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 is the property of the

 Liaison Committee on Medical Education

**TEAM REPORT**

**OF THE**

**FULL SURVEY OF**

**OFFICIAL NAME OF THE**

**SCHOOL OF MEDICINE**

**City, State**

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

PREPARED BY AN AD HOC SURVEY TEAM

FOR THE

**LIAISON COMMITTEE ON MEDICAL EDUCATION**

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# Appendix

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

A. Survey visit schedule

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

C. Independent Student Analysis narrative and data summary

D. Maps showing clinical affiliates/regional campuses

E.

F.

G.

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***Note to Team Secretary: Replace or delete the highlighted areas before finalizing the survey report.***

# Memorandum

TO: Liaison Committee on Medical Education

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

RE: Survey Report

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

Respectfully,

Survey team secretary signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Degrees

Survey Team Secretary

# Introduction

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

Chair:

Name

Title

Institution

Secretary:

Name

Title

Institution

Member:

Name

Title

Institution

Member:

Name

Title

Institution

LCME Faculty Fellow:

Name

Title

Institution

SAMPLE

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

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

# Accreditation History

Insert the LCME findings from the last full survey and the history dashboard that will be provided to you. Do not describe each LCME follow-up request, finding, and the performance grid from the letters of accreditation in the narrative but refer the reader to the dashboard. Comment on any issues of chronicity in compliance/performance, including elements that remain or have returned to unsatisfactory performance.

# Data Collection Instrument (DCI), Institutional Self-Study, and Independent Student Analysis (ISA)

*(See Appendix B for a summary of the self-study findings and composition of the self-study committee(s). See Appendix C for the Independent Student Analysis [ISA] narrative and data summary.)*

Briefly note the following:

* Quality (e.g., clear, complete, and concise) of the DCI. Were the DCI questions appropriately answered, and the requested data included?
* Involvement of faculty, students, other stakeholders in the Institutional Self-Study.
* Correlation between the Institutional Self-Study findings and the survey team findings.
* Percent and number of students, total and by class year, participating in the survey used to develop the ISA, and response rate for the most recent AAMC Medical School Graduation Questionnaire (AAMC GQ). Did the ISA include the required items and were the data presented in the expected format? Did the response rate for the ISA and any follow-up survey(s) conform to the response rate expectations (70% response rate overall by total item and by class)?

# History and Setting of the School

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

As available from the DCI under Standard 1, briefly summarize major changes in the institutional setting of the school (e.g., governance changes, loss of clinical affiliates changes to the relationship between the medical school and its sponsoring organization (e.g., parent university or health system); new programs or campuses; class size increases) since the time of the previous full survey (if this is not the first full survey). Note relevant facts related to the school’s environment, such as other schools/colleges on campus or the presence of one or more regional campus(es).

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

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

*Include at least the following in the Appendix:*

Appendix #: Current strategic plan for the medical school (Element 1.1)

Appendix #: Table with the accreditation elements that are being monitored (Element 1.1)

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

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

### Element 1.1 Strategic Planning and Continuous Quality Improvement

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

1. Briefly describe the school’s strategic planning process, and whether the plan is stand-alone or developed in conjunction with the medical school’s sponsoring organization. Note the date(s) encompassed by the current strategic plan and how often and by whom the strategic plan is reviewed and updated.
2. Does the strategic plan define desired outcomes and timelines? How, when, and by whom are the outcomes of the strategic plan monitored? Is there evidence that the goals/objectives of the plan are being achieved?
3. Comment on the availability of resources and individuals with appropriate expertise for quality improvement activities related to the medical education program and for monitoring ongoing compliance with accreditation elements. In the opinion of the survey team, is there evidence that these resources are adequate?
4. Referring to the table in Appendix #, summarize how and by whom the elements that are being monitored were selected and approved. Note the individual(s) responsible for managing the school’s CQI effort.
5. Is there evidence for the effectiveness of the continuous quality improvement system for review of element performance, especially in the context of current survey team findings? Is there evidence that needed changes are being made in a timely manner by relevant groups based on the monitoring?

### Element 1.2 Conflict of Interest Policies

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

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

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

1. Is the medical school part of a for-profit, investor-owned entity? If so, identify any board members,
administrators, or faculty members who are shareholders/investors/administrators in the holding company for the medical school.

3. Place an “X” next to each area for which the medical school or university 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 |

4. Describe how the school manages actual or perceived conflicts of interest for each of the following groups and ensures that the conflict-of-interest policies are being followed:

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

### Element 1.3 Mechanisms for Faculty Participation

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

1. Summarize how the nomination/selection process for faculty committees ensures that there is an opportunity for input from the general faculty into the governance process. Referring to Table 1.3-1 in Appendix #, note which committees include members who are self-nominated/peer-nominated/peer-selected.
2. Summarize how the medical school obtains input from faculty on proposed changes to policy and on other issues of importance.
3. Summarize the communication mechanisms used to inform faculty about policies and issues of importance to the medical school.

### Element 1.4 Affiliation Agreements

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

1. **The assurance of medical student and faculty access to appropriate resources for medical student education**
2. **The primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students**
3. **The 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. **The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment**

|  |
| --- |
| **Table 1.4-1 | Affiliation Agreements: Required Components** |
| For each inpatient clinical teaching site used for required clinical clerkships, including hospitals in the medical school’s/university’s own health system, **indicate (Y/N)** if the current affiliation agreement or in cases in which the medical school and the health system are one and the same, an executed letter of commitment **specifically contains the following information**. Do not simply insert the DCI table from Element 1.4. Add rows as needed. |
| Clinical Teaching Site | Date Agreement Last Signed | 1.Access to Resources | 2.Primacy of Program | 3.Faculty Appointments | 4.Environmental Hazard | 5.Learning Environment |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Note if there are up-to-date affiliation agreements (or, in circumstances in which the medical school and the health system are integrated, an executed letter of commitment) that contain the specified language with all inpatient sites used for required clinical clerkships. List each affiliate where one or more of the required component(s) of the affiliation agreement is/are missing.
2. Describe how the medical school ensures the primacy of the medical education program in areas addressed by the element for ambulatory sites that have a significant role in required clinical clerkships.
3. Describe whether the letter of agreement or of faculty appointment for individual physicians who have a significant role in required clinical clerkships/experiences include language ensuring the primacy of the medical education program in the areas included in the element.

### Element 1.5 Bylaws

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

1. Note if there are medical school bylaws, equivalent policy documents, or university/sponsoring organization bylaws that apply to the medical school.
2. Do the bylaws and/or formal policy documents describe the charges to major standing committees and the responsibilities/privileges of the dean and the faculty?

|  |  |  |
| --- | --- | --- |
| Required Component | Included in bylaws(Y/N) | Included in other formal policy document(Y/N) |
| Responsibilities of the dean |  |  |
| Responsibilities of the faculty |  |  |
| Charges to school standing committees |  |  |

1. Describe how the bylaws/policy documents are made available to the faculty.

### Element 1.6 Eligibility Requirements

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

1. Provide the state in which the institution is chartered/legally authorized to offer the MD degree.
2. Place an “X” next to the institutional accrediting body that accredits the medical school or its sponsoring organization:

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

1. Provide the current institutional accreditation status of the medical school or its sponsoring organization and the year of the next institutional accreditation survey.

|  |  |
| --- | --- |
| Current institutional accreditation status |  |
| Year of next accreditation survey |  |

## Standard 2: Leadership and Administration

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

*Include at least the following in the Appendix:*

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

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

Appendix #: Organizational chart(s) showing relationship of medical school dean to
university/sponsoring organization administration (Element 2.3)

Appendix #: Organizational chart for dean’s office (Element 2.4)

Appendix #: Information on dean’s staff and departmental chairs (Element 2.4, DCI Tables 2.4-1
through 2.4-4)

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

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

### Element 2.1 Administrative Officer and Faculty Appointments

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

|  |
| --- |
| **Table 2.1-1 | Administrative Officer and Faculty Appointments** |
| Complete this table for each category of appointee. Use “A “if the category is *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, leave the cell blank. |
| Medical School Dean | Medical School Administrators | Medical School Faculty |
|  |  |  |

### Element 2.2 Dean’s Qualifications

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

1. Indicate the mission areas where the dean has formal leadership responsibility, as specified in the dean’s formal position description. Note if some mission areas (e.g., patient care) are under the authority of another administrator.
2. Referring to the dean’s curriculum vitae in Appendix (#), briefly summarize the dean’s qualifications to provide leadership in each of the mission areas for which the dean has responsibility.

### Element 2.3 Access and Authority of the Dean

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

1. Summarize the dean's formal (organizational) interactions with and access (including reporting relationships) to sponsoring organization and health system administrators. Provide examples illustrating the dean’s interactions with these individuals in discussions of and planning for the needs of the medical education program.
2. Describe how the dean exercises authority over faculty who participate in the medical education program but are not employed by the medical school.

### Element 2.4 Sufficiency of Administrative Staff

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

|  |
| --- |
| **Table 2.4-5 | Dean’s Administrative Staff** |
| Provide the requested information regarding current members of the dean’s administrative staff. Include those individuals with dean and director titles. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed. |
| Name of incumbent | Title | % Effort dedicated to administrative role | Date appointed | For acting/interim dean’s staff, date previous incumbent left |
|  |  |  |  |  |

1. Evaluate whether, from the evidence provided to the survey team, the dean’s office staffing is sufficient, whether the amount of time contributed by each assistant and associate dean is adequate, and whether the division of responsibility and reporting relationships are functioning effectively and are clear to students.

2. If any members of the dean’s staff hold interim/acting appointments, describe the status of recruitment efforts to fill the position(s).

3. Do respondents to the ISA agree that the dean’s staff is accessible, aware of student concerns, and responsive to student problems? Refer to relevant data from the ISA in Appendix # documenting student perceptions and describe whether the ISA or other sources attributes any areas of disagreement to a specific cause such as staffing gaps, administrative turnover, or how the dean’s staff is organized.

4. If there are any interim/acting department chairs, describe the status of recruitment efforts to fill the position(s).

### Element 2.5 Responsibility of and to the Dean

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

Only respond to the items in this element if the school has one or more regional campus(es). If there are no regional campuses, delete the questions below and instead write, “Not applicable – there are no regional campuses.”

1. Describe the reporting relationship between the medical school dean/ designated chief academic officer (CAO) and the principal academic officer at each regional campus. Describe how the principal academic officer(s) at regional campus(es) are integrated into the administrative structures of the medical school.
2. Describe how the medical school dean/CAO oversees the following:

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

b. the adequacy of campus faculty in terms of numbers and areas of expertise

c. the adequacy of campus resources (e.g., patient volume and type, infrastructure, facilities)

1. Describe the reporting relationship(s) of other campus administrators to their central (administrative) campus counterparts (e.g., student affairs officers at the campus(es) and the associate dean for student affairs).

### Element 2.6 Functional Integration of the Faculty

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

Only respond to the items in this element if the school has one or more regional campus(es). If there are no regional campuses, delete the questions below and instead write, “Not applicable – there are no regional campuses.”

1. Summarize the mechanisms in place to support functional integration and communication among the campuses at department and medical school levels. Based on examples provided, is there evidence that activities to support integration and communication are effective?
2. Provide examples of the ways in which the faculty and administrators at the regional campus(es) are integrated into the medical school governance structure (e.g., membership on medical school committees). Do medical school policies or bylaws support participation of campus faculty in medical school governance?

