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**Data Collection Instrument**

**for Provisional Accreditation Surveys**

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**Published May 2025**

**For Medical Education Programs with**

**Provisional Accreditation Surveys in the 2025-26 Academic Year**

LCME® *Data Collection Instrument* for Provisional Accreditation Surveys in the 2025-26 Academic Year

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# 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.**

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

### Supporting Data

|  |
| --- |
| **Table 1.0-1 | Anticipated New Medical Student Admissions** |
| Provide the number of new medical students who were admitted or the school plans to admit in each of the indicated academic years.  |
| AY 2025-26 | AY 2026-27 | AY 2027-28 | AY 2028-29 |
|  |  |  |  |

### Narrative Response

a. Provide a brief history of the medical school, noting key points in its development to date and describing relevant aspects of its setting (e.g., other schools/colleges on campus, regional campuses, clinical partnerships).

### Supporting Documentation

1. Provide maps illustrating the location of affiliated hospitals and of any regional campuses.

## **1.1 Strategic Planning and Continuous Quality Improvement**

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

### Narrative Response

a. Provide the mission statement of the medical school and note when it was approved.

b. Describe the status of and the process used/being used by the medical school to develop its strategic plan, including the school’s mission, vision, goals, and associated outcomes. Note if the strategic plan was/will be developed independently by the medical school or in collaboration with its sponsoring organization (e.g., the health science center, health system, or university).

c. Describe how, when, and by what individual(s)/groups(s) the outcomes of the school’s strategic plan are/will be monitored.

d. Describe the process that will be used and the personnel and other resources that will be available for continuous quality improvement (CQI) activities related to the medical education program. Are there dedicated staff to support quality improvement activities at the levels of the medical school or university?

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

f. Complete the following table that illustrates the monitoring process for each selected element (add rows as needed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Element 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Supporting Documentation**

1. The current strategic plan of the medical school or the plan of the sponsoring organization that includes the medical school.

## 1.3 Mechanisms for Faculty Participation

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

### Supporting Data

|  |
| --- |
| **Table 1.3-1 | Standing Committees** |
| List all current major standing committees of the medical school and provide the requested information for each, including whether members are *all appointed* (A) *all self-nominated/peer nominated*/peer *selected* (S), or *both appointed and self-nominated/peer-nominated/peer-selected* (B), and whether the committee is charged with making *recommendations* (R), is *empowered to take action* (A), or *both* (B). |
| Committee | Reports to | Total Voting Members | Total FacultyVoting Members\* | MembershipSelection (A/S/B) | Authority(R/A/B) |
|  |  |  |  |  |  |

\* This excludes individuals with administrative titles.

### Narrative Response

a. Comment on whether the list of committees above represents the final standing committees of the medical school. Note if there are committees that have not yet been formed or if there are planned changes in existing committees and describe the anticipated timing of these changes.

b. Summarize how the selection process for faculty committees ensures that there is input from and participation by the general faculty in the governance process.

c. Describe how the medical school obtains input from faculty on proposed changes to policy and on other issues of importance. Describe one recent specific opportunity for faculty to provide such input and how and by what individuals/groups that input was collected and considered.

d. List any mechanisms other than faculty meetings (such as written or electronic communications) that are used to inform faculty about policies and issues of importance at the medical school.

## 1.4 Affiliation Agreements

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

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

### Supporting Data

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

### Narrative Response

a. If all affiliation agreements are not finalized, describe the status of completing those affiliation agreements with the clinical sites that will be used for the inpatient portion of required clinical clerkships for the charter medical school class.

b. For ambulatory sites (e.g., clinics, group practices) and for individual community physicians with a significant role in required clinical clerkships/experiences, how (e.g., through memoranda/letters of understanding or other formal agreements with ambulatory clinics or group practices or through letters of appointment or agreement with individual physicians) will the medical school ensure the primacy of the medical education program in the areas included in the element? Describe the status of completing these agreements.

### Supporting Documentation

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

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

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

# 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.**

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

## 2.3 Access and Authority of the Dean

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

### Narrative Response

a. Summarize the dean’s formal (organizational) access to and interactions with sponsoring organization and health system administrators. Provide examples to illustrate that the dean interacts with these administrators in discussions about and planning related to the needs of the medical education program.

b. Summarize the formal mechanisms that are or will be used by the dean to exercise authority over faculty who participate in the medical education program but are not employed by the medical school.

### Supporting Documentation

1. Organizational chart(s) illustrating the relationship of the medical school dean to the sponsoring organization administration and to administrators of the health system, health science center, and/or affiliated teaching hospitals (if relevant).

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

## 2.4 Sufficiency of Administrative Staff

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

### Supporting Data

|  |
| --- |
| **Table 2.4-1 | 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 |
|  |  |  |  |  |

|  |
| --- |
| **Table 2.4-2a |** **The Members of the Office of the Associate Dean for Students/Student Affairs are Accessible.** |
| 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 |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-2b | The Office of the Associate Dean for Students/Student Affairs Leadership and Staff are Aware of Student Concerns.** |
| 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 |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-2c | The Office of the Associate Dean for Students/Student Affairs Leadership and Staff Respond to Student Problems.** |
| 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 |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-2d | The Members of the Office of the Associate Dean for Educational Programs/Medical Education are Accessible.** |
| 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 |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-2e | The Office of the Associate Dean for Educational Programs/Medical Education Leadership and Staff are Aware of Student Concerns.** |
| 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 |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-2f | The Office of the Associate Dean for Educational Programs/Medical Education Leadership and Staff Respond to Student Problems.** |
| 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 |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-3 | Department Chair Staffing** |
| Provide the requested information regarding current department chairs. Indicate if the current incumbent is filling the position on an acting/interim basis. Add rows as needed. |
| Name of department | Name of incumbent | Date appointed | Indicate (X) if the current incumbent is acting/interim |
|  |  |  |  |

|  |
| --- |
| **Table 2.4-4 | Number of Department Chair Vacancies** |
| Indicate the number of department chair positions that are vacant (i.e., there is no permanent/interim/acting chair) for each of the listed academic years (as available).  |
| AY 2023-24 | AY 2024-25 | AY 2025-26 |
|  |  |  |

### Narrative Response

a. If any members of the dean’s staff hold interim/acting appointments or if there are vacant positions, describe the status and timeline of recruitment efforts to fill the position(s). Note if any additional positions will be added and the timeline for their recruitment.

b. If there are any department chair vacancies, including interim/acting chairs, describe the status and timeline of recruitment efforts to fill the position(s).

