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 Liaison Committee on Medical Education

**TEAM REPORT**

**OF THE**

**SURVEY FOR PROVISIONAL ACCREDITATION OF**

**OFFICIAL NAME OF THE**

**SCHOOL OF MEDICINE**

**City, State**

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

PREPARED BY AN AD HOC SURVEY TEAM

FOR THE

**LIAISON COMMITTEE ON MEDICAL EDUCATION**

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

A. Survey visit schedule

B. Independent Student Analysis narrative and data summary

C. Maps

E.

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J.

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HH.

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

# Memorandum

TO: Liaison Committee on Medical Education (LCME)

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

RE: Survey Report

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

Respectfully,

Survey team secretary signature

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Name, Degrees

Survey Team Secretary

# Introduction

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

Chair:

Name

Title

Institution

Secretary:

Name

Title

Institution

Member:

Name

Title

Institution

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 preliminary 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.

# The Data Collection Instrument (DCI) and the Independent Student Analysis (ISA)

*(See Appendix B for the Independent Student Analysis [ISA] narrative and data summary.)*

Briefly note the following:

* Quality of the DCI (e.g., clear, complete, consistent, concise). Were the DCI questions appropriately answered, and the requested data included?
* The percentage of students and number, total and by class year, participating in the survey used to develop the ISA. Did the ISA include the required items and were the data presented in the expected format?

# History and Setting of the School

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

From information provided in Standard 1 of the DCI (narrative response), provide a brief history of the medical school and any significant changes that have occurred since the survey for preliminary accreditation, noting key points in the school’s development to date. Note relevant details related to the school’s environment, such as other schools/colleges on campus, relationships with health systems/clinical affiliates, 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 #: The current strategic plan for the medical school or the institutional plan that includes the medical school (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.

*Note: Elements 1.2, 1.5, and 1.6 are not included in the DCI for Provisional Accreditation.*

### 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 status of the medical school’s strategic planning process, and whether the plan was/is being developed independently by the medical school or in collaboration with its sponsoring organization. Has a mission statement for the medical school been created? Note if the strategic plan utilizes outcome language and how, when, and by whom the outcomes of the strategic plan will be monitored.

2. Describe the process that will be used and the resources that are or will be available to engage in continuous quality improvement activities related to the medical education program and to monitor ongoing compliance with accreditation elements. Are there or will there be sufficient staff and other resources available to support continuous quality improvement activities?

3. Summarize how the policy and process to monitor ongoing compliance with LCME accreditation elements were developed and by which individuals the policy/process were approved.

4. Complete the requested information for each accreditation element that is monitored (add rows, as needed).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Elements that are Monitored | Timing of Monitoring of the Element | Data Source(s) Used to Monitor the Element | Individuals/Groups Receiving the Results | Individual/Group Responsible for Taking Action |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### 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 the status of finalizing the standing committees of the medical school. Are the committees included in Table 1.3-1 (Standing Committees) in Appendix # the final committees of the medical school? Note if there are any committees that have not yet been formed or if there are any planned changes in existing committees.

2. Referring to Table for 1.3-1 in Appendix #, describe how the nomination and selection process for faculty committees ensures that there is input from and participation by the general faculty into the governance process. Note whether there are school committees that include self-nominated/peer-nominated/peer-selected members.

3. Describe the ways in which faculty are made aware of new policies and other types of changes that require faculty input and how such input from faculty is obtained. Are there communication mechanisms to inform faculty about policies and issues of importance?

### Element 1.4 Affiliation Agreements

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

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

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

1. Indicate whether finalized up-to date affiliation agreements exist with all inpatient sites that will be used for required clinical clerkships for the charter (first entering) class. If all agreements have not yet been finalized, describe the status of completing the missing agreements.

2. For ambulatory sites (e.g., clinics, group practices) and for individual physicians with a significant role in required clinical clerkships, describe how the medical school will ensure the primacy of the medical education program in the areas included in the element. Summarize the status of completing these agreements.

## 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 position description (Element 2.3)

Appendix #: Organizational chart(s) showing relationship of medical school to university and clinical affiliates (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 2.4-2a-f and 2.4-3)

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

*Note: Elements 2.1 and 2.2 are not included in the DCI for Provisional Accreditation.*

### 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 education program 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. Based on the organizational chart illustrating the relationship of the medical school dean to sponsoring organization and health system administrators, the dean’s position description, and the narrative description in the DCI, summarize the dean's reporting relationship(s) and opportunities for formal access to these leaders. Include evidence that the dean interacts these with individuals to support the needs of the medical education program.

