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 is the property of the

 Liaison Committee on Medical Education

**TEAM REPORT**

**OF THE**

**VIRTUAL FULL SURVEY OF**

**OFFICIAL NAME OF THE**

**SCHOOL OF MEDICINE**

**City, State**

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

PREPARED BY AN AD HOC SURVEY TEAM

FOR THE

**LIAISON COMMITTEE ON MEDICAL EDUCATION**

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# Appendix

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

A. Survey visit schedule

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

C. Independent Student Analysis narrative and data summary

D. Maps

E.

F.

G.

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HH.

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

# Memorandum

TO: Liaison Committee on Medical Education

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

RE: Survey Report

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

Respectfully,

Survey team secretary signature

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

Name, Degrees

Survey Team Secretary

# Introduction

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

Chair:

Name Discipline/Specialty

Title

Institution

City, State

Secretary:

Name Discipline/Specialty

Title

Institution

City, State

Member:

Name Discipline/Specialty

Title

Institution

City, State

Member:

Name Discipline/Specialty

Title

Institution

City, State

LCME Faculty Fellow:

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 findings from the last full survey and the dashboard information of follow-up submissions/change notifications and LCME actions. Comment on any issues of chronicity in compliance/performance.

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

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

Briefly note the following:

* Quality (e.g., clear, complete, , and concise ) of the DCI
* Involvement of faculty, students, other stakeholders in the Institutional Self-Study
* Correlation between the Institutional Self-Study findings and the survey team findings
* Percent and number of students, total and by class year, participating in the survey used to develop the ISA, and response rate for the most recent AAMC Medical School Graduation Questionnaire (AAMC GQ)

# History and Setting of the School

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

As available from documents provided by the school, briefly summarize major changes in the institutional setting of the school (e.g., governance changes, changes to the health system) since the time of the previous full survey (if this is not the first full survey). Note relevant facts related to the school’s environment, such as other schools/colleges on campus or the presence of one or more regional campus(es).

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

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

*Include at least the following in the Appendix:*

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

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

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

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

### Element 1.1 Strategic Planning and Continuous Quality Improvement

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

1. Briefly describe the school’s strategic planning process, including the breadth of participation in plan development. Note how often and by whom the strategic plan is reviewed and updated. Does the plan define desired outcomes? How, when, and by whom are the outcomes of the strategic plan monitored? Is there evidence that the goals of the plan are being achieved?
2. Comment on the availability of resources and individual(s) with appropriate expertise for quality improvement activities related to the medical education program and for monitoring ongoing compliance with accreditation elements. In the opinion of the survey team, are these resources adequate?
3. Referring to the table in Appendix #, summarize which elements are being monitored and how and by whom these elements were selected. Is there evidence for the effectiveness of the continuous quality improvement system, especially in the context of current survey team findings? Is there evidence that needed changes are being made by relevant groups based on the monitoring?

### Element 1.2 Conflict of Interest Policies

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

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

|  |  |
| --- | --- |
|  | University system |
|  | Parent University |
|  | Health Science Center |
|  | Medical School |
|  | Other (describe): |

1. Place an “X” next to each area for which the medical school or university has a faculty conflict of interest policy:

|  |  |
| --- | --- |
|  | Conflict of interest in research |
|  | Conflict of private interests of faculty with academic/teaching/responsibilities |
|  | Conflict of interest in commercial support of continuing medical education |

1. Describe how the school manages actual or perceived conflicts of interest and monitors compliance with the conflict of interest policies for each of the following groups:
* Governing board members
* University/parent organization and medical school administrators
* Medical school faculty

### Element 1.3 Mechanisms for Faculty Participation

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

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

### Element 1.4 Affiliation Agreements

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

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

|  |
| --- |
| **Table 1.4-1 | Affiliation Agreements** |
| For each inpatient clinical teaching site 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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Note if there are up-to-date affiliation agreements (or, in circumstances in which the medical school and the health system are integrated, an executed letter of commitment) that contain the specified language with all inpatient sites used for required clinical clerkships.
2. Describe whether the medical school has a process to ensure the primacy of the medical education program in areas addressed by the element for ambulatory sites that have a significant role in required clinical clerkships.

