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 Liaison Committee on Medical Education

**TEAM REPORT**

**OF THE**

**VIRTUAL SURVEY FOR PROVISIONAL ACCREDITATION OF**

**OFFICIAL NAME OF THE**

**SCHOOL OF MEDICINE**

**City, State**

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

PREPARED BY AN AD HOC SURVEY TEAM

FOR THE

**LIAISON COMMITTEE ON MEDICAL EDUCATION**

**Table of Contents**

[Appendix iii](#_Toc78206720)

[Memorandum 1](#_Toc78206721)

[Introduction 2](#_Toc78206722)

[Accreditation History 3](#_Toc78206723)

[The Data Collection Instrument (DCI) and the Independent Student Analysis (ISA) 3](#_Toc78206724)

[History and Setting of the School 3](#_Toc78206725)

[Standard 1: Mission, Planning, Organization, and Integrity 4](#_Toc78206726)

[Element 1.1 Strategic Planning and Continuous Quality Improvement 5](#_Toc78206727)

[Element 1.3 Mechanisms for Faculty Participation 6](#_Toc78206728)

[Element 1.4 Affiliation Agreements 7](#_Toc78206729)

[Standard 2: Leadership and Administration 8](#_Toc78206730)

[Element 2.3 Access and Authority of the Dean 9](#_Toc78206731)

[Element 2.4 Sufficiency of Administrative Staff 10](#_Toc78206732)

[Element 2.5 Responsibility of and to the Dean 11](#_Toc78206733)

[Element 2.6 Functional Integration of the Faculty 12](#_Toc78206734)

[Standard 3: Academic and Learning Environments 13](#_Toc78206735)

[Element 3.1 Resident Participation in Medical Student Education 14](#_Toc78206736)

[Element 3.2 Community of Scholars/Research Opportunities 15](#_Toc78206737)

[Element 3.3 Diversity/Pipeline Programs and Partnerships 17](#_Toc78206738)

[Element 3.5 Learning Environment/Professionalism 20](#_Toc78206739)

[Element 3.6 Student Mistreatment 21](#_Toc78206740)

[Standard 4: Faculty Preparation, Productivity, Participation, and Policies 23](#_Toc78206741)

[Element 4.1 Sufficiency of Faculty 24](#_Toc78206742)

[Element 4.2 Scholarly Productivity 25](#_Toc78206743)

[Element 4.3 Faculty Appointment Policies 26](#_Toc78206744)

[Element 4.4 Feedback to Faculty 27](#_Toc78206745)

[Element 4.5 Faculty Professional Development 28](#_Toc78206746)

[Standard 5: Educational Resources and Infrastructure 29](#_Toc78206747)

[Element 5.1 Adequacy of Financial Resources 31](#_Toc78206748)

[Element 5.3 Pressures for Self-Financing 32](#_Toc78206749)

[Element 5.4 Sufficiency of Buildings and Equipment 33](#_Toc78206750)

[Element 5.5 Resources for Clinical Instruction 34](#_Toc78206751)

[Element 5.6 Clinical Instructional Facilities/Information Resources 35](#_Toc78206752)

[Element 5.11 Study/Lounge/Storage Space/Call Rooms 36](#_Toc78206753)

[Standard 6: Competencies, Curricular Objectives, and Curricular Design 38](#_Toc78206754)

[Element 6.1 Program and Learning Objectives 39](#_Toc78206755)

[Element 6.2 Required Clinical Experiences 40](#_Toc78206756)

[Element 6.3 Self-Directed and Life-Long Learning 41](#_Toc78206757)

[Element 6.5 Elective Opportunities 43](#_Toc78206758)

[Standard 7: Curricular Content 44](#_Toc78206759)

[Element 7.1 Biomedical, Behavioral, Social Sciences 45](#_Toc78206760)

[Standard 8: Curricular Management, Evaluation, and Enhancement 46](#_Toc78206761)

[Element 8.1 Curricular Management 47](#_Toc78206762)

[Element 8.2 Use of Medical Educational Program Objectives 48](#_Toc78206763)

[Element 8.3 Curricular Design, Review, Revision/Content Monitoring 49](#_Toc78206764)

[Element 8.5 Medical Student Feedback 51](#_Toc78206765)

[Element 8.7 Comparability of Education/Assessment 52](#_Toc78206766)

[Element 8.8 Monitoring Student Time 53](#_Toc78206767)

[Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety 54](#_Toc78206768)

[Element 9.1 Preparation of Resident and Non-Faculty Instructors 56](#_Toc78206769)

[Element 9.3 Clinical Supervision of Medical Students 57](#_Toc78206770)

[Element 9.4 Assessment System 58](#_Toc78206771)

[Element 9.5 Narrative Assessment 59](#_Toc78206772)

[Element 9.7 Formative Assessment and Feedback 60](#_Toc78206773)

[Element 9.9 Student Advancement and Appeal Process 62](#_Toc78206774)

[Standard 10: Medical Student Selection, Assignment, and Progress 63](#_Toc78206775)

[Element 10.2 Final Authority of Admission Committee 65](#_Toc78206776)

[Element 10.9 Student Assignment 66](#_Toc78206777)

[Standard 11: Medical Student Academic Support, Career Advising, and Educational Records 67](#_Toc78206778)

[Element 11.1 Academic Advising 68](#_Toc78206779)

[Element 11.2 Career Advising 69](#_Toc78206780)

[Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services 70](#_Toc78206781)

[Element 12.1 Financial Aid/Debt Management Counseling/Student Educational Debt 71](#_Toc78206782)

[Element 12.3 Personal Counseling/Well-Being Programs 73](#_Toc78206783)

[Element 12.4 Student Access to Health Care Services 75](#_Toc78206784)

[Element 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/ Location of Student Health Records 76](#_Toc78206785)

[Element 12.8 Student Exposure Policies/Procedures 77](#_Toc78206786)

# Appendix

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

A. Survey visit schedule

B. Independent Student Analysis narrative and data summary

C. Maps

E.

F.

G.

H.

I.

J.

K.

L.

M.

N.

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Z.

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

# Memorandum

TO: Liaison Committee on Medical Education (LCME)

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

RE: Survey Report

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

Respectfully,

Survey team secretary signature

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Name, Degrees

Survey Team Secretary

# Introduction

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

Chair:

Name Discipline/Specialty

Title

Institution

City, State

Secretary:

Name Discipline/Specialty

Title

Institution

City, State

Member:

Name Discipline/Specialty

Title

Institution

City, State

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

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

# Accreditation History

Insert the narrative of the school’s accreditation history and dashboard information. Comment on any issues of chronicity in compliance/performance.