2. Describe the formal mechanisms that are being/will be used by the dean to exercise authority over those faculty who participate in the medical education program, but who 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.**

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| **Table 2.4-1 | Dean’s Office Administrative Staffing** |
| Provide the requested information regarding 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 | Indicate (X) if the Current Incumbent is Acting/Interim |
|  |  |  |  |  |

1. Referring to Table 2.4-1 (above), evaluate whether the dean’s office staffing is complete and sufficient and whether the amount of time contributed by each assistant and associate dean is adequate.

2. If any members of the dean’s staff hold interim/acting appointments, describe the status of recruitment efforts to fill the position(s). Also note if an important administrative role is not filled on a permanent or interim capacity and/or if new positions are being planned for addition to the dean’s staff.

3. Do medical students agree that the dean’s staff is accessible, responsive, and aware of students’ concerns? Refer to relevant data from the ISA (in Table 2.4-2a-f in Appendix #) as evidence for the team’s conclusions.

4. If there are any department chair vacancies (including acting/interim chairs), describe the status of recruitment efforts to fill those 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 a regional campus. If there is no regional campus, delete the table and questions below and instead write, “Not applicable – there are no regional campuses.”

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

1. Describe how the medical school dean/designated chief academic officer (CAO) oversees the following: (a) the conduct and quality of the medical education program at all regional campuses; (b) the adequacy of the number and areas of expertise of campus faculty; and (c) the adequacy of campus resources (e.g., infrastructure, patient volume).

2. Describe the reporting relationship(s) between the medical school dean/CAO and the principal academic officer at each regional campus. Describe the reporting relationships 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).

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

### Element 2.6 Functional Integration of the Faculty

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

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

1. Describe how faculty members in each discipline are or will be functionally integrated across regional campuses. Include examples of activities that have occurred to support such integration.

2. Describe how formal institutional policies and/or faculty bylaws support the participation of faculty based at regional campuses in medical school governance.

3. Provide examples of the ways in which faculty at the regional campuses are being or will be integrated into the medical school governance structure (e.g., current participation in medical school committees).

## 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 and promotes students’ attainment of competencies required of future physicians.**

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

*Note: Element 3.4 is not included in the DCI for Provisional Accreditation.*

### 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. Note if every medical student in the charter class will have an opportunity to complete one or more required clinical experiences in a setting where residents teach/supervise medical students. For schools with regional campuses, provide the information by campus.

2. If residents will not be present at any of the sites where some or all medical students will have clinical experiences, describe how these medical students will learn about the expectations and requirements for 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.**

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| **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 |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe how faculty scholarship is being and will be fostered at the medical school. Note whether resources to support faculty research are sufficient, including mentorship and seed funding, and describe the available infrastructure to support faculty scholarly activity/research.

2. Will medical students who are required to or desire to participate in research, including students at regional campuses, have the support to do so? Describe how medical students are being or will be informed about available research opportunities and assisted in identifying a research topic and finding a mentor.

3. Describe the funding, personnel, and other resources to support medical student participation in research.

4. Summarize data from the ISA on respondent agreement that there are opportunities and support for student participation in research.

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 students are expected to develop and included/planned for including in the medical curriculum learning activities related to these professional behaviors. How will medical student acquisition of these behaviors be assessed?

2. How are the expected professional behaviors being communicated to faculty, residents, and other persons?

3. Summarize the procedures that are or will be used by medical students, faculty, or residents to report observed incidents of unprofessional behavior or concerns with the learning environment. Describe the way in which the medical school ensures or will ensure that allegations of unprofessional behavior can be made and investigated without fear of retaliation.

4. Describe the methods and tools that are being and will be used by the medical school and its clinical affiliates/partners to evaluate the learning environment in order to identify positive and negative influences on the development of medical students’ professional behaviors, especially in the clinical setting. Include when in the curriculum the evaluation of the learning environment will occur and the individual(s) responsible for reviewing and acting on the results.

### 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 3.6-1a | 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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 3.6-1b | I Know the Procedures for Reporting Student Mistreatment or Know Where to Find 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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 3.6-1c | 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 % ofDisagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe the status of developing a formal medical student mistreatment policy. By whom has/will the policy be approved?

2. Describe how, when, and by whom medical students, residents, and faculty are or will be informed about medical student mistreatment policies.

3. Describe the policies/procedures that are or will be used for reporting any experienced or observed incidents of alleged mistreatment in the learning environment. Describe how reports are or will be made and identify the individuals to whom reports can be directed. How will the medical school ensure that allegations of mistreatment can be reported without fear of retaliation? Summarize the processes that will be used for follow-up on reports of alleged mistreatment.

4. Using data from the ISA, comment on respondent agreement that there is a mistreatment policy and mechanisms to report and prevent mistreatment.

5. Summarize how, how often, and by whom data about the frequency of medical students experiencing negative behaviors (mistreatment) will be collected and reviewed. Describe how these data will be used to reduce mistreatment.