### Supporting Documentation

1. Organizational chart of the dean’s office.

## 2.5 Responsibility of and to the Dean

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

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

### Supporting Data

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

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

### Narrative Response

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

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

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

3. the adequacy of resources (e.g., infrastructure, patient volume).

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

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

d. Describe the ways in which the principal academic officer(s) at regional campus(es) are integrated into the administrative structures of the medical school (e.g., as a member of the Executive Committee/Dean’s Cabinet).

### Supporting Documentation

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

## 2.6 Functional Integration of the Faculty

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

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

### Narrative Response

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

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

c. List the number of faculty member(s) and/or senior administrative staff member(s) based at the regional campus(es) who are or will be serving on each of the major standing committees of the medical school as specified in institutional bylaws/policies.

### Supporting Documentation

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

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

# Standard 3: Academic and Learning Environments

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

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

## 3.1 Resident Participation in Medical Student Education

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

### Narrative Response

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

b. If residents are not present at any of the sites where all required clinical experiences are conducted for some or all students (e.g., at a longitudinal integrated clerkship site or a regional campus) or if some or all students will not have the opportunity to interact with residents prior to residency application, describe how these students will learn about the expectations and requirements of the next phase of their training.

## 3.2 Community of Scholars/Research Opportunities

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

### Supporting Data

|  |
| --- |
| **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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

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

b. If medical students are required to participate in research, describe how students, including students at regional campuses, are or will be assisted in identifying a research project and a mentor, and informed about project requirements.

c. If research is not a requirement for medical students, briefly describe the opportunities for interested medical students to participate in research, including how and by whom medical students are or will be informed about research opportunities. If the medical school has one or more regional campuses, note how students at each campus have research opportunities.

d. Describe the funding, personnel, and other resources available to support medical student participation in research and/or other scholarly activities.

## 3.5 Learning Environment/Professionalism

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

### Supporting Data

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

### Narrative Response

a. Describe how the required professional behaviors are or will be made known to faculty, residents, and others in the medical education learning environment.

b. 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.

c. Describe the methods and tools that are or will be used 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 the anticipated timing of these evaluations, what specifically is/will be evaluated, and the individuals or groups who are or will be provided with the results. Describe the process(es) that are or will be used for follow-up when reports of unprofessional behavior have been made. Note if there is one individual or a committee that ensures all reports of unprofessional behavior are addressed.

d. Provide examples of strategies that are or will be used to enhance positive and mitigate negative aspects of the learning environment identified through this evaluation process.

**Supporting Documentation**

1. Examples of the types of instrument(s) that are used or will be used to evaluate the learning environment.

## 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.**

### Supporting Data

|  |
| --- |
| **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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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/AResponses | 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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

**Narrative Response**

a. Describe how, when, and by whom medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff are or will be informed about medical student mistreatment policies.

b. Describe how and when medical students, including visiting students, are or will be informed about the procedures for reporting incidents of mistreatment.

c. Summarize the procedures that are or will be used by medical students, faculty, or residents to report individual 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. Describe the way in which the medical school ensures that allegations of mistreatment can be made and investigated without fear of retaliation. Describe the process(es) used for follow-up when reports of alleged mistreatment have been made.

d. How, by whom, and how often are/will summative data on the frequency of medical students experiencing mistreatment be collected and reviewed? How does the school use or plan to use these data in efforts to reduce medical student mistreatment?

e. Describe current and planned educational activities for medical students, faculty, and residents that are or will be directed at preventing student mistreatment.

**Supporting Documentation**

1. Formal medical school or sponsoring organization policies on student mistreatment, including the formal policies and/or procedures for responding to allegations of medical student mistreatment and the avenues for reporting and mechanisms for investigating reported incidents.

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

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

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

## 4.1 Sufficiency of Faculty

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

###  Supporting Data

|  |
| --- |
| **Table 4.1-1 | Total Faculty**  |
| Provide the total number of full-time, part-time, and volunteer faculty in the basic science and clinical departments for each listed academic year (as available). |
|  | Full-Time Faculty Employed by the Medical School or Clinical Affiliate\* | Part-Time or Volunteer Faculty 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 4.1-2 | Basic Science Faculty**  |
| List each of the medical school’s *basic science* disciplines and the department where the faculty are based (basic science or clinical department) and provide the number of faculty in that discipline who are teaching medical students. Only list those disciplines (e.g., pathology) included in the basic science faculty counts in Table 4.1-1. Schools with one or more regional campus(es) should also provide the campus name. Add rows as needed. |
| Campus | Discipline | Department | Full-Time Faculty | Full-Time Vacant | Part-Time and Volunteer Faculty |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

|  |  |
| --- | --- |
| **Table 4.1-4 | Protected Faculty Time** |  |
| Provide the amount of protected time (i.e., time with salary support) that the following individuals have 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.