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

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

Briefly note the following:

* Quality of the DCI (e.g., clear, complete, consistent, concise)
* Percent of students and number, total and by class year, participating in the survey used to develop the ISA

# History and Setting of the School

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

From information provided in Standard 1 (narrative response), briefly provide a brief history of the medical school, noting key points in its development to date. Note relevant details related to the school’s environment, such as other schools/colleges on campus or the presence of one or more regional campus(es).

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

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

*Include at least the following in the Appendix:*

Appendix #: The current strategic plan for the medical school or the institutional plan that includes the medical school (Element 1.1)

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

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

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

### Element 1.1 Strategic Planning and Continuous Quality Improvement

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

1. Briefly describe the status of the medical school’s strategic planning process, including the development of its mission and goals and associated outcomes. Note if the strategic plan utilizes outcome language and how, when, and by whom the outcomes of the strategic plan will be monitored.
2. Describe the process that will be used and the resources that are or will be available to engage in quality improvement activities related to the medical education program and to monitor ongoing compliance with accreditation elements. Are there or will there be sufficient resources available to support quality improvement activities?
3. Summarize how the policy and process to monitor ongoing compliance with LCME accreditation elements were developed and by which individuals the policy/process were approved.
4. Complete the requested information for each accreditation element that is monitored (add rows, as needed).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Elements that are Monitored | Timing of Monitoring of the Element | Data Source(s) Used to Monitor the Element | Individuals/Groups Receiving the Results | Individual/Group Responsible for Taking |
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### Element 1.3 Mechanisms for Faculty Participation

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

1. Summarize the status of finalizing the standing committees of the medical school. Are the committees included in Table 1.3-1 (Standing Committees) in Appendix # the final committees of the medical school? Note if there are any committees that have not yet been formed or if there are any planned changes in existing committees.
2. Referring to Table for 1.3-1 in the Appendix, describe how the nomination and selection process for faculty committees ensures that there is input from and participation by the general faculty into the governance process. Note whether school committees include self-nominated/peer-nominated/peer-selected members.
3. Describe the ways in which faculty are made aware of new policies and other types of changes that require faculty input and how such input from faculty is obtained. Are there communication mechanisms to inform faculty about policies and issues of importance?

### Element 1.4 Affiliation Agreements

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

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

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| **Table 1.4-1 | Affiliation Agreements** |
| For each inpatient clinical teaching site that will be used for required clinical clerkships, indicate (Y/N) if the current affiliation agreement specifically contains the following information. Add rows as needed. |
| Clinical teaching site | Date agreement last signed | 1.Access to resources | 2.Primacy of program | 3.Faculty appointments | 4.Environmental hazard | 5.Learning environment |
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1. Indicate whether up-to date affiliation agreements exist with all inpatient sites that will be used for required clinical clerkships for the charter (first entering) class. If all agreements have not yet been finalized, describe the status of completing the missing agreements.
2. For ambulatory sites (e.g., clinics, group practices) that have or will have a significant role in required clinical clerkships, describe how the medical school will ensure the primacy of the medical education program in the areas included in the element.

## Standard 2: Leadership and Administration

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

*Include at least the following in the Appendix:*

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

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

 affiliates (Element 2.3)

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

Appendix #: Information on dean’s staff and departmental chairs (Element 2.4, DCI Tables 2.4-2a-f and
 2.4-3)

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

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

### Element 2.3 Access and Authority of the Dean

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

1. Based on the organizational chart illustrating the relationship of the medical school dean to university/sponsoring institution and health system administrators and the narrative description in the DCI, summarize the dean's reporting relationship(s) and opportunities for formal and informal access. Include evidence that the dean has the opportunity to interact these with individuals in support of areas related to the needs of the medical education program.
2. Describe the formal mechanisms that allow the dean to exercise authority over those faculty who participate in the medical education program, but who are not employed by the medical school.

### Element 2.4 Sufficiency of Administrative Staff

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

1. Referring to Table 2.4-1 (below), evaluate whether the dean’s office staffing is complete and sufficient and whether the amount of time contributed by each assistant and associate dean is adequate.
2. If any members of the dean’s staff hold interim/acting appointments, describe the status of recruitment efforts to fill those position(s). Also note if gaps exist where there is an important administrative role that is not filled on a permanent or interim capacity.
3. Do medical students perceive the dean’s staff to be accessible and aware of students’ concerns? Refer to relevant data from the ISA (in Table 2.4-2a-f in Appendix #) as evidence for the team’s conclusions.

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

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| **Table 2.4-1 | Dean’s Office Administrative Staffing** |
| Provide the requested information regarding members of the dean’s administrative staff. Include those individuals with dean and director titles. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed. |
| Name of Incumbent | Title | % Effort Dedicated to Administrative Role | Date Appointed | Indicate (X) if the Current Incumbent is Acting/Interim |
|  |  |  |  |  |

### Element 2.5 Responsibility of and to the Dean

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

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

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

1. Describe how the medical school dean/designated chief academic officer (CAO) oversees the following: (a) the conduct and quality of the medical education program at all regional campuses and (b) the adequacy of regional campus faculty.

1. Describe the reporting relationship(s) between the medical school dean/CAO and the principal academic officer at each regional campus. Describe the reporting relationships of other campus administrators to their central campus counterparts (e.g., student affairs officers at the campus[es] and the associate dean for student affairs).
2. Describe the ways in which the principal academic officer(s) at regional campus(es) are or will be integrated into the administrative structures of the medical school.

### Element 2.6 Functional Integration of the Faculty

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

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

1. Describe how faculty members in each discipline are or will be functionally integrated across regional campuses. Include examples of activities to support such integration.
2. Describe how institutional policies and/or faculty bylaws support the participation of faculty based at regional campuses in medical school governance.
3. Provide examples of the ways in which faculty at the regional campuses are being or will be integrated into the medical school governance structure (e.g., current participation in medical school committees).

## Standard 3: Academic and Learning Environments

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

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

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

### Element 3.1 Resident Participation in Medical Student Education

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

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| **Table 3.1-1 | Resident Involvement in Required Clinical Clerkships**  |
| List each clinical facility at which one or more medical students will take a required clinical clerkship (other than ambulatory, community-based sites). For each clerkship, place a “Y” toindicatethatresidents in an accredited program are involved in medical student educationor an “N” to indicate that residents are not involved inmedical student education in that discipline. If there is no clerkship in that discipline at that site, leave the cell blank. Add rows as needed. |
| Facility Name | Family Medicine | Internal Medicine | Ob-Gyn | Pediatrics | Psychiatry | Surgery |
|  |  |  |  |  |  |  |

1. Will every medical student in the charter class have an opportunity to complete one or more required clinical experiences in a setting where residents teach/supervise medical students? For schools with regional campuses, provide the information by campus.
2. If residents will not be present at any of the sites where some or all medical students will have clinical experiences, describe how these medical students will learn about the expectations and requirements for the next phase of their training.