6. Describe the school’s educational efforts that are/will be directed at preventing student mistreatment.

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

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

*Include at least the following in the Appendix:*

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

 DCI Tables 4.1-2 through 4.1-3)

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

*Note: Element 4.6 is not included in the DCI for Provisional Accreditation.*

### 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 |
| Academic Year | Basic Science\* | Clinical | Basic Science | Clinical |
| 2023-24 |  |  |  |  |
| 2024-25 |  |  |  |  |
| 2025-26 |  |  |  |  |

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

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

\* The individual has an administrative title.

1. List faculty with substantial teaching responsibilities who are on-site at their teaching location(s) for fewer than three months during the academic year.

2. Evaluate whether the current size and discipline distribution of the faculty are appropriate for the educational and other missions of the medical school at this stage of its development and whether the educational program is appropriately staffed to date.

3. Describe any recent situations where there have been challenges in identifying sufficient faculty to teach medical students (e.g., to provide lectures in a specific content area, to serve as small-group facilitators) and how these were/are being addressed.

4. Summarize any anticipated faculty attrition and describe the plans for additional faculty recruitment, by discipline, over the next three years. Note if these are new recruitments or to replace faculty who have left the institution.

### 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. Note if there are formally approved policies and procedures for initial faculty appointment, renewal of appointment, promotion, granting of tenure (if relevant), and dismissal. Is there evidence that these policies and procedures are shared with and understood by faculty?

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

3. Describe how and when faculty members are notified about their responsibilities in teaching, research, and, if relevant, patient care. Do such notifications occur on a regularly scheduled 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 institution’s expectations for faculty scholarship. For example, is scholarship required for promotion and/or retention of some or all faculty?

### Element 4.4 Feedback to Faculty

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

1. Describe how, when, and which categories of faculty receive formal, regularly scheduled feedback on their academic performance, progress toward promotion and, if relevant, tenure. Are there formal policies requiring that such regular feedback be provided to specified categories of faculty?

2. Describe the feedback that is provided to categories of faculty (e.g., volunteer/adjunct) who are not included in the requirement to receive the formal feedback described in #1 above.

### Element 4.5 Faculty Professional Development

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

1. Summarize the availability and organizational placement of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Do the individuals have sufficient time allocated for their faculty development responsibilities?

2. Is or will faculty development be accessible to faculty at all instructional sites? What mechanisms are being/will be used to inform faculty about the availability of faculty development programming?

3. Describe mechanisms that exist to identify and remediate problems with faculty teaching or supervision skills.

4. Is there funding to support faculty professional development activities that occur external to the medical school (e.g., at professional meetings in their disciplines, at national/regional medical education meetings)?

5. Indicate whether the medical school is providing or plans to provide faculty development programs focused on faculty research skills and grant acquisition/management. Note the general organizational location(s) and roles of personnel who are available to assist faculty in acquiring and enhancing their research skills.

6. Is there programming to assist faculty in preparing for promotion?

## 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 fiscal years 2021, 2022, 2023, and 2024 (based on current projections)

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, Table 5.4-1)

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

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

*Note: Elements 5.2, 5.7, 5.8, 5.9, 5.10, and 5.12 are not included in the DCI for Provisional Accreditation.*

|  |
| --- |
| **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 graduate 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  |  |  |  |  |

\*Indicate the start and end dates of the medical school’s fiscal year.

### 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 and anticipated trends in each of the medical school’s revenue sources and its expenditures. Note any major changes or anticipated changes in revenue sources or dependencies on particular revenue sources that might suggest present or future challenges.

2. Describe whether and for what purpose(s) financial reserves have been or will in the near future be used to balance the medical school’s operating budget. If there is a current or potential fiscal imbalance (e.g., financial reserves have been/are being used to balance the operating budget), evaluate whether the school has a credible plan to address the imbalance. Note any significant findings from external financial audits of the medical school or its sponsoring organization.

3. Describe the medical school’s annual budget process and the associated role and budgetary authority of the medical school dean.

4. Note whether the school currently is engaged in any major construction or renovation projects or other initiatives that require substantial capital investment or a sustained cost center. If so, describe how capital needs are being or will be addressed.

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

### Element 5.3 Pressures for Self-Financing

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

1. From the entries in Table 5.0-1, list any revenue source that currently constitutes more than 50% of the medical school’s total annual revenues and describe any plans to diversify revenue sources.

2. Describe how and at what institutional level (e.g., the medical school administration, the university administration, the board of trustees) the size of the medical school entering class is finally set. How does the dean have input into this decision to ensure that the number of medical students does not exceed available resources?

3. Describe how and by whom the tuition and fees for the medical school are set.

4. Describe how the medical school is managing pressures to generate revenue from tuition, clinical care, and/or research.