## Standard 3: Academic and Learning Environments

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

*Include at least the following in the Appendix:*

Appendix #: Student mistreatment experiences from the AAMC Medical School Graduation Questionnaire (Element 3.6, DCI Tables 3.6-1a and 3.6-1b)

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

### Element 3.1 Resident Participation in Medical Student Education

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

1. Does every medical student have an opportunity to complete at least a portion of a required clinical experience in a setting where residents teach/supervise medical students?
2. If the answer is “no” to item #1 above, note the situation(s) where some or all students do not have access to residents prior to residency application and note how these students learn about the expectations and requirements of the next phase of their training.

### Element 3.2 Community of Scholars/Research Opportunities

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

|  |
| --- |
| **Table 3.2-1a | I Have Access to Research Opportunities.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 3.2-1b | The Medical School Supports Student Participation in Research.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Summarize how faculty scholarship is fostered. Briefly comment on the institutional funding and the availability of infrastructure and mentoring to support faculty scholarly activity/research and note any issues related to sufficiency in these areas.
2. Do all medical students who are required to or desire to participate in research have the opportunity and support to do so? Note whether students are assisted in identifying a research mentor and project and indicate the funding opportunities, personnel, and other resources to support students’ participation in research. If the medical school has one or more regional campuses, note if students at each site have access to research opportunities and support for participation in research.
3. Comment on the ISA data on respondent agreement that they have access to research opportunities and support for participation in research. Note any concerns that were identified about access to and support for research opportunities.

### Element 3.3 Diversity Programs and Partnerships

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

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| **Table 3.3-1 | Offers Made to Applicants to the Medical School** |
| Provide the total number of offers of admission to the medical school made to individuals in the school-identified diversity categories for the indicated academic years. Add rows as needed for each diversity category. |
| School-identifiedDiversity Category | 2024 Entering Class | 2025 Entering Class |
| # of Declined Offers | # of Enrolled Students | TotalOffers | # of Declined Offers | # of Enrolled Students | TotalOffers |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Table 3.3-2 | Enrolled Students in the School’s Mission-Aligned Diversity Categories** |
| Provide the requested information for the 2024-25 academic year on the number and percentage of enrolled students in each of the school-identified diversity categories. |
| School-identifiedDiversity Category | First Year Students Number (%) | All Students Number (%) |
|  |  |  |

|  |
| --- |
| **Table 3.3-3 | Diversity Programs and Partnerships** |
| List each current program aimed at broadening the diversity of qualified medical school applicants. Provide the average enrollment (by year or cohort), target participant group(s) (e.g., college, high school, other students), and a description of any partners/partnerships, if applicable. Add rows as needed. |
| Program | Year Initiated | Target Participants | Average Enrollment | Partners |
|  |  |  |  |  |

1. Describe how the medical school expresses its commitment to support diversity in the academic learning environment in policy or in other documents, for example in its mission statement or strategic plan.

2. Provide the categories of mission-aligned student diversity. If the category requires a definition (e.g., the specific definition of “rural” or “socioeconomically disadvantaged”), provide that as well.

3. Describe the activities directed at the recruitment and retention of medical students who possess the backgrounds and experiences consistent with the school-identified diversity categories.

4. Describe how the medical school ensures that its faculty and senior administrative staff are prepared to support its diverse student body. How is the school determining that this support is adequate and effective?

5. Describe how the medical school monitors and evaluates the effectiveness of its programs to develop a diverse pool of medical school applicants. Provide evidence of program effectiveness, such as the number of participants and/or data on program outcomes.

### Element 3.4 Anti-Discrimination Policy

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

1. Does the medical school’s formal anti-discrimination policy include all the protected categories required by the element? If not, note any categories that are absent.
2. Summarize how the anti-discrimination policy that applies to the medical school is made known to members of the medical education community.

### Element 3.5 Learning Environment/Professionalism

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

1. Note if the medical school has defined the professional behaviors that its medical students are expected to develop. Are there formal learning experiences and methods of assessment included in the curriculum that are related to these behaviors? Describe how these behaviors are communicated to students, faculty, residents, and others.
2. Describe the procedures available for students and others to report incidents of unprofessional behaviors or other concerns about the learning environment. What processes are in place to ensure that reports of unprofessional behavior can be made and investigated without fear of retaliation?
3. Describe the methods used to evaluate the learning environment to identify positive and negative influences on the development of medical students’ professional behaviors, especially in the clinical setting. Include the timing of the evaluations of the learning environment, the individual(s) responsible for conducting these evaluations, and the individuals/groups responsible for receiving and acting on the results. Note the individual/committee responsible for ensuring that all reports of unprofessional behavior are investigated and addressed.
4. Summarize recent actions taken to enhance positive or mitigate negative aspects of the learning environment that were identified through the evaluations and note if there is any evidence for their effectiveness.

### Element 3.6 Student Mistreatment

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

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| --- |
| **Table 3.6-2a | The Medical School’s Student Mistreatment Policy is Clear.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 3.6-2b | I am Aware There is a Processes for Reporting Student Mistreatment and Know Where to Find It.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 3.6-2c | I am Aware of the Medical School’s Activities to Prevent Student Mistreatment.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 3.6-2d | The Medical School’s Activities to Prevent Student Mistreatment are Effective.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe how, when, and by whom medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff are informed about the medical school’s definition of mistreatment and about the medical student mistreatment policies. Is there evidence that students, faculty, and residents are familiar with the policy?
2. Summarize the procedures used by medical students, faculty, or residents to report individual or observed incidents of alleged mistreatment and note the individuals to whom reports can be directed. Describe the process(es) used for follow-up when reports of alleged mistreatment have been made and how the school ensures that all reports will be acted upon per policy.
3. How does the school ensure that reports of alleged mistreatment can be made and investigated without fear of retaliation?
4. How, by whom, and how often are summative data on the frequency of medical students’ experiencing mistreatment collected and reviewed? Note if data on the level of student mistreatment are shared with students and other members of the medical education community.
5. Describe educational and other recent efforts to reduce medical student mistreatment.
6. Using data from the AAMC GQ in Appendix #, comment on the level of student mistreatment.
7. Comment on data from the ISA on whether respondents agree that the school has clear mistreatment policies, has procedures for reporting mistreatment, engages in mistreatment prevention activities, and takes actions on reports of mistreatment.

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

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

*Include at least the following in the Appendix:*

Appendix #: Faculty numbers (Element 4.1, DCI Tables 4.1-2 and 4.1-3)

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

### Element 4.1 Sufficiency of Faculty

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

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

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

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

1. Evaluate whether the current size and discipline distribution of the faculty are appropriate for the educational and other missions of the medical school and whether there is evidence that the educational program is appropriately staffed. How is the school ensuring that course and clerkship directors have adequate protected time?
2. Describe any recent challenges in identifying sufficient faculty with the appropriate expertise and time to teach medical students, including whether there has been competition for faculty teaching time based on commitments to other educational programs. If so, note how these were/are being addressed.
3. Describe any significant recent decreases in the number or discipline distribution of teaching faculty. Note if any significant attrition of teaching faculty is anticipated in the next three years (e.g., through retirements). Are faculty recruitments being planned to address anticipated decreases in faculty numbers and expertise or to support new initiatives?

### Element 4.2 Faculty Appointment Policies

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

1. Are there formal policies and procedures for faculty appointment, renewal of appointment, promotion, granting of tenure (if relevant), and dismissal? How are these policies and procedures made available to faculty and is there evidence that faculty understand them?
2. Describe how and when faculty members receive formal notification about their terms and conditions of employment, including benefits and compensation; their responsibilities in teaching and other areas; and their assignment to a faculty track (if tracks are utilized). Does such notification occur on a regular basis?

### Element 4.3 Scholarly Productivity

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

|  |
| --- |
| **Table 4.3-1 | Scholarly Productivity**  |
| Provide the total number of each type of scholarly work, by department (basic science and clinical), from the most recently completed year (academic or calendar year, whichever is used in the medical school’s accounting of faculty scholarly efforts). Only count each article/book chapter once per department. |
| Department | Articles inPeer-Review Journals | Published Books/Book Chapters | Faculty Co-Investigators orPI’s on Extramural Grants | Other Peer-Reviewed Scholarship\* |
|  |  |  |  |  |
| \*Provide a definition of “other peer-reviewed scholarship,” if this category is used: |
| Provide the year used for these data:  |

1. Describe the medical school’s expectations for faculty scholarship by faculty track, including whether scholarly activities are required for promotion, retention, and the granting of tenure for some or all faculty.

### Element 4.4 Feedback to Faculty

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

1. Describe when, how, by whom, and which categories of faculty receive formal comprehensive feedback on their academic performance, progress toward promotion, and, if relevant, progress toward tenure. Is there a formal policy or guideline that requires regular feedback to be provided to some or all faculty on these areas?

2. Describe the feedback available to faculty (e.g., voluntary/adjunct) who are not included in the requirement for the comprehensive feedback from departmental leadership described above.

### Element 4.5 Faculty Professional Development

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

1. Describe the organizational placement of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Do these individuals individually and in aggregate have sufficient time allocated to their faculty development responsibilities?
2. Describe the availability of faculty development programming in teaching and assessment. Are faculty informed about the availability of faculty development programming and is such faculty development accessible to faculty at all instructional sites, including clinical affiliates and regional campuses?
3. Describe how problems with an individual faculty member’s teaching and assessment skills are identified and remediated.
4. Provide examples of professional development activities and personnel focused on enhancing faculty research skills (e.g., research methodology, grant procurement, grant management).
5. Describe the availability of funding to support faculty members’ participation in professional development activities related to their own discipline/specialty (e.g., attendance at professional meetings) and to their teaching role (e.g., attendance at regional/national medical education meetings).

6. Describe the programs or activities available to assist faculty in preparing for promotion.

### Element 4.6 Responsibility for Medical School Policies

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

1. Describe the membership, charge, and scope of authority of the medical school committee (e.g., an executive committee) that determines governance and policymaking processes at the medical school. Note the opportunities for faculty to provide input to this committee.
2. Comment on the recent concerns addressed by the committee.

