not capitalized unless it is used with reference to a specific discipline, as in "Department of Medicine."
13. Capitalize the names of formal school committees and subcommittees (e.g., Committee on Educational Policy), but do not capitalize the committee if the formal name is not used and the committee is referred to just by function (e.g., curriculum committee).
14. The word “assess” is used for students’ performance and “evaluate” is used for programs.
15. In the narrative (not tables), numbers one through nine are spelled out, and numbers 10 and higher are listed as numbers.
16. Any tables with symbols (such as \*) include the relevant note beneath the table with explanatory text.
17. Full-time and part-time should include a hyphen (not part time).
18. The word online contains no hyphen and is lowercase unless it starts a sentence. The word internet is lowercase, unless it starts a sentence.
19. The word “bylaws” should be lowercase, unless it starts a sentence.
20. The following abbreviations should always have periods and commas (i.e., e.g.,).

## Glossary of Terms for LCME Accreditation Standards and Elements

**Academic advising**: The process between the medical student and an academic advisor of reviewing the services and policies of the institution, discussing educational and career plans, and making appropriate course selections. (Element 11.1)

**Academic counseling**: The process between the medical student and an academic counselor to discuss academic difficulties and to help the medical student acquire more effective and efficient abilities in areas such as study skills, reading skills, and/or test-taking skills. (Element 11.1)

**Adequate numbers and types of patients (e.g., acuity, case mix, age, gender)**: Medical student access, in both ambulatory and inpatient settings, to a sufficient mix of patients with a range of severity of illness and diagnoses, ages, and both genders to meet medical educational program objectives and the learning objectives of specific courses, modules, and clerkships. (Element 5.5)

**Admission requirements**: A comprehensive listing of both objective and subjective criteria used for screening, selection, and admission of applicants to a medical education program. (Standard 10)

**Admission with advanced standing**: The acceptance by a medical school and enrollment in the medical curriculum of an applicant (e.g., a doctoral student), typically as a second or third-year medical student, when that applicant had not previously been enrolled in a medical education program. (Element 10.7)

**Affiliation agreement**: A document which describes the roles and responsibilities between a medical education program and its clinical affiliates. (Element 1.4)

**Any related enterprises**: Any additional medical school-sponsored activities or entities. (Element 1.2)

**Assessment**: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a medical student has acquired the competencies (e.g., knowledge, skills, behaviors, and attitudes) that the profession and the public expect of a physician. (Standard 9; Elements 1.4, 4.5, 6.1, 8.3, 8.7, 9.1, 9.4, 9.5, 10.3, 10.8, 11.1, 11.3, and 12.5)

**Benefits of a diverse learning environment**: In a medical education program, having medical students from a variety of backgrounds and life experiences can: 1) enhance the quality and content of interactions and discussions for all students throughout the preclinical and clinical curricula and 2) result in the preparation of a physician workforce that is more culturally aware and competent and better prepared to improve access to healthcare and address current and future health care disparities. (Standard 3)

**Central monitoring**: Tracking by institutional (e.g., decanal) level offices and/or committees (e.g., the curriculum committee) of desired and expected learning outcomes by students and their completion of required learning experiences. (Elements 8.6 and 9.1)

**Chief academic officer**: The medical school official (e.g., dean, senior associate dean for medical education) with responsibility for ensuring the quality and sustainability of the medical education program. (Element 5.2)

**Clinical affiliates**: Those institutions providing inpatient medical care that have formal agreements with a medical school to provide clinical experiences for the education of its medical students. (Elements 1.4 and 3.5)

**Clinical research**: The conduct of medical studies involving human subjects, the data from which are intended to facilitate application of the studies’ findings to medical practice in order to enhance the prevention, diagnosis, and treatment of medical conditions. (Element 7.3)