### 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.**

**Supporting Data**

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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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Referring to Table 5.4-1 in Appendix #, summarize the medical school's educational facilities used to support the pre-clerkship phase of the medical education program (not including hospitals). Describe any recent renovations to or construction of teaching space.

2. Note if the medical school has exclusive access to the educational facilities needed for the pre-clerkship phase of the curriculum or if these facilities are shared with other programs. If the latter, is there a system in place to ensure that the medical school has appropriate access and priority in any scheduling decisions? If classrooms or lecture halls are shared by students in different years of the medical curriculum, describe how and by whom the space is allocated. Describe any challenges in obtaining access to needed teaching space for the pre-clerkship phase of the curriculum and how these have been/are being resolved.

3. Describe any current or planned space renovations or construction to support medical school expansion or other needs.

4. Describe the facilities used for the teaching and assessment of students’ clinical and procedural skills. Note if these facilities are shared with other health professions programs or residency training programs and how scheduling is managed.

5. Describe how the medical school has determined if research space is sufficient and appropriately apportioned.

6. Using data from the ISA, summarize respondents’ agreement as to the suitability of pre-clerkship educational space (e.g., lecture halls/large group teaching space, small-group teaching rooms). [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 the data about clinical teaching sites contained in Tables 5.5-1 – 5.5-3 in Appendix #, evaluate the adequacy of the clinical teaching sites that are/will be available for the inpatient and ambulatory clinical education of medical students in the charter class during the required clinical clerkships. Note if all of the inpatient and ambulatory clinical sites needed for the first cohort of students to begin required clerkships have been identified.

2. Describe any substantive changes anticipated by the medical school over the next three years in hospital and other clinical affiliations and evaluate how those changes will ensure that there are adequate resources for clinical instruction.

### 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.**

1. Summarize and evaluate the adequacy of the educational infrastructure and resources that are/will be available to support medical student education at each inpatient site that will be used for required clinical clerkships, including space for clinical teaching (e.g., conferences, rounds) and information technology (e.g., computers, internet access). [Do not include data on study or relaxation space.]

2. Comment on the adequacy of planned resources for teaching at the major outpatient sites to be used for the required clinical clerkships.

### 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.**

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| --- |
| **Table 5.11-1 | I Have Access to Student Study 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. 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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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.* *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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 5.11-3 | 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.* *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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Referring to data from the ISA, summarize and comment on whether respondents agree that pre-clerkship students have access to student space, relaxation space, and secure storage on the medical school campus and on each regional campus (if applicable). Note if space is solely for medical students or shared with other persons.

2. Summarize current planning to ensure that there will be adequate study space and secure storage space at the hospitals that will be used for the inpatient portions of required clinical clerkships.

## 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 #: Curriculum schematic (DCI Standard 6, Supporting Documentation, #1)

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

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

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

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.

*Note: Elements 6.4, 6.6, 6.7, and 6.8 are not included in the DCI for Provisional Accreditation.*

1. Referring to the curriculum schematic in Appendix #, describe the general structure of the medical curriculum and provide an overview of the general content areas covered in courses or clerkships in each curriculum year/phase. If the curriculum includes a phase in addition to “pre-clerkship” and “clerkship,” define that phase here and use the title in the relevant tables.

2. If the medical school offers a parallel curriculum (track) for some students, provide a brief summary of the additional objectives and general curriculum structure, the location(s) at which it is offered, and the number of students enrolled by curriculum year.

### Element 6.1 Program and Learning Objectives

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

1. Describe the process used and the individual(s)/group(s) involved in developing and approving the final medical education program objectives and linking them to the relevant competencies. Note whether the medical education program objectives are stated in outcome-based terms.

2. Describe the status of identifying specific outcome (assessment) measures for each educational program objective. Are the outcome measures for each objective sufficiently specific?

3. Briefly describe how the medical education program objectives are/will be disseminated to medical students and to faculty with responsibility for teaching, supervising, and assessing medical students.

4. Describe the status of developing learning objectives for each required course and clerkship.

5. Briefly describe how the learning objectives for each required pre-clerkship course and clinical clerkship are/will be provided to medical students and to faculty and residents with responsibility for teaching and assessing medical students.

### Element 6.2 Required Clinical Experiences

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

1. Briefly describe the status of completing a list of required student clinical encounters and procedural skills. Summarize how and by whom the list of required clinical encounters and procedural skills has been/is being initially developed. Has the school defined the specific clinical setting and the one specific level of student responsibility for each clinical encounter and procedural skill?

2. Describe how and by whom the list of required student clinical encounters and procedural skills is being/has been reviewed and formally approved.

3. Describe which individuals and/or groups are developing and approving the list of alternate experiences to remedy any gaps in medical student experiences.