## Standard 5: Educational Resources and Infrastructure

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

*Include at least the following in the Appendix:*

Appendix #: Medical school finances

 LCME Part I-A Annual Financial Questionnaire, consisting of a) Signature Page;

 b) Current Funds Revenues, Expenditures, and Transfers - Data Entry Sheet; c) Schedules
 A-E; and d) Revenues and Expenditures History

 Responses to the web-based companion survey to the LCME Part I-A Annual Financial
 Questionnaire, the “*Overview of Organization and Financial Characteristics Survey*”

 Revenue and expenditures summary for the fiscal year in which the full survey takes place
 (based on budget projections) and for each of the prior three fiscal years

 Use the format and row labels from the “Revenues and Expenditures History” from the
 school’s completed LCME Part I-A Annual Financial Questionnaire

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

Appendix #: Clinical teaching facilities (Element 5.5, DCI Tables 5.5-1, 5.5-2, and 5.5-3)

Appendix #: Inpatient facilities education and infrastructure resources

(Element 5.6, DCI Tables 5.6-1)

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

|  |
| --- |
| **Table 5.0-1 | Medical School Revenue Sources** |
| Provide the requested revenue totals from the LCME Part I-A Annual Financial Questionnaire (AFQ) for each indicated fiscal year (FY) and the *percentage of total revenues* represented by each amount. Use the “total revenues” from the AFQ for this calculation.  |
|  | FY 2023 | FY 2024 |
|  | $ | % of Total Revenues | $ | % of Total Revenues |
| Total tuition and fees revenues |  |  |  |  |
|  Revenues from tuition and fees (T&F) assessed to medical students |  |  |  |  |
|  Revenues from T&F assessed to grad students in med school programs  |  |  |  |  |
|  Revenues from continuing medical education programs  |  |  |  |  |
|  Other tuition and fees revenues  |  |  |  |  |
| Total expenditures and transfers from government and parent support  |  |  |  |  |
|  Total federal appropriations |  |  |  |  |
|  Total adjusted state and parent support  |  |  |  |  |
|  Total local appropriations  |  |  |  |  |
| Total grants and contracts  |  |  |  |  |
|  Total direct costs - federal government  |  |  |  |  |
|  State and local government grants and contracts  |  |  |  |  |
|  Other grants and contracts direct expenditures |  |  |  |  |
| Total facilities and administration costs expenditures  |  |  |  |  |
| Practice plans total revenues  |  |  |  |  |
| Total expenditures and transfers from hospital funds  |  |  |  |  |
|  Total expenditures and transfers from university hospital funds |  |  |  |  |
|  Total expenditures and transfers from VA hospital funds  |  |  |  |  |
|  Total expenditures and transfers from other affiliated hospitals funds  |  |  |  |  |
| Restricted gift funds expended |  |  |  |  |
| Unrestricted gift funds expended |  |  |  |  |
| Expenditure of income from restricted endowment funds  |  |  |  |  |
| Expenditure of income from unrestricted endowment funds  |  |  |  |  |
| Total other revenues  |  |  |  |  |
| Total revenues  |  |  |  |  |
| Total expenses and transfers  |  |  |  |  |

### Element 5.1 Adequacy of Financial Resources

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

1. Briefly describe recent trends in each of the school’s revenue sources, in the balance among revenue sources, and in the school’s expenditures. Note any major recent or anticipated changes in revenue sources. Note if the school is significantly dependent on one or more revenue sources and note any concerns about revenue stability.
2. If there is a current or anticipated fiscal imbalance, including the need to use reserves to balance the operating budget, evaluate whether the school has a credible plan to address it. Note any significant findings from external institutional financial audits.
3. Note whether the school currently is engaged in or is planning to engage in any major construction or renovation projects or other initiatives that require substantial capital investment from the school’s budget or a sustained cost center. If so, describe how capital needs are being or will be addressed.
4. Summarize the fiscal condition of the school, including the school’s current overall financial status and the prospects for its short- and long-term financial sustainability.

### Element 5.2 Dean’s Authority/Resources

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

Provide the names and titles of the staff leadership (e.g., director of assessment, director of institutional computing) of groups/units responsible for providing administrative or academic support for the planning, implementation, and evaluation of the curriculum and for student assessment. **DO NOT include the academic leadership of the medical education program (e.g., associate dean for medical education) under “staff leadership.”** Include the percentage of time contributed by each individual to this effort. Add rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Staff Leader | Title | To Whom Does the Staff Leaders Report | % Effort to Support the Medical Education Program | # of Staff Reporting to Leader |
|  |  |  |  |  |

1. Describe how the dean (or the CAO, if not the dean) participates in institution-level planning to ensure that the resource needs of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are considered.
2. Describe how and by whom the budget to support the planning for and delivery of the medical education program is developed, approved, and allocated. Describe the budgetary authority of the medical school dean in allocating funds and accessing funds in the medical school budget.
3. Evaluate the adequacy of administrative staff support for the medical curriculum and for student assessment.

### Element 5.3 Pressures for Self-Financing

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

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| **Table 5.3-1 | Tuition and Fees**  |
| Percentage of total revenue from tuition and fees as reported on the LCME Part I-A Annual Financial Questionnaire (AFQ) section titled “Current Funds Revenues, Expenditures and Transfers – Data Entry Sheet” for the indicated fiscal years. Please calculate each percentage by dividing “Total Tuition and Fees Revenues” by “Total Revenues Reported.” |
| FY 2021 | FY 2022 | FY 2023 | FY 2024 |
|  |  |  |  |

1. Describe how and at what institutional level(s) (e.g., medical school administration, sponsoring organization administration, board of trustees, the legislature) the size of the medical school entering class and the tuition and fees for the medical school are finally set.

1. Summarize how and by whom pressures to generate revenue from tuition, clinical care, and/or research are being managed to prevent negative effects on the medical education program.

### Element 5.4 Sufficiency of Buildings and Equipment

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

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| **Table 5.4-2 | The Medical School’s Pre-clerkship Lecture Halls and Large Group Classroom Facilities Are Suitable For The Educational Sessions That Are Held in Them.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.4-3 | The Medical School’s Pre-clerkship Small Group Teaching Spaces Are Suitable For The Educational Sessions That Are Held in Them.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Referring to Appendix #, briefly summarize the school's current facilities used to support the medical education program during the pre-clerkship phase of the curriculum (not including hospitals). If facilities are shared with other programs, summarize how the situation is managed to ensure sufficient access for the medical education program. If the facilities are shared by students in different years of the medical curriculum, describe how and by whom space is allocated.
2. Evaluate the adequacy of the space available for teaching for the current number of students and for the current curriculum structure. Note any challenges in obtaining large group and small group teaching spaces for the pre-clerkship phase of the curriculum.
3. Describe any changes that are anticipated in either student enrollment or curriculum structure that could affect the adequacy of the space currently dedicated to education or require additional educational space or space used in different ways. If new construction or renovation is planned or underway, briefly describe the changes and the timetable for completion.
4. Describe the quality and accessibility of facilities used for teaching and assessing students’ clinical and procedural skills.
5. Summarize the adequacy of research space for faculty.
6. Summarize data from the ISA on respondent agreement that the educational/teaching spaces (e.g., lecture halls/large group teaching space, small group teaching rooms) in the pre-clerkship phase of the curriculum are adequate for the needs of the curriculum. [Do not include data on study or relaxation space.]

### Element 5.5 Resources for Clinical Instruction

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

1. Referring to data contained in the tables for inpatient and ambulatory clinical teaching sites that are included in Appendix # and to data in the ISA, evaluate the collective adequacy of patients to meet the required clinical experiences to support the inpatient and ambulatory clinical education of medical students.
2. Describe any substantive changes anticipated by the medical school over the next three years in hospital and other clinical affiliations.

### Element 5.6 Clinical Instructional Facilities/Information Resources

**Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.**

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| **Table 5.6-2 | The Educational/Teaching Spaces at Hospitals Are Suitable For The Sessions That Are Held in Them.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

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| --- |
| **Table 5.6-3 | I Have Access to Workspace and Computers to Enter Patient Notes at Hospitals/Clinical Sites.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

1. Comment on the overall adequacy of infrastructure resources to support medical student education at the inpatient sites used for required clinical clerkships, including space for clinical teaching (e.g., conferences, rounds) and access to information technology (e.g., computers, internet access). Note data from the ISA or other sources on any areas of respondent disagreement that resources are adequate. [Do not include data on study and relaxation space at clinical sites.]
2. If the availability of instructional or IT resources was identified as a problem at one or more inpatient sites, describe the steps that were or are being taken to address the identified concern(s).

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

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

|  |
| --- |
| **Table 5.7-1a | I Feel Safe and Secure on the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.7-1b | I Feel Safe and Secure at Clinical Sites.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

1. Summarize and comment on the adequacy of the security systems and personnel in place on campus, including at regional campuses, during and after regular classroom hours and at clinical teaching sites. Referring to data from the ISA, note any respondent concerns related to safety and security at instructional sites.
2. Describe the school’s efforts to prepare for and respond to natural disasters and emergency situations. Note how medical students and faculty are informed of institutional emergency and disaster preparedness policies and plans and how they would be notified in the case of emergency situations.

### Element 5.8 Library Resources/Staff

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

|  |
| --- |
| **Table 5.8-1a | I am Able to Access Library Resources and Holdings From Any Location On and Off the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.8-1b | I Have Access to Library Support Personnel and Services.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 5.8-2 | Medical School Library Resources and Space** |
| Provide the following information for the most recent academic year. Schools with regional campuses may add rows for each additional library. |
| Library/Campus (as appropriate) | Total Current Journal Subscriptions (all formats) | # of Book Titles(all formats) | # of Databases | Total User Seating |
|  |  |  |  |  |

1. Describe if other schools and/or programs are served by the main library used by medical students. List the regular staffed library hours. If there are additional hours during which medical students have access to all or part of the library for study, provide these as well.

2. Describe how the library staff support medical education, including whether and how the library staff are involved in curriculum planning, in 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.

3. Comment on the adequacy of library holdings and other resources. Describe whether students and faculty have access to electronic and other library resources across all sites, including affiliated hospitals and regional campuses. Describe any concerns with library resources, holdings, or services noted in the ISA.

### Element 5.9 Information Technology Resources/Staff

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

|  |
| --- |
| **Table 5.9-1a | I Have Access to Support from Technology Staff.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus (as available).*  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 5.9-1b | I am Able to Access Online Course and Clerkship Instructional Materials From Any Location On and Off the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus (as available).*  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Comment on the availability and accessibility of information technology resources (e.g., hardware, software, staff) and wireless networks to support the medical education program.
2. If audiovisual and information technologies are used to deliver components of the medical education program, evaluate their quality and reliability across instructional sites, including ISA respondent agreement that these resources are available. Note if medical students, faculty, and residents are able to access educational resources from all sites.
3. Describe any role that information technology staff have in curriculum planning and delivery for the medical school, including the development and maintenance of curriculum support tools.

### Element 5.10 Resources Used by Transfer/Visiting Students

**The resources used by a medical school to accommodate any visiting and transfer medical students in its medical education program do not significantly diminish the resources available to already enrolled medical students.**

1. Describe the individual(s) and/or group(s) involved in the decision about the number of transfer students who can be accommodated with appropriate resources in each year of the curriculum.
2. Describe by whom the decision is made that there are adequate resources to accept visiting students for electives.

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

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

|  |
| --- |
| **Table 5.11-1a | I Have Access to Pre-clerkship Study Space on the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.11-1b | I Have Access to Space Where I Can Read About My Patients at Hospitals/Clinical Sites.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

|  |
| --- |
| **Table 5.11-2 | I Have Access to Relaxation Space for Pre-clerkship Students on the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.11-4a | I Have Access to Secure Storage Space for My Personal Belongings on the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.11-4b | I Have Access to Secure Storage Space For My Personal Belongings at Hospitals/Clinical Sites.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

1. Comment on any concerns identified in the ISA regarding the accessibility, sufficiency, and quality of study space on the medical school campus, at hospitals/clinical sites, and at regional campuses (if applicable).
2. Comment on any concerns identified in the ISA on the quality, quantity, and availability of relaxation space and personal lockers or other secure storage areas for student belongings on the medical school campus, for secure storage space at hospitals/clinical sites, and for personal lockers or other secure storage areas for student belongings on each regional campus (if applicable).
3. Describe the availability and accessibility of secure call rooms at each site used for required clinical clerkships where there is overnight call.

### Element 5.12 Required Notifications to the LCME

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

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

|  |
| --- |
| **Table 5.12-1 | New Medical Student Admissions** |
| Provide the number of new medical students (not repeating students) admitted in each of the indicated academic years.  |
| AY 2018-19 | AY 2019-20 | AY 2020-21 | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 | AY 2025-26 |
|  |  |  |  |  |  |  |  |

1. Note if any of the following occurred since the last full survey visit and, if so, whether the LCME was notified:
	* Increase in class size that exceeds the thresholds noted in the element
	* Decreases in available resources
	* Major modifications of the curriculum, including initiation of a new parallel curriculum (track)
	* Change in ownership/governance
	* Changes in affiliations with clinical facilities
	* Start of a new or expansion of an existing regional campus

2. Confirm that the school of medicine or its sponsoring organization accurately includes both the LCME accreditation status of the medical education program and the contact information of the LCME/LCME Secretariat on the school/organization website so that the information can be verified by the public.