**Coherent and coordinated medical curriculum**: The design of a complete medical education program, including its content and modes of presentation, to achieve its overall educational objectives. Coherence and coordination include the following characteristics: 1) the logical sequencing of curricular segments, 2) coordinated and integrated content within and across academic periods of study (i.e., horizontal and vertical integration), and 3) methods of instruction and student assessment appropriate to the student’s level of learning and to the achievement of the program's educational objectives. (Element 8.1)

**Community service**: Services designed to improve the quality of life for community residents or to solve particular problems related to their needs. Community service opportunities provided by the medical school complement and reinforce the medical student’s educational program. (Element 6.6)

**Comparable educational experiences**: Learning experiences that are sufficiently similar so as to ensure that medical students are achieving the same learning objectives at all educational sites at which those experiences occur. (Element 8.7)

**Competency**: Statements of defined skills or behavioral outcomes (i.e., that a physician should be able to do) in areas including, but not limited to, patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and ethics, and systems-based practice for which a medical student is required to demonstrate mastery at an appropriate level prior to completion of the medical education program and receipt of the MD degree. (Standards 3 and 6; Element 6.1)

**Core curriculum**: The required components of a medical curriculum, including all required courses/modules and clinical clerkships/rotations that a student must complete for graduation. (Element 7.9)

**Core standards for the advancement and graduation of all medical students across all locations**: The academic and non-academic criteria and levels of performance defined by a medical education program and published in programmatic policies that must be met by all medical students on all medical school campuses at the conclusion of each academic year or curriculum phase for advancement to the next academic year/phase or at the conclusion of the medical education program for receipt of the MD degree and graduation. (Element 9.9)

**Critical judgment**: The consideration, evaluation, and organization of evidence derived from appropriate sources and related rationales during the process of decision-making. The demonstration of critical thinking requires the following steps: 1) the collection of relevant evidence; 2) the evaluation of that evidence; 3) the organization of that evidence; 4) the presentation of appropriate evidence to support any conclusions; and 5) the coherent, logical, and organized presentation of any response. (Element 7.4)

**Cultural competency:** Refers to the ability of health professionals to function effectively within the context of the cultural beliefs, behaviors, and needs of patients from disparate environments and communities. (Element 7.6)

**Curricular management**: Involves the following activities: leading, directing, coordinating, controlling, planning, evaluating, and reporting. An effective system of curriculum management exhibits the following characteristics: 1) evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment, as available, as a frame of reference, 2) monitoring of content and workload in each discipline, including the identification of omissions and unplanned redundancies, and 3) review of the stated objectives of each individual curricular component and of methods of instruction and student assessment to ensure their linkage to and congruence with programmatic educational objectives. (Element 8.1)

**Direct educational expenses**: The following educational expenses of an enrolled medical student: tuition, mandatory fees, books and supplies, and a computer, if one is required by the medical school. (Element 12.1)

**Direct faculty participation in decision-making**: Faculty involvement in institutional governance wherein faculty input to decisions is provided by the faculty members themselves or by representatives chosen by faculty members. (Element 1.3)

**Diverse sources [of financial revenues]**: Multiple sources of predictable and sustainable revenues that include, but are not unduly dependent upon any one of the following: tuition, gifts, clinical revenue, governmental support, research grants, endowment, etc. (Element 5.1)

**Effective**: Supported by evidence that the policy, practice, and/or process has produced the intended or expected result(s). (Standard 1, 10, and 12; Elements 1.1, 1.2, 1.3, 2.2, 3.3, 3.6, 7.6, 8.8, 10.3, 11.1, 11.2, and 12.3)

**Eligibility requirements [for initial and continuing accreditation]**: Receipt and maintenance of authority to grant the MD degree from the appropriate governmental agency and initial and continuing accreditation by one of the six regional accrediting bodies. (Element 1.6)

**Equivalent methods of assessment**: The use of methods of medical student assessment that are as close to identical as possible across all educational sites at which core curricular activities take place within a given discipline, but which may not occur in the same timeframe. (Element 8.7)