### Narrative Response

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

b. Summarize how the amount of protected time for course and clerkship directors has been determined and how its sufficiency will be evaluated.

c. List all faculty with substantial teaching responsibilities who are on site at their teaching location for fewer than three months during the academic year.

d. Describe any situations where there have been problems identifying sufficient faculty to teach medical students (e.g., to provide lectures in a specific content area, to serve as small group facilitators). Note how and by whom these problems have been/are being addressed.

e. Describe anticipated attrition in the basic science and clinical faculty over the next three years, including faculty retirements. Note if attrition will involve faculty who participate in the medical education program.

f. Describe faculty recruitments, by discipline, planned over the next three academic years and provide the anticipated timing of these activities, including whether these recruitments are included in the budget for the relevant year(s). Note if these are new recruitments or to replace faculty who have left the institution.

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

## 4.2 Faculty Appointment Policies

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

### Narrative Response

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

1. Terms and conditions of employment, including privileges

2. Benefits

3. Compensation, including policies on practice earnings

4. Assignment to a faculty track

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

### S**upporting Documentation**

1. Medical school or sponsoring organization’s policies describing each faculty track, including the qualifications required for the track. Note when and by whom these policies and procedures were approved.

2. Policies and procedures for initial faculty appointment, renewal of appointment, promotion, granting of tenure (if relevant), and dismissal. Note when and by whom these procedures were approved.

## 4.3 Scholarly Productivity

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

### Supporting Data

|  |
| --- |
| **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:  |

### Narrative Response

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

## 4.4 Feedback to Faculty

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

### Narrative Response

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

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

**Supporting** Documentation

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

## 4.5 Faculty Professional Development

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

### Narrative Response

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

b. Describe how faculty members are informed about the availability of in-person or virtual faculty development programming related to teaching or assessment skills. How does the medical school ensure that faculty development is or will be accessible at all instructional sites, including clinical affiliates and regional campuses?

c. Describe how problems with an individual faculty member’s teaching and assessment skills are identified and how and by whom they are remediated.

d. Describe the availability of funding to support faculty members’ participation in professional development activities related to their own discipline/specialty (e.g., attendance at professional meetings) and to their teaching role (e.g., attendance at regional/national medical education meetings).

e. Provide examples of formal activities at the departmental, medical school, and/or university/sponsoring organization level to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement. List the categories of personnel (e.g., biostatistician, grant reviewers) available to assist faculty in acquiring and enhancing such skills.

f. Describe the specific programs or activities offered 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.**

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

### Supporting Data

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

## 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.**

### Narrative **Response**

a. Summarize trends in each of the funding sources available to the medical school, including an analysis of their stability. Describe any substantive changes in the following areas during fiscal years 2023, 2024, 2025, and 2026 (based on current projections).

1. Total revenues

2. Operating margin

3. Revenue mix

4. Market value of endowments

5. Medical school reserves

6. Debt service

7. Outstanding debt

8. Departmental reserves

b. Describe any substantive changes anticipated by the medical school in the following areas during the two fiscal years following the fiscal year in which your provisional survey visit will take place and explain the reasons for any anticipated changes.

1. Total revenues

2. Revenue mix

3. Obligations and commitments (e.g., ongoing commitments based on prior chair searches)

4. Reserves (amount and sources)

c. Describe the medical school’s annual budget process and the role and authority of the medical school dean in budget development and approval.

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

e. Describe the ways that funding for the current and projected capital needs of the medical school is being addressed.

f. Describe the medical school’s policy and practice with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

g. Describe whether and for what purpose(s) financial reserves have been used, to date, to balance the operating budget.

h. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year. If the medical school is not audited separately, summarize the key findings from any external financial audits of its sponsoring organization (e.g., the university or health system of which the medical school is a part).

**Supporting Documentation**

1. The medical school’s responses to the most recent LCME Part I-A Annual Financial Questionnaire (AFQ). Please submit a single PDF document consisting only of the items below. Do not include the AFQ informational pages. Provide the most current information in the material submitted 14 weeks prior to the survey visit.

a. Signed Signature Page

b. Current Funds Revenues, Expenditures, and Transfers - Data Entry Sheet

c. Schedules A-E

d. Revenues and Expenditures History

2. The medical school’s responses to the web-based companion survey to the LCME Part I-A AFQ, the “Overview of Organization and Financial Characteristics Survey.” Provide the most current information in the material submitted 14 weeks prior to the survey visit.

3. A revenue and expenditures summary for fiscal years 2023, 2024, 2025, and 2026 (based on current projections). Use the format and row labels from the “Revenues and Expenditures History” page of the LCME Part I-A AFQ (i.e., from the last page of the AFQ). Provide the most current information in the material submitted 14 weeks prior to the survey visit.

4. A copy of the audited financial statements for the medical school. If the medical school is not audited separately, use the university/sponsoring organization or company of which the medical school is a part at the time that the DCI is submitted. For medical schools owned or operated by a sponsoring organization or company, submit audited financial statements for the sponsoring organization or company that encompass all related component units and entities controlled by the sponsoring organization or company. Provide the most current information in the material submitted 14 weeks prior to the survey visit.

## 5.3 Pressures for Self-Financing

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

### Narrative Response

a. Describe how and at what institutional level (e.g., the medical school, the sponsoring organization administration, the board of trustees, the legislature) the size of the medical school entering class ultimately is set. How does the school/institutional leadership ensure that the number of medical students does not exceed available resources (i.e., faculty and educational facilities)?