### Element 3.2 Community of Scholars/Research Opportunities

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

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| **Table 3.2-1a | Satisfaction with Access to Research Opportunities** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with access to research opportunities.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 3.2-1b | Satisfaction with Support for Participation in Research** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the support for participation in research.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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

1. Will medical students who are required to or desire to participate in research have the opportunity to do so? Describe how medical students are being informed about available research opportunities and assisted in identifying a research topic and finding a mentor.
2. Describe the funding, personnel, and other resources to support medical student participation in research.
3. Summarize data from the ISA on respondent satisfaction with opportunities to participate in research and support for their participation.

### Element 3.3 Diversity/Pipeline Programs and Partnerships

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

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| **Table 3.3-1 | Diversity Categories**  |
| Provide the specific diversity categories identified in medical school policies that guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Note that the medical school may use different diversity categories for each of these groups.  |
| Medical Students | Faculty | Senior Administrative Staff |
|  |  |  |

\*See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definition of senior administrative staff.

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| **Table 3.3-2 | Offers Made to Applicants to the Medical School** |
| Provide the total number of offers of admission to the medical school made to individuals in the school’s identified diversity categories for the indicated academic years. Add rows as needed for each diversity category. |
|  | 2020 Entering Class | 2021 Entering Class |
| School-identifiedDiversity Category | # of Declined Offers | # of Enrolled Students | TotalOffers | # of Declined Offers | # of Enrolled Students | TotalOffers |
|  |  |  |  |  |  |  |

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| --- |
| **Table 3.3-3 | Offers Made for Faculty Positions** |
| Provide the total number of offers of faculty positions made to individuals in the school’s identified diversity categories. Add rows as needed for each diversity category. |
|  | AY 2019-20 | AY 2020-21 |
| School-identifiedDiversity Category | # of Declined Offers | # of FacultyHired | TotalOffers | # of Declined Offers | # of FacultyHired | TotalOffers |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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| **Table 3.3-4 | Offers Made for Senior Administrative Staff Positions** |
| Provide the total number of offers of senior administrative staff positions made to individuals in the school’s identified diversity categories. Add rows as needed for each diversity category. |
|  | AY 2019-20 | AY 2020-21 |
| School-identifiedDiversity Category | # of Declined Offers | # of StaffHired | TotalOffers | # of Declined Offers | # of StaffHired | TotalOffers |
|  |  |  |  |  |  |  |

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| **Table 3.3-5 | Students, Faculty, and Senior Administrative Staff** |
| Provide the requested information on the number and percentage of enrolled students, employed faculty, and senior administrative staff in each of the school-identified diversity categories (as defined in Table 3.3-1 above). If the diversity categories differ among the groups, include the category for each group in a separate row and provide the data in the corresponding row.  |
| School-identifiedDiversity Category | First Year StudentsNumber (%) | All StudentsNumber (%) | Employed/Full-Time FacultyNumber (%) | Senior Administrative StaffNumber (%) |
|  |  |  |  |  |

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| --- |
| **Table 3.3-6 | Pipeline Programs and Partnerships** |
| List each current program currently in place or planned that is aimed at broadening diversity among qualified medical school applicants. Provide the year that each program was or will be initiated, target participant group(s) (e.g., college, high school, other students), average enrollment for functioning programs (by year or cohort), and a description of any partners/partnerships, if applicable. Add rows as needed. |
| Program | Year Initiated | Target Participants | Average Enrollment | Partners |
|  |  |  |  |  |

1. Note if there are institutional policies related to diversity that have been formally approved or otherwise codified and summarize their content. Do the institutional policies include the definition of the diversity categories specified by the school to guide recruitment and retention activities?
2. Referring to Table 3.3-1, describe whether and how the medical school has categorized diversity for its students, faculty, and senior administrative staff. Are the definitions of diversity categories sufficiently specific to allow monitoring?
3. Briefly describe how the policies related to diversity and the identified diversity categories are reflected in recruitment and retention programs for the following groups:
	* Medical students
	* Faculty and senior administrative staff

Is there sufficient funding, personnel, and other resources to support each of these diversity programs?

1. Summarize, by referencing Table 3.3-5 on institutional diversity, the medical school’s success, to date, in achieving diversity. Provide data from the ISA on respondent satisfaction with student and faculty/senior administrative staff diversity.
2. Describe the activities and support related to the administration and delivery of programs (e.g., pipeline programs) aimed at developing a diverse pool of medical school applicants, both locally and nationally. In the description, include the personnel dedicated to support of these activities and their time commitments and the funding that supports the programs. If the pipeline programs, including staffing and funding, are in development, note the timeline for full implementation.
3. Describe how the medical school will monitor the outcomes and evaluate the effectiveness of its pipeline and related programs to support diversity among applicants to medical school.

Element 3.5 Learning Environment/Professionalism

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

1. Has the medical school defined and included/planned to include in the medical curriculum learning activities related to the professional behaviors that its medical students are expected to develop? How will medical student acquisition of these behaviors be assessed?
2. How are the expected professional behaviors being communicated to faculty, residents, and other persons?
3. Describe the methods and tools that are being and will be used by the medical school and its clinical affiliates/partners to evaluate the learning environment in order to identify positive and negative influences on the development of medical students’ professional behaviors, especially in the clinical setting. Include when in the curriculum the evaluation of the learning environment will occur and the individual(s) responsible for reviewing and acting on the results.
4. Identify the individuals who are empowered to ensure that there is an appropriate learning environment in each of the settings that are being and will be used for medical student education.