**Evaluation**: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a program is fulfilling its mission(s) and achieving its goal(s). (Standard 8; Elements 3.3, 3.5, 4.3, 4.5, 5.2, 8.1, 8.3, 8.4, 11.3, 11.4, and 11.6)

**Fair and formal process for taking any action that may affect the status of a medical student**: The use of policies and procedures by any institutional body (e.g., student promotions committee) with responsibility for making decisions about the academic progress, continued enrollment, and/or graduation of a medical student in a manner that ensures: 1) that the student will be assessed by individuals who have not previously formed an opinion of the student’s abilities, professionalism, and/or suitability to become a physician; and 2) that the student has received timely notice of the proceedings, information about the purpose of the proceedings, and any evidence to be presented at the proceedings; the right to participate in and provide information or otherwise respond to participants in the proceedings; and an opportunity to appeal any adverse decision resulting from the proceedings. (Element 9.9)

**Fair and timely summative assessment**: A criterion-based or normative determination, made as soon as possible after the conclusion of a curricular component (e.g., course/module, clinical clerkship/rotation) by individuals familiar with a medical student’s performance, regarding the extent to which he or she has achieved the learning objective(s) for that component such that the student can use the information provided to improve future performance in the medical curriculum. (Element 9.8)

**Final responsibility for accepting students to a medical school rests with a formally constituted admission committee**: Ensuring that the sole basis for selecting applicants for admission to the medical education program are the decisions made by the faculty committee charged with medical student selection in accordance with appropriately approved selection criteria. (Element 10.2)

**Formative feedback**: Information communicated to a medical student in a timely manner that is intended to modify the student’s thinking or behavior in order to improve subsequent learning and performance in the medical curriculum. (Element 9.7)

**Full-time faculty**:Full-time faculty includes all faculty members who are considered by the medical school to be full-time, whether funded by the medical school directly or supported by affiliated institutions and organizations. Reporting of full-time faculty members should include those who meet the preceding definition and who are based in affiliated hospitals or in schools of basic health sciences, or who are research faculty. Residents, clinical fellows, or faculty members who do not receive full-time remuneration from institutional sources (e.g., medical school, parent university, affiliated hospital, or healthcare organization) should not be included as full-time faculty. (Elements 3.6, and 4.1)

**Functionally integrated**: Coordination of the various components of the medical school and medical education program by means of policies, procedures, and practices that define and inform the relationships among them. (Element 2.6)

**Institutional accrediting body**: The six bodies recognized by the U.S. Department of Education that accredit institutions of higher education in the U.S.: 1) Higher Learning Commission; 2) Middle States Commission on Higher Education; 3) New England Association of Schools and Colleges Commission on Institutions of Higher Education; 4) Northwest Commission on Colleges and Universities; 5) Southern Association of Colleges and Schools Commission on Colleges; and 6) Western Association of Schools and Colleges Senior Colleges and University Commission. (Element 1.6)

**Healthcare disparities:** Differences between groups of people, based on a variety of factors including, but not limited to, socioeconomic status, demographic characteristics, residential location, educational status, and disability status, that affect their access to health care, the quality of the health care they receive, and the outcomes of their medical conditions. (Element 7.6)

**Health inequities:** Are avoidable differences in health status between different groups of people. These widespread differences are often the result of unfair systems that negatively affect people's living conditions, access to healthcare, and overall health status. (Element 7.6)

**Independent study**: Opportunities either for medical student-directed learning in one or more components of the core medical curriculum, based on structured learning objectives to be achieved by students with minimal faculty supervision, or for student-directed learning on elective topics of specific interest to the student. (Element 6.3)

**Learning objectives**: A statement of the specific, observable, and measurable expected outcomes (i.e., what the medical students will be able to do) of each specific component (e.g., course, module, clinical clerkship, rotation) of a medical education program that defines the content of the component and the assessment methodology and that is linked back to one or more of the medical education program objectives. (Elements 6.1, 8.2, 8.3, and 9.1)

**Major location for required clinical learning experiences**: A clinical affiliate of the medical school that is the site of one or more required clinical experiences for its medical students. (Element 5.6)