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

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

## 5.4 Sufficiency of Buildings and Equipment

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

###  Supporting Data

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

|  |
| --- |
| **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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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

### Narrative Response

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

b. If classrooms or lecture halls are shared by students in different years of the medical curriculum, describe how and by whom the spaces are scheduled and allocation of the space is managed.

c. Describe any challenges in obtaining access to needed pre-clerkship phase campus teaching space and how these have been/are being resolved.

d. Describe any current or planned teaching space renovations or construction, along with the timing of their completion. If there will be an increase in class size or a curriculum change that requires different teaching spaces in the near future, note how these changes will be accommodated (e.g., increases in room size, type, and/or number).

e. Describe the facilities used for teaching and assessment of students’ clinical and procedural skills. Note if this space is also used for other purposes or programs. If so, describe how scheduling is managed to avoid potential conflicts.

f. Describe how research space is organized and allocated within the medical school. Describe how the medical school determines if the available research space is adequate and appropriately apportioned.

## 5.5 Resources for Clinical Instruction

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

###  Supporting Data

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

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| --- |
| **Table 5.5-2 | Inpatient Teaching Facilities** |
| Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship discipline) that will be taking place at an inpatient facility. Only provide information for services used for required clinical clerkships at each hospital. Schools with regional campuses should include the campus name for each facility. Add rows as needed. |
| Facility Name/Campus(if applicable) | Clerkship | Average Daily Inpatient Census | Average # of Students per Clerkship (range) |
| Medical Students from This School | Medical Students(MD/DO) from Other Schools |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

### Narrative Response

a. Have all clinical teaching sites (both inpatient and ambulatory) that will be used for required clinical clerkships for the first cohort of medical students entering clerkships been identified? If not, note the timeline for completing this task.

b. Describe how the medical school has determined that the mix of inpatient and ambulatory settings that will be used for required clinical clerkships will provide adequate numbers and types of patients in each discipline.

c. Describe any substantive changes anticipated by the medical school over the *next three academic years* in hospital and other clinical affiliations.

## 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.**

### Supporting Data

|  |
| --- |
| **Table 5.6-1 | Inpatient Hospital Clerkship Resources** |
| List each hospital that will be used for the inpatient portion of one or more required clinical clerkships. Indicate whether the indicated resource will be available for medical student use by placing an “X” in the appropriate column. Schools with regional campuses should include the campus name for each facility. Add rows as needed. |
| Facility Name/Campus (if applicable) | Lecture/Conference Rooms | Computers and Internet Access |
|  |  |  |

### Narrative Response

a. Comment on the adequacy of available or planned infrastructure resources to support medical student education at each inpatient and outpatient site (excluding private physician offices) to be used for required clinical clerkships, including space for teaching (lectures/conference rooms) and information technology (computers and internet access) that will be available for student use.

##

## **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.**

### Supporting Data

|  |
| --- |
| **Table 5.11-1 I Have Access to 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 campus(es), provide the data by campus (as available).  |
| 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 |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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 campus(es), provide the data by campus (as available).  |
| 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 |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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 campus(es), provide the data by campus (as available). |
| 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 |  |  |  |  |  |  |  |  |

### Narrative Response

a. Summarize how the availability of space for student study and personal lockers or other secure storage areas for student belongings on the central medical school campus and on each regional campus (if applicable) is being monitored to ensure adequacy for students in the pre-clerkship portions of the curriculum. Note if the identified space is solely for medical student use or if it is shared with others.

b. Describe how the school is planning to ensure that there is adequate study space and secure storage space for student use at the hospitals that will be used for the inpatient portion 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.**

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

### Supporting Data

|  |
| --- |
| **Table 6.0-1 | Pre-clerkship Instructional Formats** |
| For the 2024-25 academic year, list each course in the *pre-clerkship phase of the curriculum* and provide the total number of instructional hours for each listed instructional format. Note that “small group” includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. If “other” is selected, describe the other format in the text. Add rows as needed. |
|  | Number of Formal Instructional Hours Per Course |
| Course | Lecture | Lab | Small Group | Patient Contact\* | Other | Total |
|  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

\* Includes interactions with simulated patients

|  |
| --- |
| **Table 6.0-2 | Planned Clerkship Length and Formal Instructional Hours per Clerkship**  |
| Provide the total number of weeks and formal instructional hours (lectures, conferences, and teaching rounds) planned for each required block clerkship or discipline in a longitudinal integrated clerkship in the clerkship phase of the curriculum. Provide a range of instructional hours if there is significant variation across sites. Note that hours devoted solely to patient care activities should NOT be included as instructional time. As add rows as needed. |
| Clerkship | Total Weeks | Typical Hours per Week of Formal Instruction |
|  |  |  |

### Narrative Response

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

b. Provide a separate, brief description of each parallel curriculum (“track”). Include the following information in each description, and highlight the difference(s) from the curriculum of the standard medical education program:

1. The location where the parallel curriculum will be offered (main campus or regional campus)

2. The year the parallel curriculum was/will be first offered

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

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

5. The number of students participating or that will participate in each year/phase of the parallel curriculum.

Refer to the definition of a parallel curriculum (track) contained in the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of the DCI and in Functions and Structure of a Medical School.

### Supporting Documentation

1. Provide a schematic or diagram that illustrates the current structure of the curriculum for the 2024-25 academic year. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkships in each year, illustrating when one curriculum phase ends and the next begins.

2. A schematic of any parallel curricula (tracks).

## 6.1 Program and Learning Objectives

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

###  Supporting Data

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

### Narrative Response

a. Describe the process used and, referring to Table 8.3-1, list the individual(s)/group(s) responsible for development, review, and approval of the medical education program objectives and for creating the linkage of the educational program objectives to relevant competencies. Provide the year in which the medical education program objectives were last reviewed and approved.

b. Describe the status of identifying specific outcome (i.e., assessment) measures and linking them to each medical education program objective. How will the medical school ensure that the outcome measures selected are sufficiently specific to allow a judgment that medical students have achieved each of the specified objectives?

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

1. Medical students

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

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

e. Describe how learning objectives for courses and clerkships are or will be disseminated to each of the following groups:

1. Medical students

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

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

Also see the response to Element 9.1.