### Element 3.6 Student Mistreatment

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

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| **Table 3.6-1a | Satisfaction with the Adequacy of the Medical School Student Mistreatment Policy**  |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the adequacy of the medical school’s student mistreatment policy.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 3.6-1b | Satisfaction with the Adequacy of Student Mistreatment Reporting Mechanisms** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the adequacy of the mechanisms to report student mistreatment.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 3.6-1b | Satisfaction with the Adequacy of Student Mistreatment Reporting Mechanisms** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the adequacy of the mechanisms to report student mistreatment.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |
| **Table 3.6-1c | Satisfaction with the Adequacy of Student Mistreatment Prevention Activities** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the adequacy of the medical school’s activities to prevent mistreatment.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Has the medical school developed a formal medical student mistreatment policy?
2. Describe how, when, and by whom medical students, residents, and faculty are or will be informed about medical student mistreatment policies.
3. Describe the policies/procedures in place for reporting any experienced or observed incidents of mistreatment or unprofessional behavior and the way in which the medical school ensures that allegations of mistreatment can be reported without fear of retaliation. Summarize the processes that will be used for follow-up of reports of alleged mistreatment.
4. Using data from the ISA, comment on whether respondents were satisfied with the school’s mistreatment policy and the mechanisms to prevent and report mistreatment.
5. How, how often, and by whom will data about the frequency of medical students experiencing negative behaviors (mistreatment) be collected and reviewed? Describe how these data will be used to reduce mistreatment.
6. Describe the school’s educational efforts that are/will be directed at preventing student mistreatment.

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

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

*Include at least the following in the Appendix:*

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

 DCI Tables 4.1-2 through 4.1-4)

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

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

### Element 4.1 Sufficiency of Faculty

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

|  |
| --- |
| **Table 4.1-1 | Total Faculty**  |
| Provide the total number of full-time, part-time, and volunteer faculty in the basic science and clinical departments for each listed academic year (as available). |
|  | Full-Time Faculty | Part-Time Faculty | Volunteer Faculty |
| Academic Year | Basic Science | Clinical | Basic Science | Clinical | Basic Science | Clinical |
| 2019-20 |  |  |  |  |  |  |
| 2020-21 |  |  |  |  |  |  |
| 2021-22 |  |  |  |  |  |  |

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

1. List faculty with substantial teaching responsibilities who are on-site at their teaching location(s) for fewer than three months during the academic year.
2. Evaluate whether the current size and discipline distribution of the faculty are appropriate for the educational and other missions of the medical school at this stage of its development and whether the educational program is appropriately staffed to date. Describe any recent situations where there have been challenges in identifying sufficient faculty to teach medical students (e.g., to provide lectures in a specific content area, to serve as small-group facilitators).
3. Summarize any anticipated faculty attrition and describe the plans for additional faculty recruitment, by discipline, over the next three years.

### Element 4.2 Scholarly Productivity

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

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| **Table 4.2-1 | 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). Provide the year used for these data. |
| Department | Articles inPeer-Review Journals | Published Books/Book Chapters | Faculty Co-Investigators orPIs on Extramural Grants | Other Peer-Reviewed Scholarship\* |
|  |  |  |  |  |
| \*Provide a definition of “other peer-reviewed scholarship," if this category is used: |
| Provide the base year used for these data:  |

1. Describe the medical school’s expectations for faculty scholarship. For example, is scholarship required for promotion and/or retention of some or all faculty?

### Element 4.3 Faculty Appointment Policies

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

1. Are there policies and procedures for initial faculty appointment, renewal of appointment, promotion, granting of tenure (if relevant), and dismissal? Are these policies and procedures understood by faculty?
2. Describe how and when faculty members receive formal notification about the terms and conditions of their employment, their benefits, their compensation, and their assignment to a faculty track (if tracks are utilized).
3. Describe how and when faculty members are notified about their responsibilities in teaching, research, and, if relevant, patient care. Do such notifications occur on a regularly scheduled basis?

### Element 4.4 Feedback to Faculty

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

1. Describe whether and how faculty receive formal, regularly scheduled feedback on their academic performance, progress toward promotion and, if relevant, tenure. Are there formal policies requiring that regular feedback be provided to faculty?
2. Describe how part-time or volunteer faculty that are or will be involved in teaching medical students receive formal feedback on their teaching performance and progress toward promotion.

### Element 4.5 Faculty Professional Development

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

1. Summarize the availability and organizational placement of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Do the individuals responsible for providing faculty development have sufficient time for this responsibility?
2. Is or will faculty development be accessible to faculty at all instructional sites? What are the mechanisms to inform faculty about the availability of faculty development programming?
3. Describe any mechanisms that exist to remediate identified problems with faculty teaching or supervision skills.
4. Is there funding to support faculty professional development activities external to the medical school (e.g., at professional meetings in their disciplines, at national/regional medical education meetings)?
5. Indicate whether the medical school is providing or plans to provide faculty development programs focused on faculty research skills and grant acquisition/management. Are there personnel available to assist faculty in acquiring and enhancing their research skills?

##  Standard 5: Educational Resources and Infrastructure

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

*Include at least the following in the Appendix:*

Appendix #: LCME Part I-A Annual Financial Questionnaire, consisting of a)

 Signature Page; b) Current Funds Revenues, Expenditures and Transfers - Data Entry

 Sheet; c) Schedules A-E; and d) Revenues and Expenditures History

 Responses to the web-based companion survey to the LCME Part I-A Annual

 Financial Questionnaire, the “*Overview of Organization and Financial Characteristics*

 *Survey*”

 Revenue and expenditures summary for fiscal years 2019, 2020, 2021, and 2022 (based on current projection)s

Use the format and row labels from the “Revenues and Expenditures History” from the school’s

completed LCME Part I-A Annual Financial Questionnaire

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

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

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

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

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| **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 2019 | FY 2020 |
|  | $ | % of Total Revenues | $ | % of Total Revenues |
| Total tuition and fees revenues |  |  |  |  |
|  Revenues from tuition and fees (T&F) assessed to medical students |  |  |  |  |
|  Revenues from T&F assessed to grad students in med school programs  |  |  |  |  |
|  Revenues from continuing medical education programs  |  |  |  |  |
|  Other tuition and fees revenues  |  |  |  |  |
| Total expenditures and transfers from government and parent support  |  |  |  |  |
|  Total federal appropriations |  |  |  |  |
|  Total adjusted state and parent support  |  |  |  |  |
|  Total local appropriations  |  |  |  |  |
| Total grants and contracts  |  |  |  |  |
|  Total direct costs - federal government  |  |  |  |  |
|  State and local government grants and contracts  |  |  |  |  |
|  Other grants and contracts direct expenditures |  |  |  |  |
| Total facilities and administration costs expenditures  |  |  |  |  |
|  Practice plans total revenues  |  |  |  |  |
| Total expenditures and transfers from hospital funds  |  |  |  |  |
|  Total expenditures and transfers from university hospital funds |  |  |  |  |
|  Total expenditures and transfers from VA hospital funds  |  |  |  |  |
|  Total expenditures and transfers from other affiliated hospitals funds  |  |  |  |  |
| Restricted gift funds expended |  |  |  |  |
| Unrestricted gift funds expended |  |  |  |  |
| Expenditure of income from restricted endowment funds  |  |  |  |  |
| Expenditure of income from unrestricted endowment funds  |  |  |  |  |
| Total other revenues  |  |  |  |  |
| Total revenues  |  |  |  |  |
| Total expenses and transfers  |  |  |  |  |