**Medical education program objectives**: Broad statements, in measurable terms, of the knowledge, skills, behaviors, and attitudes (typically linked to a statement of expected competencies) that a medical student is expected to exhibit as evidence of achievement of all programmatic requirements by the time of medical education program completion. (Standards 6 and 11; Elements 6.1, 8.2, 8.3, 8.4, 8.7, and 9.4)

**Mental health services**: A range of diagnostic, therapeutic, and rehabilitative services used in treating mental disability or emotional disorders. (Element 12.3)

**Mission-appropriate diversity categories**: The inclusion, in a medical education program’s student body and based on the program’s mission, goals, and policies, of persons from different backgrounds and with differing life experiences. (Element 3.3)

**Narrative assessment**: Written comments from faculty that assess student performance and achievement in meeting specific objectives of a course or clerkship, such as professionalism, clinical reasoning. (Element 9.5)

**National norms of accomplishment**: The LCME uses aggregate data on national norms of accomplishment in its review of student achievement in the following areas: USMLE performance, student attrition rates, and residency Match rate. Determination of performance in Element 8.4 (evaluation of educational program outcomes) includes a consideration of whether medical education program performance in the specific area in each year of the most recent two-year period, is outside of the following aggregate national performance data:

* USMLE pass rate in Step 1 below 85%, which is 10% below the average pass rate over the most recent two years (95%) for which national data are available.
* USMLE pass rate in Step 2 CK below 89%, which is 10% below the average pass rate over the most recent two years (99%) for which national data are available.
* Total percent attrition during each of the last two academic years of 5% or greater per year (average total percent attrition during the most recent academic years is 1% per year)
* Initial residency Match rate of 83%, which is 10 percentage points below the average Match rate over the most recent two years (93%).

(Element 8.4)

**Need to know**: The requirement that information in a medical student’s educational record be provided only to those members of the medical school’s faculty or administration who have a legitimate reason to access that information in order to fulfill the responsibilities of their faculty or administrative position.

(Element 11.5)

**Outcome-based terms**: Descriptions of observable and measurable desired and expected outcomes of learning experiences in a medical curriculum (e.g., knowledge, skills, attitudes, and behavior). (Element 6.1)

**Parallel curriculum (track)**: A parallel program of study for a subset of the medical student body that requires participating students to complete specific programmatic learning objectives (e.g., in research, primary care, leadership) in addition to the medical educational program objectives required of all medical students. (Elements 5.12, 9.9, and 10.9)

**Personal counseling**: Counseling on a small-group or individual basis for students expressing difficulties dealing with relationships, personal concerns, or normal developmental tasks; this includes assisting students in identifying problems, causes, alternatives, and possible consequences to initiate appropriate action. (Element 12.3)

**Pre-clerkship curriculum**:The curriculum year(s) before the start of required clinical clerkships. (Standard 6; Elements 2.6, 4.1, 5.10, 5.11, 6.3, 7.2, 7.4, 7.7, 8.3, 9.5, 9.7, 9.8, and 10.9)

**Primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students**: The affirmation and acknowledgement that all decisions regarding the creation and implementation of educational policy and the teaching and assessment of medical students are, first and foremost, the prerogative of the medical education program. (Element 1.4)

**Principal academic officer at each campus is administratively responsible to the dean**: The administrator identified by the dean or the dean’s designee (e.g., associate or assistant dean, site director) as having primary responsibility for implementation, management, and evaluation of the components of the medical education program that occur at that campus. (Element 2.5)

**Problem-solving**: The initial generation of hypotheses that influence the subsequent gathering of information. (Element 7.4)

**Programs aimed at developing a diverse pool of medical school applicants**: These programs are directed at students from selected level(s) of the educational continuum (middle school-level through college) and intended to support their becoming qualified applicants to a medical school and/or, depending upon the level of the program, to another health professions program or a STEM/biomedical graduate program. (Standard 3, Element 3.3)