## 6.2 Required Clinical Experiences

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

### Supporting Data

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

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

### Narrative Response

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

b. Describe how and by what groups the list of required clinical encounters and procedural skills was or is being developed and how the clinical setting and level of student responsibility for each encounter and skill were or are being determined. Describe the status of finalizing the list of required clinical encounters and procedural skills for each required clerkship. Note which groups (e.g., the curriculum committee, a clerkship directors’ committee) have a role in reviewing and approving the list of patient types/clinical conditions and skills across courses and clerkships.

c. Describe how and by what groups the list of alternatives to remedy gaps when students are unable to access a required encounter or perform a required skill was or is being developed. Which groups have approved or will approve the list?

d. Describe how medical students, faculty, and residents are or will be informed of the required clinical encounters and skills and the expected level of student responsibility for each.

## 6.3 Self-Directed and Life-Long Learning

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

### Supporting Data

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

### Narrative Response

a. List the courses in which self-directed learning activities (as defined in the language of Element 6.3) occur during the pre-clerkship phase of the curriculum. Describe the learning activities in which students engage in all of the following components of self-directed learning in a unified sequence and indicate the methods used to assess student achievement of these skills. Use the names of relevant courses from Tables 6.0-1 when answering.

1. Self-assessment of their learning needs

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

3. Independent and facilitator appraisal of the credibility of information sources

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

##

## 6.5 Elective Opportunities

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

### Supporting Data

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

\* Complete a separate table for each parallel track.

### Narrative Response

a. Describe how the medical school ensures that sufficient 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.**

*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.*

## 7.1 Biomedical, Behavioral, Social Sciences

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

### Supporting Data

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

\* Describe “Other”

|  |
| --- |
| **Table 7.1-2 | Curricular Content** |
| For each topic area, place an “X” under each column to indicate the phases in which the learning objectives related to each topic are or will be taught and assessed. |
|  | Phases Where Topic Areas are Taught and Assessed |
| Pre-clerkship Phase | Clerkship Phase | Other\* |
| Global health  |  |  |  |
| Health care financing |  |  |  |
| Human sexuality |  |  |  |
| Law and medicine |  |  |  |
| Nutrition |  |  |  |
| Pain management |  |  |  |
| Patient safety |  |  |  |
| Population-based medicine |  |  |  |

\* Describe “Other”

### Narrative Response

a. Note if the school, to date, has identified any gaps or unplanned redundancies related to the topics in the biomedical, behavioral, and social sciences, and describe the plans to address these concerns.

# **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.**

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

### Supporting Documentation

1. A summary of student feedback for each required course in the first year of the curriculum. Include the overall response rate for the year for each course.

## 8.1 Curricular Management

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

### Narrative Response

a. Provide the name of the faculty committee with primary responsibility for the oversight and management of the curriculum (e.g., the “curriculum committee”). Describe the formal source of its authority (e.g., medical school faculty bylaws). Describe if there are any circumstances where the dean, another administrator, or group can overrule the decision of the curriculum committee.

b. Provide the number of curriculum committee members and describe any categories of membership (e.g., basic science or clinical faculty members, course directors, students) that are specified in bylaws/policy. List the titles/roles of faculty and administrators who participate in the curriculum committee ex officio (e.g., associate deans, subcommittee chairs) and note which categories of ex officio members are voting and which are not. Note if this is the final curriculum committee or if changes in committee membership, structure, or charge are anticipated.

c. If there are subcommittees of the curriculum committee, describe the charge/role of each along with its membership categories and the number of members from each category, and the reporting relationship to the parent committee.

### Supporting Documentation

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

2. A list of curriculum committee members, including their voting status and membership category (e.g., faculty, student, or administrator).

3. Provide, in MS Word format, one year of curriculum committee minutes in the DCI Appendix. Also, if requested by the survey team secretary, have available on-site for the survey team one year of curriculum committee minutes.

## 8.2 Use of Medical Educational Program Objectives

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

### Narrative **Response**

a. Describe how the medical education program objectives are being and will be used in the following:

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

2. The evaluation of curriculum outcomes.

b. Describe the status of linking course and clerkship learning objectives to medical education program objectives. Summarize the roles and activities of course/clerkship faculty and the curriculum committee and its subcommittees in making and reviewing this linkage. Note how often this linkage will be reviewed.

### Supporting Documentation

1. One example from a course illustrating the linkage of all the learning objectives of the course to the relevant medical education program objective(s).

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

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

### Supporting Data

|  |
| --- |
| **Table 8.3-1 | Role in Curriculum** |
| For each of the listed tasks, indicate the role1 of the individual(s)/group(s) listed below (D, E, R, Rec, A). If an individual/group does not have a role in a task, leave the cell blank. |
| Task | Course/Clerkship Directors andFaculty | CAO/Associate Dean for Medical Education | Office of Medical Education Staff | Curriculum Committee | Curriculum CommitteeSubcommittee(s) |
| Educational program objectives |  |  |  |  |  |
| Course/clerkship learning objectives |  |  |  |  |  |
| Course/clerkship content and instructional methods |  |  |  |  |  |
| Course/clerkship quality and outcomes |  |  |  |  |  |
| Faculty/resident teaching |  |  |  |  |  |
| Curriculum content, including horizontal and vertical integration |  |  |  |  |  |
| The outcomes of curriculum phases |  |  |  |  |  |
| The outcomes of the curriculum as a whole |  |  |  |  |  |

1Definitions:

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

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

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

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

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

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

**Narrative Response**

a. Describe the process that will be used and the planned timing for formal review of the phases of the curriculum. Include in the description the areas and outcomes that are being or will be evaluated, 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.

b. Describe plans for how the curriculum as a whole will be evaluated, including the methods used to determine the following:

1. 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

2. The curriculum structure, and whether the instructional formats and methods of assessment are consistent with and designed to support the medical education program objectives being met.