### Element 5.1 Adequacy of Financial Resources

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

1. Briefly describe recent and anticipated trends in each of the medical school’s revenue sources and its expenditures. Note any major changes or anticipated changes in revenue sources or dependencies on particular revenue sources that might suggest present or future challenges. Describe whether and for what purpose(s) financial reserves have been or will in the near future be used to balance the medical school’s operating budget. If there is a current or potential fiscal imbalance (e.g., financial reserves have been/are being used to balance the operating budget), evaluate whether the school has a credible plan to address the imbalance. Note any significant findings from external financial audits.
2. Describe the medical school’s annual budget process and the budgetary authority of the medical school dean.
3. Note whether the school currently is engaged in any major construction or renovation projects or other initiatives that require substantial capital investment or a sustained cost center. If so, describe how capital needs are being or will be addressed.
4. Summarize the fiscal condition of the medical school, including the school’s overall financial status and its prospects for long-term financial sustainability.

###  Element 5.3 Pressures for Self-Financing

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

1. Supply the percent of total revenue that was derived from tuition and fees during FY 2020 and FY 2021. From Table 5.0-1, list any revenue source that comprises more than 50% of the medical school’s total annual revenues and describe any plans to diversify revenue sources.
2. Describe how and at what institutional level (e.g., the medical school administration, the university administration, the board of trustees) the size of the medical school entering class is set. How does the dean have input into this decision to ensure that the number of medical students does not exceed available resources?
3. Describe how and by whom the tuition and fees for the medical school are set.
4. Describe how the medical school is managing pressures to generate revenue from tuition, clinical care, and/or research.

### Element 5.4 Sufficiency of Buildings and Equipment

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

1. Referring to Table 5.4-1 in Appendix #, summarize the medical school's educational facilities used to support the pre-clerkship phase of the medical education program (not including hospitals). Describe any recent renovations to or construction of teaching space.
2. Note if the medical school has exclusive access to the educational facilities needed for the pre-clerkship phase of the curriculum or if these facilities are shared with other programs. If the latter, is there a system in place to ensure that the medical school has appropriate access and priority in any scheduling decisions? Describe any challenges in obtaining access to needed teaching space and how these have been/are being resolved.
3. Describe any current or planned space renovations or construction to support medical school expansion or other needs.
4. Describe the facilities used for the teaching and assessment of students’ clinical and procedural skills. Note if these facilities are shared with other health professions programs or residency training programs and how scheduling is managed.
5. Describe how the medical school has determined if research space is sufficient and appropriately apportioned.
6. Using data from the ISA, summarize respondents’ opinions regarding the availability, quality, and utility of campus educational space (e.g., lecture halls, laboratories, small-group teaching rooms).

### Element 5.5 Resources for Clinical Instruction

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

1. Referring to the data about clinical teaching sites contained in Tables 5.5-1 – 5.5-3 in Appendix #, evaluate the adequacy of the clinical teaching sites that will be available for the inpatient and ambulatory clinical education of medical students in the charter class during the required clinical clerkships. Note if all of the clinical sites needed for the first cohort of students to begin required clerkships have been identified.

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

### Element 5.6 Clinical Instructional Facilities/Information Resources

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

1. Summarize and evaluate the adequacy of the educational infrastructure and resources that will be available to support medical student education at each inpatient site that will be used for required clinical clerkships, including space for clinical teaching (e.g., conferences, rounds) and information technology (e.g., computers, internet access).
2. Comment on the adequacy of planned resources for teaching at the major outpatient sites to be used for the required clinical clerkships.

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

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

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| **Table 5.11-1 | Satisfaction with the Adequacy of Student Study Space**  |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the adequacy of student study space at the medical school campus. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 5.11-2 | Satisfaction with the Adequacy of Student Relaxation Space**  |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the adequacy of student relaxation space at the medical school campus. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 5.11-3 | Satisfaction with the Adequacy of Secure Storage Space**  |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the adequacy of secure storage space for personal belongings at the medical school campus. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Referring to data from the ISA, summarize and comment on the quality, quantity, and availability of study space and of lounge/relaxation space and personal lockers or other secure storage areas for student belongings on the central campus and on each regional campus (if applicable). Note if space is solely for medical students or shared with other persons.
2. Summarize any plans to ensure that there will be adequate study space, relaxation space, and secure storage space at the hospitals that will be used for the inpatient portions of required clinical clerkships.

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

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

*Include at least the following in the Appendix:*

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

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

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

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

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

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

Appendix #: Sample weekly schedules (Element 6.3)

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

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

1. Referring to the curriculum schematic in Appendix #, describe the general structure of the medical curriculum and provide an overview of the general content areas covered in courses or clerkships in each curriculum year/phase. If the curriculum includes a phase in addition to “pre-clerkship” and “clerkship,” define that phase here and use the title in the relevant tables.
2. If the medical school offers a parallel curriculum (track) for some students, provide a brief summary of the additional objectives and general curriculum structure, the location(s) at which it is offered, and the number of students enrolled by curriculum year.

### Element 6.1 Program and Learning Objectives

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

1. Describe the process used and the individual(s)/group(s) involved in developing the final medical education program objectives and linking them to the relevant competencies. Note whether the medical education program objectives are stated in outcome-based terms.
2. Describe the status of identifying specific outcome measures for each educational program objective. Are the outcome measures for each objective sufficiently specific?
3. Briefly describe how the medical education program objectives and the learning objectives for each required pre-clerkship course and clinical clerkship are/will be provided to medical students and to faculty with responsibility for teaching and assessing medical students.

### Element 6.2 Required Clinical Experiences

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

1. Briefly describe the status of completing a list of required student clinical encounters and procedural skills. Summarize how and by whom the list of required clinical encounters and procedural skills has been/is being initially developed. Has the school defined the clinical setting and level of student responsibility for each clinical encounter and procedural skill?
2. Describe how and by whom the list of required student clinical encounters and procedural skills is being/has been reviewed and approved.
3. Describe which individuals and/or groups are developing and approving the list of alternate experiences to remedy any gaps in medical student experiences.
4. Describe how medical students, faculty, and residents will be informed of the required clinical encounters and procedural skills.