## Standard 6: Competencies, Curricular Objectives, and Curricular Design

**The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.**

*Include at least the following in the Appendix:*

Appendix #: Pre-clerkship instructional formats (DCI Table 6.0-1)

Appendix #: Clerkship length and formal instruction hours per clerkship (DCI Table 6.0-2)

Appendix #: Curriculum schematic (DCI Standard 6, Supporting Documentation, #1)
If the curriculum has changed since the self-study was conducted, also include a schematic that illustrates the “new” curriculum year(s)

Appendix #: Schematic or diagram of one or more parallel curricula (DCI Standard 6, Supporting Documentation, #2)

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

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

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

1. Describe the general structure of the medical curriculum by phase and provide a brief overview of the general content areas covered in courses or clerkships in each curriculum year/phase. Refer to the names of courses and clerkships as included in tables 6.0-1 and 6.0-2. In the curriculum description, refer to the curriculum schematic in Appendix #. If the school has a phase in addition to “pre-clerkship” and “clerkship,” define it here and add the name of the phase to the column heading in tables (e.g., table 7.4-1).
2. If the medical school offers a parallel curriculum (track) for some students, provide a brief summary of the additional objectives associated with the parallel curriculum, the general structure of the parallel curriculum, the location(s) at which the parallel curriculum is offered, and the number of students enrolled by curriculum year. If more than one parallel curriculum is offered, provide this information for each parallel curriculum. In the description, refer to the parallel curriculum schematic(s) in Appendix #.

### Element 6.1 Program and Learning Objectives

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

|  |
| --- |
| **Table 6.1-2 | I am Aware of the School’s Medical Educational Program Objectives.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Provide the year of the last review and approval of the medical education program objectives.
2. Are the medical education program objectives stated in outcome-based terms? Referring to DCI Table 6.1-1 in Appendix #, note whether specific and appropriate outcome measures have been identified for each objective. Describe whether the educational program objectives are linked to general physician competencies.
3. Briefly describe how the medical education program objectives are disseminated to medical students and to faculty and how the learning objectives for the relevant course(s) and clerkship(s) are disseminated to students and to faculty with responsibility for teaching, supervising, and/or assessing medical students in courses/clerkships. *Also see the response to Element 9.1.*
4. Provide data from the ISA on respondent agreement that they are aware of the medical education program objectives and note any areas of student concern by class or campus.

### Element 6.2 Required Clinical Experiences

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

1. Describe how and by what group(s) the current list of required clinical encounters and procedural skills was last reviewed and approved.
2. Referring to Table 6.2-1 in Appendix (#), note if the current list of patient types/required clinical encounters, and procedural skills includes the specific clinical setting and one specific level of student responsibility for each.
3. Note by what group(s) alternative experiences have been identified and approved for use when medical students are unable to access the required clinical encounters/procedures.
4. Describe how medical students, faculty, and residents are informed of the required clinical encounters and skills and the expected level of student responsibility for each.

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

**The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences that allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students’ self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills from faculty and/or staff.**

|  |
| --- |
| **Table 6.3-1** **| The Curriculum Provides Sufficient Practice in the Skills of Self-Directed Learning as Defined by the LCME.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe the learning activities/instructional formats and the courses during the pre-clerkship phase of the medical curriculum in which students engage in all of the following components of self-directed learning as a single unified sequence (use the names of relevant courses from DCI Table 6.0-1 when answering):
* Self-assessment of their learning needs
* Independent identification, analysis, and synthesis of information relevant to their learning needs
* Facilitator appraisal of the credibility of information sources
* Assessment of and receipt of feedback on their information-seeking skills
1. Summarize any respondent concerns from the ISA on opportunities for self-directed learning in the pre-clerkship phase of the curriculum. Do not include concerns related to time for self-directed learning here; that is covered in Element 8.8.

### Element 6.4 Inpatient/Outpatient Experiences

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

|  |
| --- |
| **Table 6.4-1 | Percentage Total Clerkship Time** |
| Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. If the amount of time spent in each setting varies across sites, provide a range. Add rows as needed. |
| Required Clerkship | Percentage of Total Clerkship Time |
| % Ambulatory | % Inpatient |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Summarize the mechanisms used by the curriculum committee, a curriculum subcommittee, or other authority to review the appropriateness of the balance of inpatient and ambulatory clinical experiences to support students meeting the clerkship learning objectives and the required clinical experiences for each clerkship and for the clerkship phase of the curriculum.

### Element 6.5 Elective Opportunities

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

|  |
| --- |
| **Table 6.5-1 | Required Elective Weeks\*** |
| Provide the number of required weeks of elective time in each phase of the curriculum. |
| Phase | Total Required Elective Weeks |
|  |  |
|  |  |
|  |  |
|  |  |

\* Complete a separate table for each parallel track and campus.

1. Describe how the medical school ensures that sufficient electives are available to meet the educational needs of medical students.

### Element 6.6 Service-Learning/Community Service

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

|  |
| --- |
| **Table 6.6-1 | I Have Access to Service Learning/Community Service Opportunities.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Summarize the opportunities for medical students to participate in service-learning and community service activities, including the general types of service-learning/community service activities that are available. Note if students agree that they have access to service-learning/community service opportunities.
2. Summarize how students are informed about the availability of service-learning/community service opportunities, and how their participation is encouraged.
3. Describe how the medical school supports service-learning/community service activities, for example through the provision of funding and/or faculty/staff support.

### Element 6.7 Academic Environments

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

|  |
| --- |
| **Table 6.7-1 | Continuing Medical Education** |
| If the medical school and/or its clinical affiliates are accredited by the ACCME to sponsor continuing medical education for physicians, use the table below, 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 |
|  |  |  |

1. Briefly describe informal opportunities for medical students to interact with students in other health professions education programs and students in graduate degree programs. How does the medical school support such interactions?
2. Describe how medical students are exposed to continuing medical education activities for physicians.

### Element 6.8 Education Program Duration

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

|  |
| --- |
| **Table 6.8-1 | Number of Scheduled Weeks per Curriculum Phase** |
| Use the table below to report the number of scheduled weeks of instruction in each phase of the curriculum (do not include vacation time). Refer to the Supporting Documentation section for Standard 6 if the medical school offers one or more parallel curricula (tracks)2. |
| Curriculum Phase | Number of Scheduled Weeks |
| Pre-clerkship phase |  |
| Clerkship phase |  |
| Other1 phase (as defined by the school) |  |
| Total weeks of scheduled instruction |  |

1“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.**

*Include at least the following in the Appendix:*

Appendix #: Biomedical, behavioral, social science content (Element 7.1, DCI Tables 7.1-1)

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

Appendix #: Interprofessional collaborative skills in the curriculum (Element 7.9, Table 7.9-1)

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

### Element 7.1 Biomedical, Behavioral, Social Sciences

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

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| --- |
| **Table 7.1-2 | Basic Science Education** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who rated preparation for clinical clerkships and electives as *excellent or good* (aggregated) in the following basic medical sciences.  |
|  | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School% | National % | School % | National % |
| Biochemistry |  |  |  |  |  |  |
| Biostatistics and Epidemiology |  |  |  |  |  |  |
| Genetics |  |  |  |  |  |  |
| Gross anatomy |  |  |  |  |  |  |
| Immunology |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |
| Behavioral Science |  |  |  |  |  |  |
| Pathophysiology of Disease |  |  |  |  |  |  |

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| **Table 7.1-3 | Preparation for Residency – Social Science Subjects** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization, and structure of the health care system).* |
| AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

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| **Table 7.1-4 | The Pre-clerkship Phase Prepared me for the Clerkship Phase of the Curriculum.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % ofDisagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Note any deficiencies in curricular content coverage in the biomedical, behavioral, and social sciences from Tables 7.1-1 (see Appendix #), 7.1-2, and 7.1-3 (above). Also note any gaps in content identified through the AAMC GQ, the ISA, or the school’s own review of content coverage.
2. Note the reasons for any recent changes in the extent or curricular placement of content in these areas.

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

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

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| **Table 7.2-1a | The Curriculum Prepares Me to Diagnose Disease.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 7.2-1b | The Curriculum Prepares Me to Manage Disease.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 7.2-1c | The Curriculum Includes Education in Disease Prevention.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 7.2-1d | The Curriculum Includes Education in Health Maintenance.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 7.2-2 | General Medical Education** |
| Place an “X” in each column indicating the courses or clerkships where each of the following topic areas is taught and assessed. Use the same course names included in Tables 6.0-1 and 6.0-2. 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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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| **Table 7.2-3 | General Medical Education – Understanding of Common Clinical Conditions** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following ways to begin a residency program. |
|  | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National % |
| Acquired an understanding of common conditions and their management  |  |  |  |  |  |  |

1. Based on the review of Tables 7.2-1a-d, 7.2-2, and 7.2-3 and information from the ISA, note any gaps in content coverage.

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

**The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method and in the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care.**

|  |
| --- |
| **Table 7.3-1 | Scientific Method/Clinical/Translational Research Assessment** |
| Identify where in the curriculum medical students learn and are assessed on the scientific method and the basic scientific and ethical principles of clinical research.\* For each course or clerkship where the subject is addressed, provide the relevant learning objective(s) and the method(s) of student assessment. (NOTE: if the same objective occurs in multiple courses or clerkships, just list the objective once and group the courses and/or clerkships where it occurs). |
| Topic | Course/Clerkship | Relevant Learning Objectives | Assessment Method(s) |
| Scientific method |  |  |  |
| Scientific principles of clinical research |  |  |  |
| Scientific principles of translational research |  |  |  |
| Ethical principles of clinical and translational research |  |  |  |
| Use of biomedical statistics in medical science research and its application to patient care |  |  |  |
| How clinical and translational research is explained to patients |  |  |  |

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

1. Describe any gaps in content coverage or assessment related to teaching the scientific method, the basic scientific and ethical principles of clinical and translational research, or the application of biomedical statistics to patient care.

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

**The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical judgment based on evidence and experience, and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.**

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| **Table 7.4-1 | General Medical Education – Skills in Decision-Making and Evidence-based Medicine** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following ways to begin a residency program. |
|  | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National % |
| Acquired basic skills in clinical decision-making and application of evidence-based information |  |  |  |  |  |  |

1. Based on the examples provided in the DCI, summarize and evaluate the adequacy of the teaching and the assessment of the skills of critical judgment based on evidence and of medical problem-solving.

### Element 7.5 Societal Problems

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

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| **Table 7.5-1 | Common Societal Problems Taught and Assessed in the Curriculum** |
| For five common societal problems identified by the school, list each of the courses/clerkships where the teaching occurs; 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 assessment method(s) for each objective. |
| Societal Problem | Course/Clerkship | Type of Learning Objectives (a, b, c, d) | Assessment Method(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. For one of the societal problems selected by the school, list the course(s)/clerkship(s) where information related to the problem is taught and assessed and provide the relevant objective(s) that address the diagnosis, prevention, appropriate reporting (if relevant), and treatment of the medical consequences of the societal problem.
2. Based on the example provided and on the data in Table 7.5-1 (above) for the five selected societal problems, does the team believe that the curriculum contains sufficient instruction and assessment in the areas of diagnosis, prevention, appropriate reporting (if relevant), and treatment of the medical consequences of societal problems? Does this instruction and assessment occur in appropriate segments of the curriculum? Is this instruction based in course/clerkship learning objectives?