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.

c. Describe how and how often curriculum content is or will be monitored, including the tools (e.g., a curriculum database) available or planned for content monitoring. Note if a curriculum database has been developed or, if not, the timing for its development and implementation.

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

### Supporting Documentation

1. The results of a search of the curriculum database for curriculum content related to the topics of “mitochondrial disease” and “translational research.”

## 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.**

### Supporting Data

|  |
| --- |
| **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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative **Response**

a. Describe the methods used to collect evaluation data from medical students on course quality and the methods that will be used to collect evaluation data from medical students on clerkship quality. Which individual(s)/office(s) have the responsibility for carrying out each type of data collection?

b. Describe how medical students provide or will provide evaluation data on individual faculty, residents, and others who teach and supervise them in required courses and clerkship rotations.

c. Discuss data from the ISA on students’ satisfaction with the school’s responsiveness to student feedback on courses. How are students informed about actions taken based on their input?

### Supporting Documentation

1. A sample review of a course.

2. Forms that are used by students in the evaluation of courses and that will be used in the evaluation of clerkships. If there are no standardized forms, provide sample forms for individual courses and clerkships.

##

## 8.7 Comparability of Education/Assessment

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

**Supporting Data**

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

**Narrative Response**

a. Summarize the data/information that will be used to determine if there is comparability across sites within a given clerkship. Note if the data used are determined centrally or by the individual course/clerkship or department.

b. Describe the individuals (e.g., site director, clerkship director, department chair) and/or groups (curriculum committee or a curriculum committee subcommittee) that are or will be 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 addressing inconsistencies across sites in such areas as completion by students of the required clinical experiences and equivalency of the grading process

## 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.**

**Supporting Data**

|  |
| --- |
| **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/AResponses | 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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. Referring to the sample weekly schedule requested in the Supporting Documentation below, describe the amount of unscheduled time available to medical students in an average week during the first year of the curriculum.

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

c. Summarize the content of any policies/guidelines covering the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note whether the policy addresses only in-class activities or also includes required activities assigned to be completed outside of scheduled class time. What individuals and/or groups are responsible for developing and approving these policies?

d. Describe the status of development of a policy on medical student duty hours in the clinical setting and the date that it was or is anticipated to be approved. What individuals and/or groups are responsible for developing and approving this policy?

e. Describe how the policy relating to duty hours in the clinical setting is being or will be disseminated to medical students, residents, and faculty.

f. Describe when and how data on medical student duty hours will be collected during the clerkship phase of the curriculum and to whom the data will be reported.

g. Describe the mechanisms that exist or will exist for students to report violations of the duty hours policy. How and to whom can or will students report violations? Describe the steps that can or will be taken if duty hour limits are exceeded and the individual(s) responsible for taking the steps.

h. 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 duty hours and related policies and/or guidelines.

**Supporting Documentation**

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

2. Formal policies or guidelines addressing the amount of required time spent during a given week during the pre-clerkship phase of the curriculum.

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

# 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.**

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

### Supporting Data

|  |
| --- |
| **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: |

## 9.1 Preparation of Resident and Non-Faculty Instructors

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

### Supporting Data

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

|  |
| --- |
| **Table 9.1-2 | Resident Preparation to Teach** |
| Briefly summarize the orientation program (s) that are or will be available to residents to prepare for their roles teaching and assessing medical students in required clinical clerkships. For each program, note whether it is or will be sponsored by the department or the institution (D/I), whether the program is or will be required or optional (R/O), and whether resident participation is or will be centrally monitored (Y/N), and if so, by whom. Add rows as needed. |
| Required Clerkship | Program Name/Brief Summary | Sponsorship(D/I) | Required/Optional (R/O) | CentrallyMonitored? (Y/N) | Monitored by Whom? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### Narrative Response

a. Describe any school/institution-level (e.g., curriculum committee, GME office) policies/formal documents that require the participation of residents and others (e.g., graduate students, postdoctoral fellows) who supervise/assess medical students in orientation or faculty development programs related to their role in teaching and/or assessment.

b. How will the medical school ensure that all residents who supervise/assess medical students in required clinical clerkships, whether they are from the school’s own residency programs or other programs, receive the relevant clerkship learning objectives, the list of required clinical encounters and skills, and the necessary orientation to and preparation for their roles in teaching and assessment?

## 9.3 Clinical Supervision of Medical Students

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

### Narrative Response

a. Describe the policies/guidelines and practices by departments and/or the central medical school administration which ensure or will ensure that medical students are appropriately supervised during required clinical clerkships and other required clinical experiences. How will the school ensure that faculty with supervisory responsibilities are informed of the expectations for supervision?

b. What mechanisms exist or will exist for students to express concern about the adequacy and availability of supervision? How, when, and by whom will these concerns be reviewed and acted upon? How will the school ensure that students can express concerns about supervision without fear of retaliation or adverse consequence?

c. What practices are or will be used during required clinical experiences and other school-sponsored clinical experiences (i.e., electives) to ensure that the level of responsibility delegated to a medical student is appropriate to the student’s level of training and experience? Are these practices codified in formal policies/guidelines?

### Supporting Documentation

1. Policies or guidelines related to medical student supervision during required clinical activities that ensure student and patient safety (e.g., policies about timely access to, and in-house availability of, attending physicians and/or residents).

2. Policies or guidelines related to the delegation of responsibility to medical students based on their level of training and/or experience.