### Element 1.5 Bylaws

**A medical school promulgates bylaws or similar policy documents that describe the responsibilities and privileges of its administrative officers, faculty, and committees.**

1. Note if there are medical school bylaws, equivalent policy documents, or university/sponsoring institution bylaws that apply to the medical school. Do the bylaws/policy documents describe charges to committees and the responsibilities/privileges of the dean and administrative officers and the faculty?
2. Describe how the bylaws/policy documents are made available to the faculty.

### Element 1.6 Eligibility Requirements

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

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

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

1. Provide the current institutional accreditation status and the year of the next institutional accreditation review.

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

## Standard 2: Leadership and Administration

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

*Include at least the following in the Appendix:*

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

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

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

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

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

 through 2.4-5)

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

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

### Element 2.1 Administrative Officer and Faculty Appointments

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

1. List the categories of appointments that are the sole responsibility of and reserved only to the primary institutional governing board.
2. Describe which categories of appointments have been delegated by the governing board and to whom the authority for each has been delegated (e.g., to the university president, provost, medical school dean).

### Element 2.2 Dean’s Qualifications

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

1. Indicate whether the dean has ultimate responsibility for all missions of the medical school or if some of these (e.g., patient care) are under the authority of another administrator.
2. Briefly summarize the dean’s qualifications to provide leadership in each of the areas for which the dean has responsibility.

### Element 2.3 Access and Authority of the Dean

**The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the medical 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. Summarize the dean's formal and informal access, including reporting relationship(s), to university/sponsoring institution officials. If the dean does not hold the title of vice president for health affairs (or equivalent), describe the dean’s reporting relationship to that individual. Provide examples illustrating the dean’s access to these individuals and how this access ensures that the needs of the medical education program are being considered in planning.
2. Describe how the dean exercises authority over faculty who participate in the medical education program but are not employed by the medical school.

### Element 2.4 Sufficiency of Administrative Staff

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

|  |
| --- |
| **Table 2.4-7 | Dean’s Administrative Staff** |
| Provide the requested information regarding current members of the dean’s administrative staff. Include those individuals with dean and director titles. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed. |
| Name of incumbent | Title | % Effort dedicated to administrative role | Date appointed | For acting/interim dean’s staff, date previous incumbent left |
|  |  |  |  |  |

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

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

3. Do student survey respondents perceive the dean’s staff to be accessible and knowledgeable about and willing/able to solve problems? Refer to relevant data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) and the ISA in Appendix # documenting student perceptions.

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

### Element 2.5 Responsibility of and to the Dean

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

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

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

1. Describe how the medical school dean/chief academic officer oversees: 1) the conduct and quality of the medical education program at all regional campuses and 2) the adequacy of campus faculty.

1. Describe the reporting relationship between the medical school dean/CAO and the principal academic officer at each regional campus.
2. Describe the reporting relationship(s) of other campus administrators to their central (administrative) campus counterparts (e.g., student affairs officers at the campus(es) and the associate dean for student affairs).
3. Describe the ways in which the principal academic officer(s) at regional campus(es) are 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. Summarize the mechanisms in place to support functional integration and communication among the campuses at all levels (including administrative, departmental, and faculty).
2. Provide examples of the ways in which the faculty and administrators at the regional campus(es) are integrated into the medical school governance structure (e.g., membership on medical school committees). Do medical school policies or bylaws support participation of campus faculty in medical school governance?

## Standard 3: Academic and Learning Environments

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

*Include at least the following in the Appendix:*

Appendix #: Pipeline programs and partnerships (Element 3.3, DCI Table 3.3-6)

Appendix #: Student mistreatment experiences from the AAMC Medical School Graduation Questionnaire (Element 3.6, DCI Tables 3.6-3a and 3.6-3b)

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

### Element 3.1 Resident Participation in Medical Student Education

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

1. Does every medical student have an opportunity to complete at least a portion of a required clinical experience in a setting where residents teach/supervise medical students? If not, note the situation(s) where some or all students do not have access to residents prior to residency application and note how these students learn about the expectations and requirements of the next phase of their training.

### Element 3.2 Community of Scholars/Research Opportunities

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

|  |
| --- |
| **Table 3.2-2a | 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 3.2-2b | 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Summarize how faculty scholarship is fostered. Comment on the sufficiency of institutional funding and the availability of infrastructure and mentoring to support faculty scholarly activity/research.
2. Do all medical students who desire to participate in research have an opportunity to do so? Note whether students are assisted in identifying a research project and the funding opportunities and other resources to support medical student research.
3. Comment on the ISA data on respondent satisfaction with opportunities to participate in research. Note the basis of any concerns that were identified about access to and support for research opportunities?