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

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

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

|  |
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| **Table 7.6-3 | General Medical Education – Preparation for Residency** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Prepared to care for patients from different backgrounds.* |
| AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

|  |
| --- |
| **Table 7.6-4 | The Curriculum Prepares Me to Care for Patients from Different Backgrounds.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. From information contained in Table 7.6-2 in Appendix (#), evaluate the adequacy of curriculum content coverage and assessment methods related to structural competence, cultural competence, health inequities, and healthcare disparities.
2. Using the information in Table 7.6-1 in Appendix (#), describe how the curriculum prepares medical students to be aware of their own gender and cultural biases and those of their peers and teachers.
3. Comment on data from the AAMC GQ and ISA on respondent agreement that their education adequately prepared them to care for patients from different backgrounds.

### Element 7.7 Medical Ethics

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

|  |
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| **Table 7.7-1 | General Medical Education – Preparation for Residency** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *I understand the ethical and professional values that are expected of the profession.* |
| AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National%  |
|  |  |  |  |  |  |

|  |
| --- |
| **Table 7.7-2 | Medical Ethics Teaching and Assessment in the Curriculum** |
| For each topic area, identify where in the curriculum medical students learn and are assessed on medical ethics, including the relevant learning objectives for each course or clerkship where the subject is taught and assessed. (NOTE: if the same or similar objective occurs in multiple courses or clerkships, just list the objective once and group the courses and/or clerkships where it occurs). |
| Topic | Course/Clerkship | Learning Objectives | Assessment Method(s) |
|  |  |  |  |
| Biomedical ethics |  |  |  |
| Ethical decision-making |  |  |  |
| Ethical behavior in patient care |  |  |  |

1. Referring to Table 7.7-2 above, note where in the curriculum content related to biomedical ethics, ethical decision-making, and behavior in the care of patients are taught and assessed. Referring to results from the AAMC GQ, note whether respondents believe themselves to be prepared related to ethical and professional values.
2. Summarize the methods used to identify and remediate any medical students’ breaches of ethics in patient care.

### Element 7.8 Communication Skills

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

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| **Table 7.8-1a | Skills of Communicating with Patients and Patients’ Families** |
| Provide the names of courses and clerkships where explicit learning objectives are taught and assessed and list the relevant learning objectives for each course and clerkship. (NOTE: if the same or similar objective occurs in multiple courses or clerkships, just list the objective once and group the courses and/or clerkships where it occurs). |
| Course/Clerkship  | Learning Objectives | Teaching Format(s) | Assessment Method(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| **Table 7.8-1b | Skills of Communicating with Physicians as Part of the Medical Team** |
| Provide the names of courses and clerkships where explicit learning objectives are taught and assessed and list the relevant learning objectives for each course and clerkship. (NOTE: if the same or similar objective occurs in multiple courses or clerkships, just list the objective once and group the courses and/or clerkships where it occurs). |
| Course/Clerkship  | Learning Objectives | Teaching Format(s) | Assessment Method(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| **Table 7.8-1c | Skills of Communicating with Non-Physician Health Professionals as Part of the Health Care Team** |
| Provide the names of courses and clerkships where explicit learning objectives are taught and assessed and list the relevant learning objectives for each course and clerkship. (NOTE: if the same or similar objective occurs in multiple courses or clerkships, just list the objective once and group the courses and/or clerkships where it occurs). |
| Course/Clerkship  | Learning Objectives | Teaching Format(s) | Assessment Method(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| **Table 7.8-2 | Preparation for Residency – Communication Skills**  |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Communication skills necessary to interact with patients and health professionals.* |
| AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National%  | School % | National % |
|  |  |  |  |  |  |

1. Referring to the examples in the tables above, evaluate the adequacy of the educational activities and the related learning objective(s) included in the curriculum for each of the following topic areas:
* Communicating with patients and patients’ families
* Communicating with physicians (e.g., as part of the medical team)
* Communicating with non-physician health professionals as members of the health care team

2. Referring to results from the AAMC GQ, note whether respondents believe themselves to be prepared to communicate with patients and health professionals.

### Element 7.9 Interprofessional Collaborative Skills

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

1. Referring to Table 7.9-1 in Appendix #, summarize whether the required experiences in which medical students are brought together with students and/or practitioners from other health professions collectively support the ability of medical students to function collaboratively on health care teams that provide coordinated services to patients.

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

**The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.**

*Include at least the following in the Appendix:*

Appendix #: Actions to support comparability (Element 8.7, DCI Table 8.7-1)

Appendix #: Sample weekly schedules in the pre-clerkship phase of the curriculum
 (Element 8.8, Supporting Documentation #1)

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

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| **Table 8.0-1 | Overall Satisfaction with Medical Education Program Quality**  |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) with the statement: “*Overall, I am satisfied with the quality of my medical education.”* |
| AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

### Element 8.1 Curricular Management

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

1. Summarize the charge to the committee responsible for the management of the curriculum (e.g., “curriculum committee”). Note the source of the committee’s authority (e.g., medical school faculty bylaws). Note if and in what circumstances the dean, another administrator, or group can overrule a decision of the curriculum committee.
2. Describe the composition of the curriculum committee and note the number of members in each of the categories of membership, including which members are voting.
3. Briefly summarize the composition and charge/role of each subcommittee of the curriculum committee.

### Element 8.2 Use of Medical Educational Program Objectives

**The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, and to review and revise the curriculum. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.**

1. Describe how the medical educational program objectives have been used in the prospective selection and appropriate placement of curriculum content when making content changes to courses/clerkships and curriculum years/phases.

2. Note if course and clerkship learning objectives have been linked to the medical education program objectives. Describe the role(s) of the course/clerkship faculty and the curriculum committee and/or its subcommittees in making and reviewing the linkage of course and clerkship learning objectives to the medical education program objectives.

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

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

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| **Table 8.3-1 | Role in Curriculum** |
| For each of the listed tasks, indicate the role1 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

|  |
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| **Table 8.3-2 | Curriculum Content in the Pre-clerkship Phase is Coordinated/Integrated Within and Across Courses.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Briefly describe the process for the formal evaluation of each phase of the curriculum (e.g., the pre-clerkship phase, the clerkship phase), including the data/information sources that were used and the outcomes that were evaluated in the most recent review of each phase. Note how often phase reviews are conducted and the administrative support available for the reviews. For the most recent review of each phase, summarize the curriculum subcommittee/curriculum committee reports or curriculum committee minutes that document that the reviews have occurred and that the outcomes have been acted upon.
2. Describe how the curriculum as a whole is evaluated, including the methods used to review the following:
* The horizontal and vertical integration of curriculum content and whether sufficient content is taught and appropriately placed related to each of the medical education program objectives
* The curriculum structure and whether the instructional formats and methods of assessment are consistent with and designed to support students’ achievement of the medical education program objectives

Include in the description the frequency with which a review of the curriculum as a whole is conducted and the administrative support available for the review. For the most recent review of the curriculum as a whole, summarize the curriculum subcommittee/curriculum committee reports or curriculum committee minutes that document that the review occurred and that the outcomes have been acted upon.

1. List the roles and titles of the individuals who have responsibility for maintaining and updating the curriculum database.
2. List the categories of individuals (e.g., course directors, course faculty, students) who have access to the database.
3. Provide at least one example of how monitoring curriculum content and reviewing the linkage of course/clerkship objectives to educational program objectives has been used to ensure that there are no gaps or unintended redundancies in curriculum content and that content is coordinated across the curriculum.

6. Summarize data from the ISA on respondent satisfaction with the coordination and integration of content in the pre-clerkship phase of the curriculum.

### Element 8.4 Evaluation of Educational Program Outcomes

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

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| **Table 8.4-2 | Monitoring of Individual Medical Education Program Outcomes** |
| Provide the individuals and/or groups in the medical school that are responsible for reviewing the results of each of the indicators that are used to evaluate medical education program quality and outcomes and how often the results are reviewed. |
| Outcome Indicator | Individuals and Groups Receiving the Data | How Often These Results are Reviewed |
| 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 |  |  |

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| **Table 8.4-3 | Step 1 USMLE Results of First-time Takers** |
| Provide the requested Step 1 USMLE results of first-time takers during the three most recently completed years. |
| Year | # Examined | Percentage Passing School (national) |
|
|  |  |  |

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| **Table 8.4-4 | Step 2 CK USMLE Results of First-time Takers**  |
| Provide the requested Step 2 CK USMLE results of first-time takers during the three most recently completed academic years. |
| AY | # Examined | Percentage Passing School (national) | Mean TotalScore and SD | National MeanTotal Score and SD |
| Score | SD | Score | SD |
|  |  |  |  |  |  |  |

1. Comment on the evidence, as contained in curriculum committee minutes or other reports, that the medical school has and uses a process to evaluate whether each of the educational program objectives is being met.

2. Note if school performance is below targets for performance in any of the specified student achievement criteria as listed in the *Glossary of Terms for LCME Accreditation Standards and Elements*.\* Summarize the evidence that the school has and uses a process to address this and other identified performance gaps between desired and actual educational program outcomes.

\* See the Glossary entry in the 2025-26 *Functions and Structure of a Medical School* for “National Norms of Accomplishment” for the current performance targets in the outcomes related to USMLE performance, student attrition, and residency Match rates.

### Element 8.5 Medical Student Feedback

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

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| **Table 8.5-1 | The Medical School Responds to Student Feedback on Courses.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 8.5-2 | The Medical School Responds to Student Feedback on Clerkships.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

1. Describe the methods used and the individual(s)/office responsible for collecting evaluation data from medical students on course and clerkship quality. Comment on the level of student participation (response rates) in course/clerkship evaluations.
2. Note how medical students provide evaluation data on individual faculty, residents, and others who teach and supervise them in required courses and clerkship rotations.
3. Note how students are informed about the actions the school has taken in response to their feedback on courses and clerkships.
4. Summarize data from the ISA on respondent agreement that the medical school responds to student feedback on courses and clerkships and note any specific areas of concern.

### Element 8.6 Monitoring of Completion of Required Clinical Experiences

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

1. Summarize how students record (i.e., log) the completion of their required clinical encounters and skills. Note if there is a centralized tool used for student logging or if the logging process varies by department.
2. Summarize when, how, and by whom each student’s completion of clerkship-specific required clinical encounters and skills is monitored at the level of the clerkship/required clinical discipline. When and by whom is the completion of required encounters and skills discussed with the individual student?
3. Describe how, when, and by whom data on the completion of aggregate student clinical encounters and procedures are monitored. Describe how these aggregate results are used at the following levels:
* clerkship/department level
* centrally (curriculum committee/subcommittee)
1. Which individuals and/or groups are responsible for acting on data that a significant number of students needed to achieve certain clinical encounters/skills by alternate methods? Note the steps taken/that would be taken to address this finding.

### Element 8.7 Comparability of Education/Assessment

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

1. If instruction in courses and/or clerkships takes place at more than one educational site within a specific discipline, are the same learning objectives, equivalent assessment methods, and the same policies for determining grades used across all instructional sites?
2. Referring to Table 8.7-1 in Appendix #, summarize how faculty members at each instructional site are informed about the learning objectives, required clinical encounters and skills (if relevant), and assessment and grading system for the course or clerkship.
3. Describe the data sources that typically are used to determine the extent of comparability across educational sites within a given course or clerkship.
4. How and by whom is comparability reviewed at the departmental and central curriculum governance levels? What individuals/groups are responsible for acting on identified inconsistencies (e.g., in grading, student satisfaction, clinical experiences)?