## 9.4 Assessment System

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

### Narrative Response

a. Provide the following information for each required comprehensive clinical assessment (e.g., OSCE or standardized patient assessment) that occurs or will occur independently of individual courses or clerkships: 1) when in the curriculum it is offered, 2) the general skills and content areas covered, and 3) whether the purpose of the assessment is formative (to provide feedback to the student) or summative (to inform decision-making about grades, academic progression, or graduation).

b. Describe how the medical school will ensure that each student has acquired and can demonstrate the necessary core clinical skills (i.e., history taking and physical examination) during the clerkship/clinical phase of the curriculum to be prepared for the next stage of training. [Note that the school can decide if students must complete an entire history and physical examination or a modified history and physical that is relevant to a specific clerkship].

### Supporting Documentation

1. Provide two examples of course/clerkship-specific or standardized forms that are or will be used in the assessment of medical students’ core clinical skills. Indicate the course or clerkship in which each form is or will be used and whether the results are or will be used for formative (feedback) or summative (grading) purposes.

## 9.5 Narrative Assessment

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

### Narrative Response

a. Summarize the policy/guideline(s) describing the circumstances in which narrative descriptions of a medical student’s performance are or will be provided (e.g., length of teacher-student interaction, group size).

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

1. Provided only to students as formative feedback

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

c. Referring to Table 6.0-1, describe the reasons why a narrative assessment is not or will not be provided in a course where teacher-student interaction might permit it to occur (e.g., there is small group learning or laboratory sessions).

**Supporting Documentation**

1. Copies of any institutional policies or guideline(s) related to providing narrative descriptions of student performance.

## 9.7 Formative Assessment and Feedback

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

### Supporting Data

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

|  |
| --- |
| **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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. Describe how and by whom the provision of mid-course/clerkship feedback is or will be monitored within individual departments and at the curriculum management level. Summarize the policy/guideline(s) and processes that will ensure that mid-course/clerkship feedback will occur.

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

### Supporting Documentation

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

##

## 9.9 Student Advancement and Appeal Process

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

**Narrative Response**

a. Describe how the medical education program monitors and ensures that a single set of core standards for promotion, advancement, and graduation is applied across all instructional sites, including regional campuses. If the medical education program has a parallel curriculum with additional academic requirements, describe how these are applied in making promotion, advancement, and graduation decisions for students in that parallel curriculum.

b. Describe how and by which individual(s) or group(s) the following decisions are or will be made:

1. The advancement of a medical student to the next academic period

2. A medical student’s graduation.

c. Summarize the due process protections in place at the medical school when there is the possibility of the school’s taking an adverse action against a medical 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.

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

e. Describe how the due process policy and procedures are made known to medical students.

### Supporting Documentation

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

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

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

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

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

### Supporting Documentation

|  |
| --- |
| **Table 10.0-1 Applicants and Matriculants** |
| Provide data for the indicated entering classes on the total number of initial applications received in the admissions office, completed applications, applicants interviewed, acceptances issued, and new medical students matriculated for the first year of the medical curriculum. Do not include first year students repeating the year. |
|  | 2024 Entering Class | 2025 Entering Class |
| Initial Applications |  |  |
| Completed Applications |  |  |
| Applicants Interviewed |  |  |
| Acceptances Issued |  |  |
| New Students Matriculated  |  |  |

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

##

## 10.2 Final Authority of Admission Committee

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

### **Narrative Response**

a. Describe the size and composition of the medical school admission committee, including the categories of membership (e.g., faculty, students, medical school administrators, community members) and the specified number of members from each category. If there are subcommittees of the admission committee, describe their composition, role, and authority. Provide the definition of a quorum for admission committee meetings. How does the admission committee process ensure that faculty members constitute a majority of voting members at all meetings?

b. Describe how admission committee members are oriented to the admission committee policies and to the admissions process.

c. Summarize the charge to the admission committee and the source of the committee’s authority (e.g., medical school bylaws). Are there circumstances where the admission committee does not make the final admission decision (e.g., selection of applicants for admission from the waitlist)? In such cases, note if the admission committee already has classified such applicants as acceptable.

d. Have there been any circumstances when the final authority of the admission committee has been challenged, overruled, or rejected during the past admission cycle?

e. Describe how the medical school ensures that there are no conflicts of interest in the admission process and that no admission decisions are influenced by political or financial factors.

### **Supporting Documentation**

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

## 10.9 Student Assignment

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

###  Narrative Response

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

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

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

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

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

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

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

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

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

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

## 11.1 Academic Advising and Academic Counseling

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

### Supporting Data

|  |
| --- |
| **Table 11.1-1 | Attrition/Academic Difficulty** |
| Complete the following table with data for the 2023 entering class. *Count each student only 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 |  |

|  |
| --- |
| **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/AResponses | 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/AResponses | 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.

**Narrative Response**

a. Describe the types of academic assistance available to all medical students. For each type of assistance available to all students, summarize the role and organizational locus (e.g., medical school, university, other) of the individual(s) who provide this support and the way(s) in which medical students can gain access to each of the resources. How are medical students informed about the availability of these resources? *Schools with regional campus(es) should provide this information by campus.*

b. How and when are medical students experiencing academic difficulty or at risk for academic difficulty identified? Is there a process for identifying students who are likely to be or are in academic difficulty before they receive a failing final course/clerkship grade?

c. 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 are students directed to these sources of academic counseling? Describe how the medical school provides an option for medical students to obtain academic counseling from individuals who have no role in assessment or advancement decisions about them, including individuals who prepare the MSPE.