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

|  |
| --- |
| **Table 6.3-1a** **| 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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. List the courses in which self-directed learning activities occur in the pre-clerkship phase of the curriculum and describe the learning activities/instructional formats in each. The description for each example should clearly demonstrate that students engage in all of the following components of self-directed learning as a single unified sequence. (When answering, use the names of relevant courses in Table 6.0-1, included under Standard 6):

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

### 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 |
|  |  |
|  |  |
|  |  |
|  |  |

1. Referring to Table 6.5-1 above, comment on the anticipated availability of elective time.

2. Describe how the medical school is ensuring/will ensure that a sufficient number and breadth of electives are or will be available to medical students.

## 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, Tables 7.1-1 and 7.1-2)

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

*Note: Elements 7.2, 7.3, 7.4, 7.5., 7.6, 7.7, 7.8, and 7.9 are not included in the DCI for Provisional Accreditation.*

### 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.**

1. Note any deficiencies in curricular content coverage in the biomedical, behavioral, and social sciences identified to date through the school’s own review of content coverage, the results of course evaluations, or the observations of the survey team. Describe any changes made or anticipated by the school based on the identification of gaps or unplanned redundancies.

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

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

*Include at least the following in the Appendix:*

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

Appendix #: Sample weekly schedules (Element 8.8, Supporting Documentation #1)

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

*Note: Elements 8.4 and 8.6 are not included in the DCI for Provisional Accreditation.*

### Element 8.1 Curricular Management

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

1. Describe the charge to the faculty committee currently responsible for the management of the curriculum and note if this is the final “curriculum committee” or if changes are anticipated. Note the source of the committee’s authority (e.g., bylaws).

2. Describe the current membership of the curriculum committee, including any specific categories of membership. Note if there are any anticipated changes.

3. Describe 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 were/are being used as guides for the selection and appropriate placement of curriculum content within courses, clerkships, and years/phases of the curriculum, and in developing plans for the evaluation of curriculum outcomes.

2. Describe the current status of linking course and clerkship learning objectives to the medical education program objectives. Describe the roles and activities of the course/clerkship faculty and the curriculum committee and its subcommittees in making and reviewing this linkage.

### 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.**

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

1Definitions:

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

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

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

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

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

|  |
| --- |
| **Table 8.3-2 | Curriculum Content in the First Year 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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Summarize the process that will be used and the planned timing for the formal review of each of the phases of the curriculum (e.g., the pre-clerkship phase). Include in the description the areas and outcomes that are or will be evaluated for each phase, the process that will be used for phase evaluations, the administrative support available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) receiving and acting on the results of the evaluation.

2. Describe the status of creating plans to evaluate the curriculum as a whole, including the methods that will be used to determine the following:

* The horizontal and vertical integration of curriculum content, and whether sufficient content is included and appropriately placed in the curriculum related to each of the medical education program objectives
* The adequacy of the curriculum structure, and whether the instructional formats and methods of assessment are consistent with and designed to support the attainment of the medical education program objectives

Include in the description the frequency with which a review of the curriculum as a whole will be conducted and the administrative support available for the review.

3. Describe the tools that are being or will be used to facilitate monitoring the content of the curriculum (e.g., through a curriculum database) and note the anticipated frequency with which monitoring will occur. Note who is or will be responsible for updating the content of the curriculum database and the categories of individuals (e.g., course directors, course faculty, students) who will have access to using the database.

### 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.**

|  |
| --- |
| **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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe the methods that are being used to obtain student feedback on course quality. What individual(s)/office(s) are responsible for managing student evaluations of courses? Comment on the response rates to course evaluations.

2. Describe the methods that are planned to evaluate clerkship quality. What individual(s)/offices(s) will have responsibility for managing the clerkship evaluation process?

3. Describe how medical students provide/will provide evaluation data on individual faculty, residents, and others who teach/will teach and supervise/will supervise them in required courses and clerkships.

4. Summarize how students are being made aware of actions taken based on their feedback on courses.

5. Referring to Table 8.5-1 above, comment on respondent agreement that the medical school is responsive to their feedback on courses.

### Element 8.7 Comparability of Education/Assessment

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

1. Referring to Table 8.7-1 (Appendix #), summarize how faculty at instructional sites will receive/are receiving information to support comparability of educational experiences and equivalence of assessment (e.g., objectives, assessment methods, policies/processes for determination of grades).

2. Describe if the information/data sources that are being used or will be used to determine if there is comparability across sites have been identified.

3. Describe the individuals and/or committees responsible for reviewing and acting on data/information related to comparability across instructional sites. In the description, note the role(s) of each individual/group in identifying and addressing inconsistencies across educational sites in such areas as student satisfaction, completion of required clinical experiences, and/or student grades.