### Element 8.8 Monitoring Student Time

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

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| **Table 8.8-1** **| There is Adequate Available Time in the Pre-Clerkship Phase for Self-Directed Learning and Other Types of Preparatory Assignments.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 8.8-2a | Student Workload in the Pre-clerkship Phase is Manageable.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 8.8-2b | Student Workload in the Required Clerkships is Manageable.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

1. Describe the amount of unscheduled time in an average week during the pre-clerkship phase of the curriculum.
2. In the pre-clerkship phase of the curriculum, note if there are any required activities outside of regularly scheduled class time (e.g., assigned reading, online modules) that include assignments to prepare students for in-class activities. Note if these required activities are accounted for in calculating pre-clerkship student academic workload.
3. Briefly describe any school policies/guidelines related to the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note if the policy addresses only in-class activities or also includes required activities assigned to be completed outside of scheduled class time.
4. Describe the policy related to medical student duty hours in the clerkship phase of the curriculum. How are students, faculty, and residents informed of the policy?
5. Describe the mechanisms that exist for students to report violations of the duty hours policy either during or at the completion of a clerkship. Do the reporting processes ensure that students may report duty hour violations without fear of retribution?
6. Note how, how often, and by whom data on medical student duty hours are collected and by whom they are monitored.
7. Describe the frequency with which the curriculum committee and/or its relevant subcommittee(s) monitor compliance with policies/guidelines related to the amount of scheduled time in the pre-clerkship phase of the curriculum and the clinical workload of medical students.
8. Comment on the data from the ISA on respondent agreement that there is adequate protected time for self-directed learning and manageable workloads in the pre-clerkship phase of the curriculum and in the required clerkships. Describe any areas of concern.

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

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

*Include at least the following in the Appendix:*

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

Appendix #: Preparation of residents as teachers (Element 9.1, DCI Tables 9.1-1 and 9.1-2)

Appendix #: Pre-clerkship formative feedback (Element 9.7, DCI Table 9.7-2)

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

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

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

1. Note if there are medical school/institution-level (e.g., curriculum committee, GME office) policy or other guidelines requiring that residents and others (e.g., graduate students, postdoctoral fellows) participate in orientation or faculty development programs related to teaching and/or assessing medical students. Do these require that all residents, whether they are in the school’s own programs or other programs, participate in training?
2. What processes are in place to ensure that all residents (in the medical school’s residency programs or other programs) who supervise/assess medical students receive the relevant clerkship learning objectives, the list of required clinical encounters, and the necessary orientation to their roles in teaching and assessment? Note the individual or office responsible for ensuring that all residents who supervise/assess medical students have participated in the required training and received the necessary informational materials.
3. Referring to Table 9.1-1 in Appendix #, summarize how individuals (e.g., graduate students, postdoctoral fellows, residents) who teach or assess medical students in the pre-clerkship phase of the curriculum are provided with the relevant learning objectives and oriented to their teaching role.

### Element 9.2 Faculty Appointments

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

1. How does the medical school ensure that all physicians who are responsible for the supervision and assessment of medical students in required clerkships have a faculty appointment at the medical school before they start their supervisory/assessment role? Describe how, by whom, and how often the faculty appointment status of physicians who will supervise and assess medical students during required clerkships is monitored.
2. If the supervision and assessment of medical students is carried out by physicians and other health care professionals who do not hold faculty appointments at the medical school, describe how the medical school ensures that these individuals are supervised by medical school faculty members.

### Element 9.3 Clinical Supervision of Medical Students

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

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| **Table 9.3-1 | I am Appropriately Supervised in Clinical Settings.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

1. Describe how the school ensures that all medical students are appropriately supervised during required clinical clerkships and other required clinical experiences. How does the school ensure that faculty with supervisory responsibilities are informed of the expectations for supervision?

1. Describe how medical students can report any concerns about the adequacy and availability of supervision. Identify the individual(s) responsible for reviewing and addressing these student concerns. Summarize data from the ISA on respondent agreement that they are appropriately supervised in the clinical clerkships and other school-sponsored clinical experiences and note any areas of concern.
2. What policies and/or practices ensure that the level of responsibility delegated to a medical student during a required clinical experience is appropriate to that student’s level of training and experience?

### Element 9.4 Assessment System

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

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| **Table 9.4-1 | Observation of Clinical Skills**  |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who indicated they were observed performing the following required clerkship activities. |
| Required Clerkship | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| History | Physical exam | History | Physical exam | History | Physical exam |
| School % | National %  | School % | National %  | School % | National %  | School %  | National % | School % | National %  | School % | National %  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Table 9.4-2 | Clinical Skills** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following way to begin a residency program. |
|  | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School %  | National % | School % | National % | School % | National%  |
| Acquired the clinical skills required to begin a residency program |  |  |  |  |  |  |

1. Describe the centralized system that ensures that each student has been assessed on the necessary clinical skills (e.g., history taking and physical examination) during the pre-clerkship phase of the curriculum to be prepared for the clerkship/clinical phase of the curriculum. Describe the methods of assessment used within clinical skills courses and the clinical assessments (e.g., OSCEs or standardized patient assessments) that occur outside of required courses in the pre-clerkship phase, including when in the pre-clerkship phase each of these assessments occurs and whether each is a formative or summative assessment.
2. Describe how the medical school ensures that each student has acquired and can demonstrate the necessary core clinical skills (e.g., history taking and physical examination) during the clerkship/clinical phase of the curriculum to be prepared for the next stage of training. Describe the system in place to ensure that all medical students are observed performing the essential components of a history and physical examination, as defined by the school. How does the school monitor whether the observation of clinical skills is occurring? Is there evidence that the system to ensure observation is effective?
3. Using data from school-specific sources (e.g., clerkship evaluations) as available and the AAMC GQ, summarize student perceptions of whether they were observed performing core clinical skills. Describe any inconsistencies among data sources (e.g., AAMC GQ, clerkship evaluations) and note any reasons for the inconsistencies as identified by the school or the survey team.

### Element 9.5 Narrative Assessment

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

1. Describe any formal institutional guidance (e.g., guideline or policy) on providing narrative descriptions of student performance, including the circumstances in which narrative descriptions of performance are expected to occur. Are there processes in place to ensure that narrative descriptions are provided when the specified circumstances are present?
2. Are narrative assessments provided in all pre-clerkship courses whose formats would permit such feedback (refer to Appendix #, Standard 6 for the names of pre-clerkship courses)? If a narrative assessment is not provided in a course where teacher-student interaction could permit it to occur, describe the reason(s) that a narrative assessment is not provided.
3. List any clinical clerkships in which a narrative assessment is NOT provided.

### Element 9.6 Setting Standards of Achievement

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

1. Describe how and by what individuals and/or groups the standards of achievement are set for the following:
* Courses and clerkships (i.e., grading criteria, passing standard)
* The curriculum as a whole (i.e., progression and graduation requirements)

2. Does the survey team concur that the standards of achievement are set by knowledgeable individuals?

### Element 9.7 Formative Assessment and Feedback

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

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| **Table 9.7-1 | Mid-clerkship Feedback** |
| Provide information from internal or external evaluations of required clerkships for the most recently completed academic year on the percentage of respondents who *agreed/strongly agreed* (aggregated)that they received mid-clerkship feedback for each required clerkship. Specify the data source. |
| Clerkship | Percent Agreeing that They had Received Mid-clerkship Feedback |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Year of Data:  |

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| **Table 9.7-3a | The Amount of Formative Feedback in the Pre-clerkship Phase is Sufficient to Allow Me to Self-assess How I am Progressing in the Courses of this Phase of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 9.7-3b | The Quality of Formative Feedback in Pre-clerkship Phase Allows Me to Identify Areas in Which I Need to Improve as I Progress Through This Phase of the Curriculum.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 9.7-3c | The Amount of Formative Feedback in the Clerkship Phase Allows Me to Self-assess How I am Progressing in the Required Clerkships of this Phase.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M2\* |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

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| **Table 9.7-3d | The Quality of Formative Feedback in the Clerkship Phase Allows Me to Identify Areas in Which I Need to Improve as I Progress Through This Phase of the Curriculum.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M2\* |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

1. Note whether there is formal institutional guidance (e.g., policy or guideline) requiring that medical students receive formative feedback by at least the mid-point of courses and clerkships of at least four weeks in length.
2. How and by whom is the provision of mid-course or mid-clerkship feedback monitored within individual departments/disciplines and at the curriculum management level?
3. For courses and clerkships less than four weeks duration, describe how students are provided with timely feedback on their knowledge and skills related to the course/clerkship objectives.
4. Using data from Table 9.7-2 (see Appendix #), summarize the methods used to provide formative feedback to students in the pre-clerkship phase of the curriculum.
5. Summarize data from the ISA on respondent agreement that the amount and quality of formative feedback in the pre-clerkship phase and in the clerkship phase of the medical curriculum allow them to self-assess their learning and identify their learning needs. Note any areas of concern. Also summarize data from any other sources (e.g., course or clerkship evaluations), on the availability, quality, or utility of mid-course/mid-clerkship feedback.

### Element 9.8 Fair and Timely Summative Assessment

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

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| **Table 9.8-1 | Availability of Final Grades** |
| For each required clinical clerkship, provide the average and the minimum/maximum number of weeks it took for students to receive grades during the listed academic years. Also, provide the percentage of students who did not receive grades within 6 weeks. *If the medical school has regional campus(es) that offer the clinical years of the curriculum, provide the data requested in table 9.8-1 for each campus.* Add rows as needed.  |
| Required clerkship | AY 2022-23 | AY 2023-24 | AY 2024-25 |
| Avg. | Max. | % | Avg. | Max. | % | Avg. | Max. | % |
|  |  |  |  |  |  |  |  |  |  |

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| **Table 9.8-2 | Pre-clerkship Summative Assessments are Pertinent to the Course Objectives and Content Taught in the Courses of this Phase of the Medical Education Program.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 9.8-3 | The Manner in Which Summative Assessments are Used to Determine a Clerkship Grade is Clear and Consistent.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. How and by whom is the timing of course and clerkship grade reporting monitored?
2. List any pre-clerkship course or clerkship (or a course/clerkship site) that did NOT report grades to all students within six weeks during the 2024-25 academic year. Describe the steps that the school has taken to correct this situation.
3. Summarize data from the ISA and other sources (if available) related to the respondents’ opinions about the fairness and consistency of summative assessments in the pre-clerkship phase and the clerkship phase of the curriculum. Note any information from the ISA narrative on the basis for student concerns.

### Element 9.9 Student Advancement and Appeal Process

**A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.**

1. Does the medical school have a single set of core standards for the advancement and graduation of all medical students within the core curriculum? Are the school’s standards for advancement and graduation implemented consistently across all instructional sites? If the medical education program has a parallel curriculum with additional academic requirements, note how these are applied in making decisions about student progress and graduation.
2. 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 involved in the initial decision-making and appeal processes and describe if there are due process protections in place in the initial decision-making and the appeal processes.
3. Describe the composition of the medical student promotions committee(s). Is there a recusal policy in place for members who may have a conflict of interest? If so, summarize the circumstances in which a member must be recused and determine if the recusal requirements are appropriately specific.
4. How are the due process policy and procedures made known to medical students?