## 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.**

### S**upporting Data**

|  |
| --- |
| **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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 11.2-2 | Optional and Required Career 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 |  |  |  |  |  |

###  Narrative Response

a. Using Table 11.2-2 above, provide an overview of the system of career counseling for medical students across the curriculum, including the current availability of and the status of planning for required and optional sessions in all curriculum years. In the description, include the personnel from the medical school administration, faculty (e.g., career advisors), and other sites (e.g., a university career office, outside consultants) who are or will be available to support the medical student career advising system and the role(s) played by each. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management/coordination of the career advising system. *Schools with regional campuses should provide the information by campus.*

b. Describe how the different groups of individuals (e.g., general career advisors, specialty advisors) involved in career advising are/will be trained for their specific role in the career advising system.

c. Provide a description of the print and/or online resources that are or will be available to medical students to support their career investigations. Note if students are or will be required to use some or all of these materials (e.g., as part of or preparation for career advising sessions) and how students are informed about the requirement.

d. Identify the individual(s) who are or will be primarily responsible for providing guidance to medical students on their choice of intramural and extramural electives during each year of the curriculum. List the role(s) or title(s) (e.g., student affairs dean, college advisor, departmental faculty advisor) of the individual(s) who will be responsible for the formal approval of medical students’ elective choices. Describe the timing of any formal (required) sessions where counseling on electives will occur.

e. List the individual(s) who will be primarily responsible for the preparation of the MSPE. Describe the opportunities for medical students to request another MSPE writer.

# 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.**

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

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

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

### Supporting Data

|  |
| --- |
| **Table 12.1-1 | 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 |  |  |  |

|  |
| --- |
| **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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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 is or 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 |
|  |  |  |  |

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

### Narrative Response

a. Describe the staffing of the financial aid office used by medical students.

1. Note if the financial aid office resides organizationally within the medical school or at another (e.g., the university) level. If the latter, list the other schools/programs supported by financial aid office staff.

2. Indicate the number of financial aid staff who are available to specifically assist medical students.

3. Describe how the medical school currently determines and evaluates the adequacy of financial aid staffing and how it will do so as the number of medical students increases.

b. Provide a description of the types of debt management informational materials available to medical students. Note if students are required to review some or all of these materials (e.g., as part of or preparation for financial aid/debt management sessions).

c. Describe current activities at the medical school or sponsoring organization to raise funding for scholarship and grant support for medical students (e.g., a current fund-raising campaign devoted to increasing scholarship resources). Describe the goals of these activities, their current levels of success in obtaining the desired funding, and the timeframe for their completion.

d. Describe the role of the medical school leadership in controlling tuition and fee increases for medical students. Also see the response to Element 5.3.

e. Describe other mechanisms that are being used by the medical school and the university/sponsoring organization to limit medical student debt.

### Supporting Documentation

1. The most recent LCME Part I-B Student Financial Aid Questionnaire.

##

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

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

### Supporting Data

|  |
| --- |
| **Table 12.3-1 | 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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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/AResponses | 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 |  |  |  |

### Narrative Response

a. Describe the system for providing mental health services, including personal counseling, to medical students, including how, by whom (i.e., roles and titles), and where services are provided. Describe how students are informed about the availability of mental health services. *Schools with regional campus(es) should provide the information by campus.*

b. Comment on how the medical school ensures that mental health and counseling services are accessible and confidential. Summarize how the school will ensure that mental health and counseling services will be available as students move into the clinical phase of the curriculum.

c. Summarize medical school programs or other programs designed to support students’ well-being and facilitate students’ ongoing adjustment to the physical and emotional demands of medical school. Describe how students are informed about the availability of these programs/activities. *Schools with regional campus(es) should provide the information by campus.*

## 12.4 Student Access to Health Care Services

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

### Supporting Data

|  |
| --- |
| **Table 12.4-1 | 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/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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

###  Narrative Response

a. Describe the current system for providing medical students with access to diagnostic, preventive, and therapeutic health services, including where and by whom (i.e., roles and titles) services are provided for students in the pre-clerkship phase of the curriculum. For example, if there is a student health center, comment on its location, staffing, and hours of operation. If there is no student health center, how does the school assist students in finding health services? *Schools with regional campus(es) should provide the information by campus.*

b. Describe how medical students at each instructional site/campus with required educational activities are or will be informed about availability of and access to health services.

c. Describe how medical students, faculty, and residents are or will be informed of policies that allow students to be excused from classes or clinical activities in order to access health services.

### **Supporting Documentation**

1. Policy or guidance document that specifies that medical students may be excused from classes or clinical activities in order to access health services.

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

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

**Narrative Response**

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

b. If health and/or psychiatric/psychological services are provided by university or medical school service providers, describe where these student health records are stored and how the confidentiality of these records is maintained. Note if any medical school personnel who have a role interacting with medical students have access to these records.

**Supporting Documentation**

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

## 12.8 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.**

### Supporting Data

|  |
| --- |
| **Table 12.8-1 | I am Taught How to Prevent Exposure to Infectious and Environmental Hazards Before I Begin Seeing Patients.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus (as available). |
| 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 |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 12.8-2 | I Am Aware of or Have Ready Access to the Procedures to Follow After Potential Exposure to an Infectious or Environmental Hazard.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus (as available). |
| 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 |  |  |  |  |  |  |  |  |

**Narrative Response**

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

1. The education of medical students about methods of prevention

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

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

b. Describe when and in what way(s) the school’s own medical students and visiting medical students are or will be informed of the medical school’s policies and procedures related to exposure to infectious and environmental hazards at all instructional sites. For example, when and how do or will students, including visiting students, learn about the procedures to be followed in the event of exposure to blood-borne (e.g., a needle-stick injury) or air-borne pathogens?

c. Describe when in the course of their education medical students learn how to prevent exposure to infectious diseases.

### Supporting Documentation

1. Policies on medical student exposure to infectious and environmental hazards, including policies related to the implications of infectious and/or environmental disease or disability on medical student learning activities.

# Style Guide for DCI Preparation

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

# Glossary of Terms for LCME Accreditation Standards and Elements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Element 8.4)

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

(Element 11.5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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