### 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.**

|  |
| --- |
| **Table 8.8-1 | There is Adequate Available Time in the First Year 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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 8.8-2 | Student Workload in the First Year 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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Briefly describe any 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 medical students in the pre-clerkship phase of the curriculum have required activities outside of regularly scheduled class (e.g., assigned reading, online modules) that include information to prepare them for in-class activities. Summarize how this “out-of-class” time is addressed in policy and accounted for in calculating student academic workload.

2. Summarize data from the sample weekly schedules and from the ISA on student agreement that there is time in the first year for self-directed learning and other preparatory assignments and that the workload is manageable.

3. Describe the status of development and approval of policy or policies related to medical student duty hours in the clerkship phase of the curriculum. How will students, faculty, and residents be informed of the policy or policies?

4. Note how, how often, and by whom data on student duty hours will be collected and monitored.

5. Describe the mechanisms that will be available for students to report any violations of student duty hours policies. In the opinion of the survey team, do the mechanisms allow reporting without fear of retribution?

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

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

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

*Include at least the following in the Appendix:*

Appendix #: 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 9.7-1)

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

*Note: Elements 9.2, 9.6, and 9.8 are not included in the DCI for Provisional Accreditation.*

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

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

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

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

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

2. Referring to Table 9.1-2 in Appendix #, describe how the medical school ensures/will ensure that all residents who supervise/assess medical students, whether they are from the school’s own residency programs or other programs, will be oriented to their roles in teaching and assessing medical students in required clinical clerkships, including receiving the relevant clerkship learning objectives and the list of required clinical encounters and procedural skills.

3. Referring to Table 9.1-1 (Appendix #), summarize any existing or planned institution-level or department-level programs to prepare non-faculty instructors who teach/will teach and/or assess medical students during the pre-clerkship phase of the curriculum.

### Element 9.3 Clinical Supervision of Medical Students

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

1. Summarize the medical school polices/guidelines designed to ensure that medical students are appropriately supervised during clinical experiences. Describe how faculty with supervisory responsibilities will be informed of the expectations for supervision.

2. Describe the mechanisms that exist or are being developed for medical students to report concern about the adequacy and availability of clinical supervision. How will the school ensure that students who report concerns will be able to do so without fear of retaliation?

3. Describe how the school will ensure that the level of responsibility delegated to a medical student during clinical experiences is appropriate to that student’s level of training and experience. Are the criteria or practices for delegation of responsibility codified in policy/formal guidelines?

### Element 9.4 Assessment System

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

1. For each required comprehensive clinical assessment that occurs or will occur independently of individual courses and clerkships, summarize when in the curriculum it occurs/will occur, the general content areas covered, and whether the assessment is/will be formative or summative.

2. Describe how the medical school will ensure that medical students are observed performing the essential components of a history and physical examination during the clerkship/clinical phase of the curriculum.

### 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. As included in the medical school policy or guideline on narrative assessment, describe the circumstances in which a narrative description of student performance will be provided.

2. Are narrative assessments currently being provided in all pre-clerkship courses whose formats would permit such feedback?

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

### 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.**

|  |
| --- |
| **Table 9.7-2 | The Amount of Formative Feedback in the First Year 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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 9.7-3 | The Quality of Formative Feedback in the First Year 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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe how and by whom the provision of mid-course feedback during the pre-clerkship phase of the medical curriculum is being monitored within individual departments and centrally at the level of curriculum management.

2. Referring to Table 9.7-1 (Appendix #), summarize the methods used to provide mid-course formative assessment and feedback to students during the pre-clerkship phase of the medical curriculum.

3. Describe how and by whom the provision of mid-clerkship formative assessment will be monitored within individual departments and centrally at the level of curriculum management.

4. For courses and clerkships less than four weeks in duration, describe how students are/will be provided with timely formative feedback on their knowledge and skills related to the course/clerkship objectives.

5. Summarize data from the ISA regarding respondent agreement that formative feedback in the first year supports the self-assessment of their learning and identification of any areas needing improvement.

### 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. Describe whether there is a single set of core standards for advancement and graduation that is applied across all instructional sites. If the medical education program has a parallel curriculum with academic requirements based on additional educational program objectives, describe how these are applied in making promotion, advancement, and graduation decisions for students in that parallel curriculum.

2. Briefly summarize the due process protections that apply in cases of a possible adverse action against a student for academic or professionalism reasons. Include a description of the initial decision-making process for an adverse action, and the process for appeal of an adverse action taken for academic or professionalism reasons (not including a grade appeal), including the groups or individuals involved at each step in the process.

3. Describe the composition of the medical student promotions committee or the promotions committees if there is more than one. Note if there is a recusal policy to address conflicts of interest and describe if the circumstances that would require recusal are specific in policy, for example, if committee membership includes faculty (e.g., course or clerkship directors) who previously have taken an action against a student.