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

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

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

|  |
| --- |
| **Table 10.0-1 | Applicants and Matriculants** |
| Provide data for the indicated entering classes on the total number of initial applications received in the admissions office, completed applications, applicants interviewed, acceptances issued, and new medical students matriculated for the first year of the medical curriculum. Do not include first year students repeating the year.  |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 | AY 2025-26 (as available) |
| Initial Applications |  |  |  |  |  |
| Completed Applications |  |  |  |  |  |
| Applicants Interviewed |  |  |  |  |  |
| Acceptances Issued |  |  |  |  |  |
| New Students Matriculated |  |  |  |  |  |

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| **Table 10.0-2 | Entering Student MCAT Scores** |
| If applicable, use the table below to provide *mean* MCAT scores, for new (not repeating) first year medical students in the indicated entering classes. |
|  | AY 2023-24 | AY 2024-25 | AY 2025-26 (as available) |
| Chemical and Physical Foundations of Biological Systems  |  |  |  |
| Biological and Biochemical Foundations of Living Systems  |  |  |  |
| Critical Analysis and Reasoning Skills  |  |  |  |
| Psychological, Social, and Biological Foundations of Behavior |  |  |  |
| Total Score |  |  |  |

|  |
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| **Table 10.0-3 | Entering Student Mean GPA** |
| Provide the *mean overall* *premedical GPA* *for new (not repeating) first year medical students* in the indicated academic years. If using a weighted GPA, explain how the weighted GPA is calculated in the last row of the table. |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 | AY 2025-26 (as available) |
| Overall GPA |  |  |  |  |  |
| Weighted GPA Calculation (if applicable): |

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| **Table 10.0-4 | Medical School Enrollment** |
| Provide the total number of enrolled *first year medical students* (include students repeating the academic year), the number of final-year students eligible to graduate in that academic year, and the total number of medical students enrolled at the school for the indicated academic years. For students in dual-degree programs, only include those participating in the medical curriculum. |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 | AY 2025-26 (as available) |
| First Year Students |  |  |  |  |  |
| Final Year Graduating Students\* |  |  |  |  |  |
| Total Enrollment |  |  |  |  |  |

\* The number of students eligible to complete the AAMC GQ.

### Element 10.1 Premedical Education/Required Coursework

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

1. Does the medical school require prerequisite college courses for admission? If so, describe how these are made known to potential applicants and their advisors.
2. List the premedical courses or subjects that are recommended for admission.
3. How often and by whom are the premedical course requirements reviewed and approved? What information is utilized to determine if changes are needed?

### Element 10.2 Final Authority of Admission Committee

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

1. Describe the composition of the admission committee for the medical education program, including the categories of membership (e.g., faculty, administrators, medical students) and the specified number of individuals in each category. Note which individuals are eligible to vote. Provide the composition of any subcommittees of the admission committee and describe their role and authority. Describe where (e.g., in bylaws or other formal policies) the composition of the admissions committee and its subcommittees is defined. Note if there is a specified quorum for meetings and a policy or guideline that faculty members constitute the majority of voting members at all meetings.
2. Describe how members of the admission committee are oriented to admissions committee policies and to the admission process.
3. Describe the authority of the admission committee in making the final admission decision. Note where this authority is codified, such as in bylaws or other formal policies. Have all accepted applicants, including those admitted from the wait list, to joint degree programs, and to advanced standing, been reviewed and approved for admission by the admission committee?
4. Does the medical school have a policy and procedure that prevent conflicts of interest in the admission process and ensure that no admission decisions are influenced by political or financial factors?

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

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

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| **Table 10.3-1 | The Policies for Advancement/Graduation are Clear.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Briefly summarize how the policies, procedures, and criteria for medical student selection are shared with all interested parties, including potential applicants, their advisors, and the public.
2. Summarize the procedures for and the individuals or groups responsible for decision-making at each step of the admissions process.
3. Describe how the admission committee is involved in decision-making for applicants to joint degree programs.
4. Describe how policies for medical student assessment, advancement, and graduation and the policies for disciplinary action are shared with medical students and faculty.
5. Summarize data from the ISA on respondent agreement that the policies for student advancement and graduation are clear and note any areas of concern.

### Element 10.4 Characteristics of Accepted Applicants

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

1. Referencing the data tables associated with Standard 10 (DCI Tables 10.0-1 through 10.0-4), evaluate whether entering medical students, in aggregate, have the academic qualifications necessary to succeed in medical school.
2. Describe at what stages of the admissions process, how, and by whom the personal attributes of applicants are assessed and used in the admission decision.

### Element 10.5 Technical Standards

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

1. How does the medical school disseminate its technical standards for admission, retention, and graduation to potential and actual applicants, enrolled medical students, faculty, and others?
2. Describe how and when accepted applicants and enrolled medical students are expected to document that they are familiar with and capable of meeting the technical standards, with or without accommodation. Note how and by whom this student documentation is monitored.

### Element 10.6 Content of Informational Materials

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

1. How, how often, and by whom are informational materials about the medical education program reviewed and updated to ensure that they are accurate and current? How are these informational materials made available (e.g., online, in the media, in hard copy) to the public?
2. Do the medical school’s catalog and/or equivalent informational materials contain sufficient current information to meet the requirements of Element 10.6?

### Element 10.7 Transfer Students

**A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. Transfer students who do not complete all of their required curriculum from medical schools chartered and located in the United States cannot be said to have graduated from an LCME-accredited medical education program. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.**

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| **Table 10.7-1 | Transfer/Advanced Standing Admissions** |
| Provide the number of transfer students and students with advanced standing admitted from the program types listed below into the first, second, third, and fourth year curriculum during the indicated academic years. |
|  | Year 1 | Year 2 | Year 3 | Year 4 |
| AY 2024-25 | AY 2025-26 | AY 2024-25 | AY 2025-26 | AY 2024-25 | AY 2025-26 | AY 2024-25 | AY 2025-26 |
| LCME-accredited, MD-granting medical school |  |  |  |  |  |  |  |  |
| AOA-accredited, DO-granting medical school |  |  |  |  |  |  |  |  |
| Non-MD-granting graduate or professional degree program |  |  |  |  |  |  |  |  |

1. Describe the medical school’s policy and criteria for accepting transfer students, including procedures to determine the comparability of their educational experiences and their academic achievement as compared to that of currently enrolled medical students. List the variables that are considered in making the determination of comparability.
2. Summarize the role(s) of the admission committee, members of the medical school administration, and others (if relevant) in ensuring that the credentials of students applying for transfer/advanced standing are comparable.
3. Describe how the policies/procedures related to transfer/admission with advanced standing are shared with potential applicants for transfer/advanced standing, their advisors, and the public.
4. Do medical school admission policies address transfer of students into the final year of the curriculum? Describe the circumstances associated with the acceptance of any transfer student(s) into the final year of the curriculum during the past three years.

### Element 10.8 Visiting Students

**A medical school does all of the following:**

* **Verifies the credentials of each visiting medical student**
* **Ensures that each visiting medical student demonstrates qualifications comparable to those of the medical students the visiting student would join in educational experiences**
* **Maintains a complete roster of visiting medical students**
* **Approves each visiting medical student’s assignments**
* **Provides a performance assessment for each visiting medical student**
* **Establishes health-related protocols for such visiting medical students**
* **Identifies the administrative office that fulfills each of these responsibilities**

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| **Table 10.8-1 | Visiting Students** |
| Provide the number of visiting students for each indicated academic year.  |
|  | 2023-24 | 2024-25 | 2025-26 (as available) |
| Visiting students completing required clerkships (as defined for the school’s own medical students) |  |  |  |
| Visiting students completing clinical electives and/or other courses |  |  |  |

1. Describe the procedures and criteria used to determine if a potential visiting medical student has qualifications and educational experiences comparable to those of the school’s medical students. Identify the office/individual(s) and/or committee(s) responsible for making the decision about comparability of credentials.
2. How does the medical school verify the credentials and immunization status of visiting students?
3. How does the medical school ensure that there are adequate resources and appropriate supervision throughout the course or clerkship for both the school’s own students and visiting students?
4. How does the medical school ensure that a performance assessment is provided for visiting medical students?
5. Which staff member or office is responsible for maintaining a roster of visiting medical students?

### Element 10.9 Student Assignment

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

1. Describe the timing and process used for assignment of students to a clinical clerkship site, a regional campus, and/or a parallel curriculum (as relevant).
2. Describe the policy and processes that allow medical students to request an alternate assignment either before or during their attendance at a site or before or after entry into a parallel curriculum track. Identify the individual(s) who make the final decision. Describe how students are informed of the opportunity and methods to request an alternate assignment.

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

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

*Include at least the following in the Appendix:*

Appendix #: Attrition and academic difficulty by curriculum year (Standard 11, Table 11.1-2)

Appendix #: Optional and required career advising activities (Element 11.2, Table 11.2-6)

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

### Element 11.1 Academic Advising and Academic Counseling

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

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| **Table 11.1-1 | Attrition and Academic Difficulty**  |
| Provide the number and percentage of *first year medical students* and the number and percentage of *all medical students* who withdrew or were dismissed from the medical school in the indicated academic years. |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 |
| First year students |  |  |  |  |
| All medical students |  |  |  |  |

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| **Table 11.1-3 | Academic Advising is Available to Me During All Years of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.*  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 11.1-4 | Tutorial Help is Available to Me During All Years of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.*  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 11.1-5 | Academic Advising 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). 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\* |  |  |  |  |  |
| Academic counseling\* |  |  |  |  |  |
| Tutoring |  |  |  |  |  |

\* 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.

1. Describe the types of academic assistance available to all medical students. For each type of assistance available to all students, summarize the role and organizational locus (e.g., medical school, university, other) of the individual(s) who provide this support and the way(s) in which medical students can gain access to each of the resources. How are medical students informed about the availability of these resources? Schools with regional campus(es) should provide this information by campus.
2. Describe how and when the medical school identifies students who are experiencing or are at risk for academic difficulty. Are there mechanisms in place to identify students who are or are likely to be in academic difficulty before they have a failing final grade in a course or clerkship?

3. Summarize the types of counseling available to students experiencing or at risk for academic difficulty and the categories of individuals available to deliver such counseling. How and by whom are students directed to these sources of academic counseling? Describe how the medical school provides an option for medical students to obtain academic counseling from individuals who have no role in assessment or advancement decisions about them, including individuals who prepare the MSPE.

### Element 11.2 Career Advising

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

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| **Table 11.2-1 | Residency Match Rates** |
| Provide the number and percentage of participating medical students who initially matched to PGY-1 programs. |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 |
| Initially Matched (prior to SOAP) |  |  |  |  |
| Unmatched (after SOAP) |  |  |  |  |

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| **Table 11.2-2 | Graduates Not Entering Residency** |
| Provide the number of medical school graduates who did not enter residency training in the following graduating classes for each of the listed reasons (provide a brief description of the reason for students counted under “other”). Provide the number and percentage of students who did not enter residency in each graduating class. Count each graduate only once and do not include students who graduated late.  |
| Reason | Class of 2024 | Class of 2025 |
| Family Responsibilities |  |  |
| Change of Careers |  |  |
| Did Not Gain Acceptance to a Residency Program |  |  |
| Preparation for the USMLE |  |  |
| Research/Pursuing Additional Degree or Training |  |  |
| Other: (Add Rows as Required) |  |  |
| Describe “Other”: |  |  |
|  |
| Total Number of Students in Each Graduating Class Who Did Not Enter Residency Training |  |  |
| Percentage of Students in Each Graduating Class Who Did Not Enter Residency Training |  |  |

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| **Table 11.2-3 | The Medical School has a Coordinated Career Advising System that Spans All Years of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.*  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 11.2-4 | The Medical School’s Career Advising System Includes Access to Knowledgeable Advisors.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.*  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 11.2-5 | The Medical School has an Effective System for Advising about Elective Choices.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 11.2-7 | Career Advising 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). Select all that apply for each service. Add additional rows for each service/campus. *Note: this table 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 |  |  |  |  |  |

1. Referring to Table 11.2-6 in Appendix #, summarize the required and optional career and elective advising activities at the school for students in each year of the curriculum. List the categories of personnel internal and external to the medical school (e.g., university office, members of the dean’s staff, faculty advisors) who provide career advice to students and the role(s) played by each. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management/coordination of the career advising system. If the medical school has one or more regional campuses, describe how career counseling is provided and coordinated on each campus.
2. How are the different groups of individuals (e.g., general career advisors, specialty advisors) involved in career advising trained in and prepared for their specific role in the career advising system?
3. Describe the process(es) in place and the individuals responsible for advising students about their choice of electives and for approving their elective choices. Note if there are formal (required) sessions where advising on electives occurs.
4. Summarize data from the ISA on respondent agreement that there is a coordinated system for career and elective advising that includes knowledgeable individuals. Note any areas of concern.
5. Briefly describe how and by whom the MSPE is developed and reviewed. Can students request an alternate MSPE-writer?