### 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.**

|  |
| --- |
| **Table 3.3-1 | Diversity Categories and Definitions** |
| 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. If different diversity categories apply to any of these groups, provide each relevant definition. If the category requires a definition (e.g., the specific definition of “rural” or “socioeconomically disadvantaged,” provide that below. Add rows, as needed, for each diversity category. |
| Medical Students | Faculty | Senior Administrative Staff |
|  |  |  |

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

|  |
| --- |
| **Table 3.3-5 | Students, Faculty, and Senior Administrative Staff** |
| Provide the requested information for AY 2021-22 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). 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 (%) |
|  |  |  |  |  |

1. Are there institutional policies related to diversity that include the school-identified diversity categories? Have these policies/guidelines been formally approved or otherwise codified?
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 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 and are there sufficient staff resources to support programs to enhance diversity?

1. Summarize, by referencing Table 3.3-5 on institutional diversity, the school’s success in achieving diversity. Provide data from the ISA on respondents’ satisfaction with student and with faculty and senior administrative staff diversity.
2. Summarize the pipeline programs (at the medical school and/or university), including the personnel and funding resources to support these pipeline programs and the organizational locus of individuals involved in the development and implementation of the programs.
3. Describe how the medical school monitors the effectiveness of its pipeline and related programs, including information on participation and program outcomes.

### Element 3.4 Anti-Discrimination Policy

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

1. Does the school have a formal anti-discrimination policy? If so, provide the policy and note whether all categories required by the element are present.
2. How is the anti-discrimination policy that applies to the medical school made known to members of the medical education community?

### Element 3.5 Learning Environment/Professionalism

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

1. Has the medical school defined the professional behaviors that its medical students are expected to develop? Are there formal learning experiences related to these behaviors included in the curriculum and is student attainment of these behaviors assessed? How are these behaviors communicated to students, faculty, residents, and others?
2. Describe the methods used to evaluate the learning environment to identify positive and negative influences on the development of medical students’ professional behaviors, especially in the clinical setting. Include the timing of the evaluations of the learning environment, the individual(s) responsible for conducting these evaluations, and the individuals/groups responsible for receiving and acting on the results to ensure that there is an appropriate learning environment in all settings used for medical student education.
3. Summarize actions taken to enhance positive or mitigate negative aspects of the learning environment that were identified through the evaluations.

### 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 3.6-1 | Students’ Awareness of Mistreatment Reporting *Procedures***  |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of medical students who reported *knowing school procedures for reporting the mistreatment of medical students* for each listed year. |
| AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % |
|  |  |  |  |

|  |
| --- |
| **Table 3.6-2 | Students’ Awareness of School Mistreatment *Policies***  |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of medical students who reported *awareness of school policies regarding the mistreatment of medical students* for each listed year. |
| AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % |
|  |  |  |  |

|  |
| --- |
| **Table 3.6-4a | Satisfaction with the Adequacy of the 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 school’s 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 |  |  |  |   |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 3.6-4b | 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 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
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| **Table 3.6-4c | 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 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 3.6-4d | Satisfaction with the Adequacy of the School’s Actions on Reports of Student Mistreatment** |
| 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 school’s actions on reports of 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Has the medical school developed formal mistreatment policies? Is there evidence that students, faculty, and residents have been informed about these policies?
2. Summarize the procedures used by medical students, faculty, or residents to report individual or observed incidents of alleged mistreatment in the learning environment. Describe how reports are made and identify the individuals to whom reports can be directed. Are students aware of the processes for reporting mistreatment?
3. How, by whom, and how often are summative data on the frequency of medical students’ experiencing negative behaviors (mistreatment) collected and reviewed?
4. Describe recent efforts to reduce medical student mistreatment in response to data from the AAMC GQ or other sources.
5. Using data from the AAMC GQ in Appendix #, comment on the level of student mistreatment.
6. Comment on data from the ISA on respondent satisfaction with the school’s mistreatment policies, mechanisms for reporting mistreatment incidents, mistreatment prevention activities, and actions on reports of mistreatment.
7. Evaluate whether students perceive the school’s activities to prevent mistreatment to be effective.