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

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

|  |
| --- |
| **Table 6.3-1a** **| Satisfaction with the Self-Directed Learning Opportunities**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who answered *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) to questions about the opportunities for self-directed learning in the first year.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 6.3-1b | Satisfaction with the Adequacy of Unscheduled Time for Self-Directed Learning** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the unscheduled time available for self-directed learning in the first year of the curriculum.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe the learning activities/instructional formats, and the courses in which self-directed learning activities occur during the pre-clerkship phase of the medical curriculum, where students engage in all of the following components of self-directed learning as a unified sequence. (When answering, use the names of relevant courses in Table 6.0-1, included under Standard 6):
* Self-assessment of their learning needs
* Identification, analysis, and synthesis of information relevant to their learning needs
* Assessment of the credibility of information sources
* Sharing of information with their peers and supervisors
* Receipt of feedback on their self-directed/information-seeking skills
1. Referring to the sample weekly schedules in Appendix #, describe the amount of unscheduled time in a typical week available for medical students to engage in self-directed learning and independent study in the pre-clerkship phase of the curriculum.
2. Summarize student satisfaction with the opportunities for self-directed earning and the adequacy of unscheduled time.

### Element 6.5 Elective Opportunities

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

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

1. Referring to Table 6.5-1 above, comment on the anticipated availability and adequacy of elective time.
2. Describe how the medical school is ensuring/will ensure that a sufficient number and breadth of electives are or will be available to medical students.

## Standard 7: Curricular Content

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

*Include at least the following in the Appendix:*

Appendix #: Biomedical, behavioral, social science content (Element 7.1, Tables 7.1-1 and 7.1-2)

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

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

### Element 7.1 Biomedical, Behavioral, Social Sciences

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

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

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

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

*Include at least the following in the Appendix:*

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

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

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

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| **Table 8.0-1 | Satisfaction with the Quality of the First Year** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the quality of the first curriculum year.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Element 8.1 Curricular Management

**A medical school has in place an institutional body (i.e., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.**

1. Describe the charge to the faculty committee currently responsible for the management of the curriculum and note if this is the final “curriculum committee” or if changes are anticipated. Note the source of the committee’s authority (e.g., bylaws).
2. Describe the membership of the curriculum committee, including any specific categories of membership.
3. Describe the composition, and charge/ role of each subcommittee of the curriculum committee.

### Element 8.2 Use of Medical Educational Program Objectives

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

1. Describe the ways in which the medical educational program objectives are being used as guides for the selection and appropriate placement of curriculum content within courses, clerkships and years/phases of the curriculum, and in planning for the evaluation of the curriculum outcomes.
2. Describe the current status of linking course and clerkship learning objectives to the medical education program objectives. Describe the roles and activities of the course/clerkship faculty and the curriculum committee and its subcommittees in making and reviewing this linkage.

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

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

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

1. Summarize the process that will be used for formal review of the phases of the curriculum. Include in the description the areas and outcomes that are or will be evaluated, as well as the frequency with which the reviews of each phase are or will be conducted, the process by which they are or will be conducted, the administrative support available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) receiving and acting on the results of the evaluation.
2. Describe planning to evaluate the curriculum as a whole, including the methods that will be used to determine the following:
	* The horizontal and vertical integration of curriculum content, and whether sufficient content is included and appropriately placed in the curriculum related to each of the medical education program objectives
	* The adequacy of the curriculum structure, and whether the instructional formats and methods of assessment are consistent with and designed to support the attainment of the medical education program objectives

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

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

### Element 8.5 Medical Student Feedback

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

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| --- |
| **Table 8.5-1 | Satisfaction with the Responsiveness to Medical Student Feedback** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with medical school responsiveness to student feedback on courses and teaching.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe the methods that are being/will be in the evaluation of course/clerkship quality. By what individual(s)/office(s) are student evaluations of courses conducted? Comment on the response rates to course evaluations.
2. Describe whether and how medical students provide/will provide evaluation data on individual faculty, residents, and others who teach/will teach and supervise/will supervise them in required courses and clerkships.
3. Summarize how students are being made aware of actions taken based on their feedback.
4. Referring to Table 8.5-1 above, comment on respondent satisfaction with the medical school’s responsiveness to student feedback on courses.

### Element 8.7 Comparability of Education/Assessment

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

1. Referring to Table 8.7-1 (Appendix #), summarize how faculty at instructional sites will receive information to support comparability of educational experiences and equivalence of assessment (e.g., objectives, assessment methods, policies/processes for determination of grades).
2. Describe the individuals and/or committees responsible for reviewing and acting on data/information related to comparability across instructional sites. In the description, note the role(s) of each individual/group in identifying and addressing inconsistencies across educational sites in such areas as student satisfaction and student grades.

### Element 8.8 Monitoring Student Time

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

|  |
| --- |
| **Table 8.8-1 | Satisfaction with Overall Student Workload in the First Curriculum Year** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with overall student workload in the first year of the curriculum.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Briefly describe any policies/guidelines related to the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note if medical students in the pre-clerkship phase of the curriculum have required activities outside of regularly scheduled class (e.g., assigned reading, online modules) that include information to prepare them for in-class activities. Estimate how this “out-of-class” time is addressed in policy and accounted for in calculating student academic workload.
2. Describe the status of development and approval of policy or policies related to medical student duty hours in the clerkship phase of the curriculum. How will students, faculty, and residents be informed of the policy or policies?
3. Note how, how often, and by whom data on student duty hours will be collected and monitored.
4. Describe the mechanisms that will be available for students to report any violations of student duty hours policies. In the opinion of the survey team, do the mechanisms allow reporting without fear of retribution?
5. Describe the frequency with which the curriculum committee or its relevant subcommittee(s) monitor the scheduled time in the pre-clerkship phase of the curriculum and will monitor the clinical workload of medical students, in the context of formal student duty hours and related policies and/or guidelines.

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

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

*Include at least the following in the Appendix:*

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

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

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

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

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| **Table 9.0-1 | Methods of Assessment in the Pre-clerkship Phase of the Curriculum** |
| List all required courses in the pre-clerkship *phase of the curriculum,* adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided 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(Y/N) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| \* Other: |

|  |
| --- |
| **Table 9.0-2 | Planned Methods of Assessment in the Clerkship Phase of the Curriculum** |
| List all required clerkships planned for the *clerkship phase of the curriculum*, adding rows as needed. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided 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 Exam or Presentations | Faculty/Resident Rating | OSCE/SP Exams | Other\*(Specify) | NarrativeAssessmentProvided(Y/N) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| \* Other: |

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

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

1. Briefly describe any institution-level (e.g., curriculum committee, GME office) policies that require the participation of residents and others (e.g., graduate students, postdoctoral fellows) in orientation or faculty development programs related to teaching and/or assessing medical students.
2. Describe how the medical school ensures/will ensure that all residents who supervise/assess medical students will receive orientation to prepare them for their roles in teaching and assessing medical students in required clinical clerkships, including the relevant clerkship learning objectives and the list of required clinical encounters and procedural skills.
3. Referring to Table 9.1-1 (Appendix #), summarize any institution-level or department-level programs in place or planned to prepare non-faculty instructors who teach/will teach and/or assess medical students during the pre-clerkship phase of the curriculum.