### Element 11.3 Oversight of Extramural Electives

**If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean’s office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student’s and the school’s review of the experience prior to its approval:**

* **Potential risks to the health and safety of patients, students, and the community**
* **The availability of emergency care**
* **The possibility of natural disasters, political instability, and exposure to disease**
* **The need for additional preparation prior to, support during, and follow-up after the elective**
* **The level and quality of supervision**
* **Any potential challenges to the code of medical ethics adopted by the home school**
1. Briefly describe how and by whom extramural electives are reviewed and approved prior to their being made available for student enrollment. Describe how, in the review, the school evaluates and determines any risks to students that an elective may pose related to each of the bulleted items in Element 11.3. Note how the medical school addresses a situation in which a student-requested elective presents a potential risk to student safety.
2. Describe how the medical school collects performance assessments of the school’s medical students and evaluations of electives from its students completing extramural electives.
3. Describe how the school uses evaluation data on extramural electives from its students, including how the data are made available to other students considering those experiences.

### Element 11.4 Provision of MSPE

**A medical school provides a Medical Student Performance Evaluation required for the residency application of a medical student to align with the AAMC/ERAS residency application timeline.**

1. Provide the earliest date for release of the MSPE by the medical school.

### Element 11.5 Confidentiality of Student Educational Records

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

1. How does the medical school maintain students’ educational records separately from other relevant records to ensure that there is appropriate confidentiality?
2. Describe the location(s) (physical or digital) where students’ academic records and non-academic files are stored and comment on the confidentiality of the storage arrangements.
3. Describe how the medical school determines which categories of individuals (e.g., administrators, faculty) and which individuals within those categories have permission to review a medical student’s educational records. Describe how the medical school ensures that student educational records are made available only to those individuals who are permitted to review them.

### Element 11.6 Student Access to Educational Records

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

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| **Table 11.6-1 | I am Aware There is a Process for Reviewing and Challenging My Academic Record or Know Where to Find It.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe the policy and procedures related to medical students’ ability to review and challenge their educational records. Note specifically if and how students are permitted to review, and potentially challenge, the following information:
* The content of the MSPE
* Course and clerkship data and non-course/clerkship-based assessments
* Course and clerkship grades

Note if there are any components of students’ educational records that students are not permitted to review.

1. How are the policy and procedures that allow students to challenge the content of their educational records made known to students and faculty?

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

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

*Include at least the following in the Appendix:*

Appendix #: LCME Part I-B Financial Aid Questionnaire (Element 12.1)

Appendix #: Financial Aid/Debt Management Activities (Element 12.1, Table 12.1-6)

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

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

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

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| **Table 12.1-1 | Tuition and Fees** |
| Provide the *total tuition and fees* assessed to first year medical students (for both in-state residents and out-of-state residents) for the indicated academic years. Include the medical school’s health insurance fee, even if that fee is waived for a student with proof of existing coverage. |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 | AY 2025-26 |
| In-state |  |  |  |  |  |
| Out-of-state |  |  |  |  |  |

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| **Table 12.1-2 | Median Medical School Educational Debt** |
| Provide school data from the LCME Part I-B Student Financial Aid Questionnaire (LCME Part I-B) on the **median** reported medical school educational indebtedness of all medical student graduates with medical school debt and the percentage of graduates with indebtedness **equal to or** more than $200,000.  |
|  | FAQ 2022 | FAQ 2023 | FAQ 2024 | FAQ 2025 |
| School  | School  | School  | School  |
| **Median** medicalschool debt |  |  |  |  |
| Percentage of graduates with medical school debt **equal to or** more than $200,000 |  |  |  |  |

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| **Table 12.1-3 | Financial Aid and Debt Counseling Services** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) in the following areas.  |
|  | AAMC GQ 2022 | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
|  | School % | National % | School % | National % | School % | National % | School % | National % |
| Financial aid administrative services |  |  |  |  |  |  |  |  |
| Overall educational debt management counseling |  |  |  |  |  |  |  |  |

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| **Table 12.1-4 | I Have Access to Knowledgeable and Helpful Financial Aid Service Personnel.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.* |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.1-5 | Financial Aid Services at my Medical School Include Debt Management Counseling by Knowledgeable and Accessible Personnel.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.* |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.1-7 | 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 campus. *Note: this table only applies to schools with regional campus(es).* |
| Available to Students Via | Campus | Services |
| Financial Aid Management |
| Personnel Located on Regional Campus |  |  |
| Visits from Central Campus Personnel |  |  |
| Email or Videoconference |  |  |
| Student Travel to Central Campus |  |  |

1. Describe the staffing level in of the financial aid office and comment on staff sufficiency and accessibility. Describe whether the financial aid office resides organizationally within the medical school or at another level. If the latter, list the other schools/programs supported by financial aid office staff and note the number of staff specifically assigned to work with medical students.
2. Referring to Table 12.1-6 in Appendix #, briefly summarize the required and optional programs and services for counseling students about financial aid and debt management during each year of the curriculum. Also note the types of debt management informational materials available to students and financial aid counselors.
3. Summarize data from the ISA on respondent agreement that there are helpful financial aid services personnel and knowledgeable and accessible staff to provide debt management counseling and note any areas of concern.
4. Describe the status of institutional funding for grants and scholarships for medical students and describe any current or anticipated institutional initiatives for enhancing funding for student scholarship support. Describe other mechanisms that are being used by the medical school and the sponsoring organization to limit medical student debt (e.g., limiting tuition and fee increases). As described under Element 5.3, summarize the role of medical school leadership in setting tuition and fees and in controlling tuition and fee increases for medical students.

### Element 12.2 Tuition Refund Policy

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

1. Briefly describe the tuition and fee refund policy and how the policy is disseminated to medical students. If not included in the tuition refund policy, describe any policies related to the refund of payments made for health and disability insurance and for other fees.
2. In the opinion of the survey team, is the medical school’s tuition and fee refund policy clear and relevant for students in the medical education program?

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

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

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| **Table 12.3-1 | I am Able to Access Personal Counseling/Mental Health Services During the Pre-Clerkship Phase of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.*  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.3-2 | I am Able to Access Personal Counseling/Mental Health Services During the Clerkship Phase of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.*  |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % ofSatisfied/Very Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

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| **Table 12.3-3 | Mental Health Services Available Through the Medical School are Confidential.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.*  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.3-4 | Student Well-being Programs are Available in the Pre-Clerkship Phase of the Medical Education Program.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.* |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.3-5 | Student Well-being Programs are Available in the Clerkship Phase of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

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| **Table 12.3-6 | 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 |  |  |  |

1. Describe the system for providing personal counseling and mental health services to medical students. Identify the personnel who provide these services and their location(s). Comment on the location of services and their confidentiality How are students informed about the availability of mental health services, including personal counseling?
2. Briefly describe the range of programs available to promote student well-being and/or to facilitate students’ adjustment to the demands of medical school. How are students informed about the availability of these programs/activities?

3. Summarize data from the ISA on respondent agreement that mental health/personal counseling services are accessible and confidential and that programs to support student well-being are accessible in both the pre-clerkship and clerkship phases of the curriculum. Note any areas of concern.

### Element 12.4 Student Access to Health Care Services

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

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| **Table 12.4-1 | I am Able to Access Personal Health Care Services During the Pre-clerkship Phase of the Medical Education Program.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.* |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 12.4-2 | I am Able to Access Personal Health Care Services During the Clerkship Phase of the Medical Education Program.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.  |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

|  |
| --- |
| **Table 12.4-3 | 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 |  |  |

1. Describe the diagnostic, preventive, and therapeutic health services that are available to medical students, including where and by whom services are provided. Comment on the accessibility of those services. If there is a student health center, comment on its location, staffing, and hours of operation. If there is no student health center, summarize how students at the administrative campus are assisted in finding health services. Note if students in the ISA agree that health services are available to students in both the pre-clerkship and clerkship phases of the curriculum.
2. How are medical students at each clinical instructional site/campus informed about the availability of and methods to access health services?
3. Summarize the policy that permits medical students to be excused from classes or clinical activities in order to access health services. Describe how medical students, faculty, and residents are informed of this policy. In the opinion of the survey team, does the policy support student access to health services, if needed, during educational activities?

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

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

1. Describe the policy and the procedures that ensure individuals responsible for providing psychiatric or psychological counseling and/or health services to a medical student are not also involved in that student’s academic assessment or in decisions about the promotion of that student. How are medical students, residents, and faculty informed of this requirement?
2. Describe how the medical school ensures the confidentiality of medical students’ health records.

### Element 12.6 Student Health and Disability Insurance

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

1. How and when is information about obtaining health insurance made available to all medical students? Are there health insurance options for medical students’ dependents?
2. Is disability insurance available to all medical students? How and when are medical students informed about the availability of disability insurance?

### Element 12.7 Immunization Requirements and Monitoring

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

1. Do the medical school’s immunization requirements for medical students follow national or regional recommendations (e.g., from the Centers for Disease Control and Prevention, state agencies)?
2. Describe how and by whom the immunization status of medical students is monitored. How and by whom are medical students informed when deficiencies in meeting immunization requirements are identified?

### Element 12.8 Student Exposure Policies/Procedures

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

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

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

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| **Table 12.8-1 | I am Taught How to Prevent Exposure to Infectious and Environmental Hazards Before I Begin Seeing Patients.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.* |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.8-2 |** **I am Aware of or Have Ready Access to the Procedures to Follow After a Potential Exposure** **to an Infectious or Environmental Hazard.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. *If the medical school has one or more regional campuses, provide the data by campus.* |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/A Responses | Number and % of Disagree Responses | Number and % of Agree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Summarize the formal medical school policy/policies related to infectious and environmental hazards that explicitly address the following:
	* the education of students about preventing exposure;
	* the procedures for treatment after exposure, including financial responsibility for treatment and follow-up; and
	* the implications of infectious and/or environmental disease or disability on medical student participation in educational activities.
2. Describe how the school’s own medical students and visiting medical students are informed about the procedures to be followed and protocols for treatment and follow-up in the event of an occupational exposure.
3. Describe how and when in the medical curriculum medical students are instructed about preventing exposure to infectious and environmental diseases.
4. Comment on data from the ISA regarding respondents’ agreement that they are taught how to prevent exposure to an infectious or environmental hazard and the procedures to follow after a potential exposure occurs.