**Publishes**: Communicates in hard copy and/or online in a manner that is easily available to and accessible by the public. (Standard 10; Elements 5.7 and 10.5)

**Regional campus**: A regional campus is an instructional site that is distinct from the central/administrative campus of the medical school and at which some students spend one or more complete curricular years. (Standards 11 and 12; Elements 2.5, 2.6, and 5.12)

**Regularly scheduled and timely feedback**: Information communicated periodically and sufficiently often (based on institutional policy, procedure, or practice) to a faculty member to ensure that the faculty member is aware of the extent to which he or she is (or is not) meeting institutional expectations regarding future promotion and/or tenure. (Element 4.4)

**Scientific method**: A method of procedure consisting in systematic observation, measurement, and experiment, and the formulation, testing, and modification of hypotheses. Typically, the method consists of the following steps: 1) identifying and defining a problem; 2) accumulating relevant data; 3) formulating a tentative hypothesis; 4) conducting experiments to test the hypothesis; 5) interpreting the results objectively; and 6) repeating the steps until an acceptable solution is found. (Element 7.3)

**Self-directed learning**: Includes all of the following components as a single unified sequence that occurs over a relatively short time: 1) the medical student’s self-assessment of his/her learning needs; 2) the medical student’s independent identification, analysis, and synthesis of relevant information; and 3) the medical student’s appraisal of the credibility of information sources; and 4) the facilitator’s assessment of and feedback to the student on his/her information seeking skills. (Element 6.3)

**Senior administrative staff**: People in academic leadership roles, to include but not limited to, associate/assistant deans, directors, academic department chairs, and people who oversee the operation of affiliated clinical facilities and other educational sites. Many, if not most, of these people also have faculty appointments, and for tracking purposes should only be counted in one category. (Standard 2; Elements 2.1 and 2.4)

**Service-learning**: Educational experiences that involve all of the following components: 1) medical students’ service to the community in activities that respond to community-identified concerns; 2) student preparation; and 3) student reflection on the relationships among their participation in the activity, their medical school curriculum, and their roles as citizens and medical professionals. (Element 6.6)

**Sponsoring organization**: The “parent” entity (e.g., university, health system) associated with the functioning of the medical school.

**Standards of achievement**: Criteria by which to measure a medical student’s attainment of relevant learning objectives and that contribute to a summative grade. (Element 9.6)

**Structural competency:** Refers to the capacity for health professionals to recognize and respond to the role that social, economic, and political structural factors play in patient and community health. (Element 7.6)

**Technical standards for the admission, retention, and graduation of applicants or medical students**: A statement by a medical school of the: 1) essential academic and non-academic abilities, attributes, and characteristics in the areas of intellectual-conceptual, integrative, and quantitative abilities; 2) observational skills; 3) physical abilities; 4) motor functioning; 5) emotional stability; 6) behavioral and social skills; and 7) ethics and professionalism that a medical school applicant or enrolled medical student must possess or be able to acquire, with or without reasonable accommodation, in order to be admitted to, be retained in, and graduate from that school’s medical educational program. (Element 10.5)

**Transfer**: The permanent withdrawal by a medical student from one medical school followed by that student’s enrollment (typically in the second or third year of the medical curriculum) in another medical school. (Elements 5.10 and 10.7)

**Translational research**: Translational research includes two areas of investigation. In the first, discoveries generated during research in the laboratory and in preclinical studies are applied to the development of trials and studies in humans. In the second, the efficacy and cost-effectiveness of prevention and treatment strategies are studied to accelerate adoption of best practices in communities and populations. (Element 7.3)

**Visiting students**: Students enrolled at one medical school who participate in clinical (typically elective) learning experiences for a grade sponsored by another medical school without transferring their enrollment from one school to the other. (Elements 5.10, 10.8, and 12.8)

**Well-being program**: An organized and coordinated program designed to maintain or improve physical, emotional and mental health through proper diet, exercise, stress management, and illness prevention. (Element 12.3)