### Element 9.3 Clinical Supervision of Medical Students

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

1. Summarize the medical school’s polices/guidelines designed to ensure that medical students are appropriately supervised during required clinical experiences.
2. Describe the mechanisms that exist or are being developed by which medical students will be able to report any concerns about the adequacy and availability of clinical supervision.
3. Describe the mechanisms that will be used during required clinical experiences to ensure that the level of responsibility delegated to a medical student is appropriate to that student’s level of training and experience.

### Element 9.4 Assessment System

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

1. For each required comprehensive clinical assessment that occurs or will occur independently of individual courses and clerkships, summarize when in the curriculum it occurs/will occur, the general content areas covered, and whether the assessment is/will be formative or summative.
2. Describe how the medical school will ensure that medical students are observed performing the essential components of a history and physical examination during each of the required clerkships.

### Element 9.5 Narrative Assessment

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

1. Describe the medical school policy or guideline that describes the circumstances in which a narrative description of student performance will be provided.
2. Are narrative assessments currently being provided in all pre-clerkship courses whose formats would permit such feedback?
3. If narrative assessment is not being provided in a pre-clerkship course where teacher-student interaction could permit it to occur (e.g., there is small-group learning), describe the reason(s) that a narrative assessment is not being provided.

### Element 9.7 Formative Assessment and Feedback

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

|  |
| --- |
| **Table 9.7-2 | Satisfaction with the Amount of Formative Feedback in the First Year of the Curriculum** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the amount of formative feedback in the pre-clerkship year(s).  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
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| **Table 9.7-3 | Satisfaction with the Quality of Formative Feedback in the First Year of the Curriculum** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the quality of formative feedback in the pre-clerkship year(s).  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe how and by whom the availability of mid-course feedback during the pre-clerkship phase of the medical curriculum is being monitored within individual departments and at the level of the central management of the curriculum.
2. Referring to Table 9.7-1 (Appendix #), summarize the methods used to provide mid-course feedback to students during the pre-clerkship phase of the medical curriculum.
3. For courses and clerkships less than four weeks in duration, describe how students are provided with timely feedback on their knowledge and skills related to the course/clerkship objectives.
4. Summarize respondent satisfaction data from the ISA regarding the amount and quality of formative feedback in the first year of the medical curriculum.

### Element 9.9 Student Advancement and Appeal Process

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

1. Describe whether there is a single set of core standards for advancement and graduation that is consistently applied across all instructional sites.
2. Briefly summarize the due process protections that apply in cases of a possible adverse action against a student for academic or professionalism reasons. Note the groups or individuals involved at each step in the decision-making and appeal processes. Are there appropriate mechanisms in place to avoid conflicts of interest?
3. Describe the composition of the medical student promotions committee or the promotions committees if there is more than one. Note if there is a recusal policy to address conflicts of interest, for example, if committee membership includes faculty (e.g., course or clerkship directors) who previously have taken an action against a student.
4. Describe how the due process policy and procedures are made known to students.

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

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

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

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

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| **Table 10.0-1 | Applications** |
| Provide data for the indicated entering classes on the total number of initial applications received in the admissions office, completed applications, applicants interviewed, acceptances issued, and new medical students matriculated for the first year of the medical curriculum. Do not include first year students repeating the year**.** |
|  | 2020 Entering Class | 2021 Entering Class |
| Initial applications |  |  |
| Completed applications |  |  |
| Interviews |  |  |
| Acceptances issued |  |  |
| Matriculants |  |  |

|  |
| --- |
| **Table 10.0-2 | Entering Student MCAT Scores** |
| If applicable, use the table below to provide *mean* MCAT scores, for new (not repeating) first year medical students in the indicated entering classes. |
|  | AY 2020-21 | AY 2021-22 |
| 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, explain how the weighted GPA is calculated in the last row of the table. |
|  | AY 2020-21 | AY 2021-22 |
| 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 2020-21 | AY 2021-22 |
| First year |  |  |
| Total enrollment |  |  |

### Element 10.2 Final Authority of Admission Committee

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

1. Describe the size and composition of the admission committee and the specified number of members from each membership category. Is there a policy or guideline that faculty members constitute the majority of voting members at all meetings? If there are one or more subcommittees of the admission committee, describe their composition, role, and authority.
2. Summarize how admission committee members are oriented to the medical school’s admission policies and process.
3. Describe the charge to the admission committee and the source of its authority. Describe whether the admission committee as a whole, or a subset of the admission committee, has the final authority for making all admission decisions. Describe any circumstances where any decision of the admission committee has been challenged or overruled.
4. Comment on the perceived integrity of the admission process. Does the medical school have policy and procedures that prevent conflicts of interest in the admission process and ensure that no admission decisions are influenced by political or financial factors?

### Element 10.9 Student Assignment

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

1. Describe the mechanisms that are being/will be used for assignment of students to a clinical clerkship site, a regional campus, or a parallel curriculum (as relevant).
2. Describe the policy and processes that allow medical students to request an alternate assignment and identify the individual(s) by whom the final decision is made. How are students informed of the opportunity to request an alternate assignment?

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

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

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

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

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| **Table 11.0 -1 | Attrition/Academic Difficulty** |
| Complete the following table with data for the 2020 entering class. Only count each student once. |
| Number of medical students who: | First Academic Year |
|  Withdrew or were dismissed |  |
|  Transferred to another medical school |  |
|  Were required to repeat the year |  |
|  Moved to a decelerated curriculum |  |
|  Took a leave of absence as a result of academic problems |  |
|  Took a leave of absence for academic enrichment (including research or a joint degree program) |  |
|  Took a leave of absence for personal reasons |  |

|  |
| --- |
| **Table 11.0-2 | Academic/Career Advising at Regional Campuses** |
| Indicate how the following services are or will be made available to students at each regional campus by placing an “X” in the appropriate columns(s). Select all that apply for each service. Add additional rows for each service/campus. *Note: this question only applies to schools with regional campus(es).* |
| Services | Campus | Available to Students Via |
| Personnel Located on Campus | Visits from Central Campus Personnel | Email or Tele/Videoconference | Student Travel to Central Campus |
| Academic counseling |  |  |  |  |  |
| Tutoring |  |  |  |  |  |
| Career advising |  |  |  |  |  |

### Element 11.1 Academic Advising

**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 ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.**

|  |
| --- |
| **Table 11.1-1a | Satisfaction with the Availability of Academic Counseling** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the availability of academic counseling. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 11.1-1b | Satisfaction with the Availability of Tutorial Help** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the availability of tutorial help. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe how and when the medical school identifies medical students who are experiencing academic difficulty or who are at risk for academic difficulty.
2. Describe the types of academic assistance available to medical students. For each type of assistance, summarize the role and organizational locus (e.g., the medical school, the university) of the individual(s) available to provide support and describe how medical students are informed about and can gain access to these resources.
3. Explain how the medical school ensures that medical students have the option of obtaining academic counseling from individuals who have no role in assessment or advancement decisions about them.