4. Describe how the due process policy and procedures are made known to 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.

*Note: Elements 10.1, 10.3, 10.4, 10.5, 10.6, 10.7 and 10.8 are not included in the DCI for Provisional Accreditation*

|  |
| --- |
| **Table 10.0-1 | Applications** |
| 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**.** |
|  | 2024 Entering Class | 2025 Entering Class |
| Initial applications |  |  |
| Completed applications |  |  |
| Interviews |  |  |
| Acceptances issued |  |  |
| Matriculants |  |  |

|  |
| --- |
| **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 2024-25 | AY 2025-26 |
| 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 |  |  |

|  |
| --- |
| **Table 10.0-3 | Entering Student Grade Point Averages** |
| Provide the mean overall premedical GPA for *new (not repeating) first year medical students* in the indicated entering classes. If using a weighted GPA, please explain how the weighted GPA is calculated in the last row of the table. |
|  | AY 2024-25 | AY 2025-26 |
| Overall mean GPA |  |  |
| Weighted GPA calculation (if applicable) |

|  |
| --- |
| **Table 10.0-4 | Medical School Enrollment** |
| Provide the total number of *enrolled first year medical students* (include students repeating the academic year) and the total number of medical students enrolled at the school for the indicated academic years.  |
|  | AY 2024-25 | AY 2025-26 |
| First Year Students |  |  |
| Total Enrollment |  |  |

### 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 size and composition (i.e., categories of membership) of the admission committee and the specified number of members from each membership category. Do the bylaws or formal policy specify the voting membership of the admission committee and define a quorum for meetings? Is there a policy or guideline that faculty members constitute the majority of voting members at all meetings?

2. If there are subcommittees of the admission committee, describe the composition, role, and authority of each.

3. Describe the charge to the admission committee and the source of its authority. Note whether the admission committee has the final authority for making all admission decisions. Have all accepted applicants, including those admitted from the wait list, been reviewed and approved for admission by the admission committee?

4. Summarize how admission committee members are oriented to the medical school’s admission policies and process.

5. Does the medical school have policy and procedures that prevent conflicts of interest in the admission process and ensure that no admission decisions are influenced by political or financial factors?

### 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 mechanisms that are being/will be used to assign students to a clinical clerkship site, a regional campus, 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 track and identify the individual(s) by whom the final assignment decision is made. How are students informed of the opportunity to request an alternate assignment?

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

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

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

*Note: Elements 11.3, 11.4, 11.5, and 11.6 are not included in the DCI for Provisional Accreditation.*

### Element 11.1 Academic Advising and Academic Counseling

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

|  |
| --- |
| **Table 11.1 -1 | Attrition/Academic Difficulty** |
| Complete the following table with data for the 2023 entering class. Only count each student once. |
| Number of medical students who: | First Academic Year |
| Withdrew or were dismissed |  |
| Transferred to another medical school |  |
| Were required to repeat the year |  |
| Moved to a decelerated curriculum |  |
| Took a leave of absence as a result of academic problems |  |
| Took a leave of absence for academic enrichment (including research or a joint degree program) |  |
| Took a leave of absence for personal reasons |  |

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| --- |
| **Table 11.1-2 | 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 (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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 11.1-3 | 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 (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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 11.1-4 | Academic Advising and Counseling 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\* |  |  |  |  |  |
| Tutoring |  |  |  |  |  |
| Academic counseling\* |  |  |  |  |  |

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

1. Describe the types of academic assistance available to all medical students. For each type of assistance, summarize the role and organizational locus (e.g., the medical school, the university) of the individual(s) available to provide support and describe how medical students are informed about and can gain access to these resources.

2. Describe how and when the medical school identifies medical students who are experiencing or are at risk for academic difficulty.

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 can students be directed to these sources of academic counseling?

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

### Element 11.2 Career Advising

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

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| **Table 11.2-1 | 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 (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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 11.2-2 | Optional and Required Career and Elective Advising Activities** |
| Provide a brief description of each career information session and advising activity that was or will be available to first- and second-year medical students during the most recently completed and current academic years and that are planned for third- and fourth-year medical students in subsequent academic years. Indicate whether the session is optional (O) or required (R). Add rows as needed |
| Advising Activity/Info Sessions for First- and Second- year Students | Advising Activity/Info Sessions for Third- and Fourth- year Students |
|  |  |
|  |  |

|  |
| --- |
| **Table 11.2-3 | 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 question only applies to schools with regional campus(es).* |
| Services | Campus | Available to Students Via |
| Personnel Located on Campus | Visits from Central Campus Personnel | Email or Videoconference | Student Travel to Central Campus |
| Career advising |  |  |  |  |  |

1. Referring to Table 11.2-2, summarize the system for career advising, including the availability of required and optional career advising activities for medical students during the first and second years of the curriculum and the activities that are planned for students in years three and four.