### Element 11.2 Career Advising

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

|  |
| --- |
| **Table 11.2-1 | Satisfaction with the Adequacy of Career Counseling** |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the adequacy of career counseling. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **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 year 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 |
|  |  |

1. Referring to Table 11.2-2, summarize the system for career advising, including the availability of required and optional career advising activities for medical students during the first and second years of the curriculum and the planned activities for students in years three and four.
2. Describe the availability of personnel, including advisors, to support the career counseling system across the curriculum. Comment on data (above) from the ISA on respondent satisfaction with career counseling to date.
3. Comment on the system for advising students about their choice of electives. Will such advising be required or optional, when in the curriculum will it occur, and how and by whom will it be provided?
4. Briefly describe how and by whom the MSPE will be developed and reviewed. Will students be able to request alternate MSPE writers if they perceive conflicts?

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

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

*Include at least the following in the Appendix:*

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

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

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

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| **Table 12.0-1 | 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 2020-21 | AY 2021-22 | AY 2022-23 (as available) |
| In-state |  |  |  |
| Out-of-state |  |  |  |

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| **Table 12.0-2 | 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 rows for each service/campus. *Note: this question only applies to schools with regional campus(es).* |
| Available to Students Via | Campus | Services |
| Personal Counseling | Student Health Services | Student Well-Being Programs | Financial Aid Management |
| Personnel Located on Campus |  |  |  |  |  |
| Visits from Central Campus Personnel |  |  |  |  |  |
| Email or Tele/Videoconference |  |  |  |  |  |
| Student Travel to Central Campus |  |  |  |  |  |

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

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

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| **Table 12.1-1a | Satisfaction with the Quality of Financial Aid Administrative Services**  |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the quality of financial aid administrative services. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.1-1b | Satisfaction with the Adequacy of Debt Management Counseling**  |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the adequacy of debt management counseling. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.1-2 | Financial Aid/Debt Management Activities** |
| Describe financial aid and debt management counseling/advising activities (including one-on-one sessions) that are or will be available for medical students in each year of the curriculum. Note whether each was/will be required (R) 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 |
|  |  |  |  |

1. Summarize the staffing of the financial aid office and comment on the sufficiency and accessibility of financial aid staff. Indicate the number of financial aid staff who are specifically available to assist medical students. Note if the financial aid office resides organizationally within the medical school or at the university/institutional level. If the latter, list the other schools/programs supported by financial aid office staff.
2. Briefly summarize the formal and informal programs and services for counseling medical students about financial aid and educational debt management. Summarize data from the ISA on respondents’ perceptions of the availability and utility of such efforts.
3. Describe the mechanisms that are being used by the medical school and the university to limit medical student educational debt (e.g., limiting tuition increases, fundraising for student scholarships) and comment on success, to date.

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

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

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| **Table 12.3-1a | Satisfaction with the Availability of Mental Health Services**  |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the availability of mental health services. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.3-1b | Satisfaction with the Confidentiality of Student Mental Health Services**  |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the confidentiality of mental health services. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.3-1c | Satisfaction with the Availability of Student Well-Being Programs**  |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the availability of programs to support student well-being. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe the mental health services, including personal counseling, available to medical students, including the personnel who provide these services. How does the medical school ensure that these services are accessible and confidential? How are students informed about the availability of mental health services?
2. Comment on data from the ISA on respondent satisfaction with the accessibility and confidentiality of mental health services.
3. Briefly describe any programs available to promote medical student well-being and/or facilitate their adjustment to the demands of medical school. How are students informed about the availability of these programs/activities? Comment on data from the ISA on respondent satisfaction with the availability of programs to support student well-being.

### Element 12.4 Student Access to Health Care Services

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

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| **Table 12.4-1 | Satisfaction with the Accessibility of Health Services**  |
| Provide data from the ISA by curriculum year on the number and percentage of students who responded *N/A*, *dissatisfied/very dissatisfied* (combined), and *satisfied/very satisfied* (combined) with the accessibility of student health services. *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 CombinedDissatisfied and Very DissatisfiedResponses | Number and % ofCombinedSatisfied andVery Satisfied Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe the current system for providing medical students with health services, including where and by whom services are provided. If there is a student health center, comment on its location, staffing, and hours of operation. If there is no student health center, how does the school assist students in finding health services? Summarize data from the ISA on respondent satisfaction with the accessibility of health services.
2. Describe how students at each instructional site are or will be provided with information on accessing health services.
3. Does the medical school have a policy that permits medical students to be excused from classes or clinical activities in order to access health services? Describe how medical students, faculty, and residents are informed of this policy. In the opinion of the survey team, does the policy ensure that student have reasonable access to health services, if needed, during educational activities?

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

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

1. Describe the policy and procedures that ensure that those responsible for providing psychiatric or psychological counseling and other health services to medical students are/will not also be involved in their academic assessment or in decisions about their promotion or graduation. Describe how medical students, residents, and faculty are or will be informed of this requirement.
2. How does the school ensure the confidentiality of medical students’ health records? Note the location at which student health records are stored and if any medical school personnel have access to these records.

### Element 12.8 Student Exposure Policies/Procedures

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

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

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

1. Does the medical school have policies related to medical student exposure to infectious and environmental hazards that explicitly address the following?
* The education of medical students about methods of prevention
* The procedures for care and treatment in the event of exposure, including a definition of financial responsibility
* The implications of infectious and environmental disease or disability on medical student learning activities
1. Describe how and where in the medical curriculum medical students, including visiting students, are/will be instructed about prevention of environmental exposures and about protocols for treatment and follow-up in the event of exposure to blood-borne or air-borne pathogens (e.g., a needle-stick injury).
2. Referring to data from the ISA, comment on student satisfaction with the adequacy of education about prevention of environmental exposures and the procedures in place that follow any environmental exposure.