2. Describe the personnel, including career and specialty advisors, who support the career advising system across the curriculum. Comment on data (above) from the ISA on respondent agreement that they have access to knowledgeable advisors.

3. Comment on the system for advising students about their choice of electives. Summarize whether such advising will be required or optional, when in the curriculum it will occur, and how and by whom it will be provided.

4. Briefly describe how and by whom the MSPE will be developed. Will students be able to request alternate MSPE writers if they perceive conflicts?

## 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 #: The most recent LCME Part I-B Financial Aid Questionnaire (Element 12.1)

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

*Note: Elements 12.2, 12.6, and 12.7 are not included in the DCI for Provisional Accreditation.*

### 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 (both for in-state residents and out-of-state non-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 2024-25 | AY 2025-26 | AY 2026-27 (as available) |
| In-state |  |  |  |
| Out-of-state |  |  |  |

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| **Table 12.1-2 | I Have Access to Knowledgeable and Helpful Financial Aid Services 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 (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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.1-3 | 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 (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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.1-4 | Financial Aid/Debt Management Activities** |
| Describe financial aid and debt management counseling/advising activities (including one-on-one sessions) that are or will be available for medical students in each year of the curriculum. Note whether each was/will be required ® or optional (O).*If the medical school has one or more regional campuses, list which of the required and optional advising sessions are or will be available at each campus.* |
| Financial Aid/Debt Management Activities  |
| Year 1 | Year 2 | Year 3 | Year 4 |
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| **Table 12.1-5 | 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 Campus |  |  |
| Visits from Central Campus Personnel |  |  |
| Email or Videoconference |  |  |
| Student Travel to Central Campus |  |  |

1. Summarize the staffing of the financial aid office and comment on the current sufficiency of financial aid staff. Indicate the number of financial aid staff who are specifically available to assist medical students. Note if the financial aid office resides organizationally within the medical school or at the university/institutional level. If the latter, list the other schools/programs supported by financial aid office staff.

2. Briefly summarize the formal and informal programs and services for counseling medical students about financial aid and educational debt management. Summarize data from the ISA on respondents’ perceptions of the accessibility of financial aid services personnel and knowledgeable debt management counselors.

3. Describe the mechanisms that are being used by the medical school and the university to limit medical student educational debt (e.g., limiting tuition increases, fundraising for student scholarships). Note current success in fundraising for scholarships, if applicable.

### 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 First Year 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 (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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.3-2 | 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 (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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.3-3 | Student Well-Being Programs are Available in the First Year 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 (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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.3-4 | 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 mental health services and personal counseling services available to medical students, including where and by whom the services are provided. How does the medical school ensure that these services are accessible and confidential? How are students informed about the availability of mental health services?

2. Summarize planning to ensure that mental health and counseling services will be available to students as they move into the clerkship phase of the curriculum.

3. Comment on data from the ISA on respondent agreement that mental health services are accessible and confidential.

4. Briefly describe the current and planned programs available to promote medical student well-being and/or facilitate their adjustment to the demands of medical school. How are students informed about the availability of these programs/activities? Comment on data from the ISA on respondent agreement that well-being programs are available.

### 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 First Year 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 (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 % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.4-2 | 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 current system for providing medical students with health services, including where and by whom services are provided. If there is a student health center, comment on its location, staffing, and hours of operation. If there is no student health center, describe how the school assists students in finding health services? Summarize data from the ISA on respondent agreement that health services are accessible.

2. Describe planning to ensure that students at each instructional site are or will be provided with information on accessing health services.

3. Describe 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/will be informed of this policy. In the opinion of the survey team, does the policy ensure student can have 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 procedures that ensure that a provider of psychiatric or psychological counseling and other health services to medical students is not/will not also be involved in their academic assessment or in decisions about their promotion or graduation. Describe how medical students, residents, and faculty are/will be informed of this requirement.

2. How does the school ensure the confidentiality of medical students’ health records? Note the location at which student health records are stored and if any medical school personnel have access to these records.

### Element 12.8 Student Exposure Policies/Procedures

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

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

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

1. Note if the medical school has policies related to medical student exposure to infectious and environmental hazards that explicitly address the following and briefly describe the content of the policies:

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

2. Describe how and where in the medical curriculum medical students, including visiting students, are/will be instructed about prevention of environmental exposures and about protocols for treatment and follow-up in the event of exposure to blood-borne or air-borne pathogens (e.g., a needle-stick injury).

3. Referring to data from the ISA, comment whether respondents agree that they are taught how to prevent environmental exposures and the procedures in place to follow after any exposure to an infectious or environmental hazard.