## 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.

### Element 4.1 Sufficiency of Faculty

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

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

1. Evaluate whether the current size and discipline distribution of the faculty are appropriate for the educational and other missions of the medical school and whether there is evidence that the educational program is appropriately staffed. Describe any recent challenges in identifying sufficient faculty to teach medical students, including whether there is competition for faculty teaching time based on commitments to other educational programs. Note if any individuals with significant responsibilities in courses and clerkships are on-site for fewer than three months during an academic year.
2. Describe any significant recent decreases in the number or discipline distribution of faculty. Note if any significant faculty attrition is anticipated in the next three years (e.g., through retirements). Are faculty recruitments being planned to address anticipated decreases in faculty numbers and expertise or to support new initiatives?
3. Comment on the availability and adequacy of protected time for course and clerkship directors and for the curriculum committee leadership.

### 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). Only count each article/book chapter once per department. |
| Department | Articles inPeer-Review Journals | Published Books/Book Chapters | Faculty Co-Investigators orPI’s on Extramural Grants | Other Peer-Reviewed Scholarship\* |
|  |  |  |  |  |
| \*Provide a definition of “other peer-reviewed scholarship,” if this category is used: |
| Provide the year used for these data:  |

1. Describe the school’s expectations for faculty scholarship, including whether scholarly activities are required for promotion and 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 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 their terms and conditions of employment, including benefits and compensation; their responsibilities in teaching and other areas; and their assignment to a faculty track (if tracks are utilized). Does such notification occur on a regular basis?

### Element 4.4 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, when, and how faculty receive formal feedback on their academic performance, progress toward promotion and, if relevant, progress toward tenure. Is there a formal policy or guideline that requires regular feedback to faculty on these areas?

### 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. Describe the availability and organizational placement of individuals who can assist faculty in improving their teaching and assessment skills.
2. Describe the availability of faculty development programs in teaching and assessment. Are faculty informed about the availability of faculty development programming and is such faculty development accessible to faculty at all instructional sites, including regional campuses?
3. Describe the mechanisms that exist to identify and remediate problems with faculty teaching or supervision skills.
4. Provide examples of professional development programs focused on enhancing faculty research skills (e.g., research methodology, grant procurement, grant management). Are personnel available to support this programming?

### Element 4.6 Responsibility for Medical School Policies

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

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

## Standard 5: Educational Resources and Infrastructure

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

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

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

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

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

Appendix #: Inpatient facilities clerkship resources (Element 5.6, DCI Tables 5.6-1 and 5.6-2)

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

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

### Element 5.2 Dean’s Authority/Resources

**The dean of a medical school has sufficient resources and budgetary authority to fulfill the dean’s responsibility for the management and evaluation of the medical curriculum.**

1. Describe how the dean (or the chief academic officer, if not the dean) participates in institution-level planning to ensure that the resource needs of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are considered.
2. Describe how and by whom the budget to support the planning and delivery of the medical education program is developed, approved, and allocated. Describe the budgetary authority of the medical school dean in allocating funds and accessing discretionary funds in the medical school budget.
3. Briefly describe the organizational locus (e.g., an office of medical education) of administrative and/or academic support personnel for the planning, implementation, evaluation, and oversight of the medical curriculum and for the development and maintenance of the tools (e.g., a curriculum database) to support curriculum monitoring and management. Evaluate whether there are sufficient personnel and sufficient support for these functions.

### Element 5.3 Pressures for Self-Financing

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

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| **Table 5.3-1 | Tuition and Fees**  |
| Percentage of total revenue from tuition and fees as reported on the LCME Part I-A Annual Financial Questionnaire (AFQ) section titled “Current Funds Revenues, Expenditures and Transfers – Data Entry Sheet” for the indicated years. Please calculate each percentage by dividing “Total Tuition and Fees Revenues” by “Total Revenues Reported.” |
| FY 2017 | FY 2018 | FY 2019 | FY 2020 |
|  |  |  |  |

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

1. Summarize how and by whom pressures to generate revenue from tuition, clinical care, and/or research are being managed so that the ongoing quality of the medical education program is not compromised.

### 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 Appendix #, briefly summarize the school's facilities used to support the medical education program during the pre-clerkship phase of the curriculum (not including hospitals). If facilities are shared with other programs, summarize how the situation is managed to ensure needed access by the medical education program. If the facilities are shared by students in different years of the medical curriculum, describe how and by whom space is allocated.
2. Evaluate whether the space available for teaching is adequate for the current number of students, for the current or desired curriculum structure, and for the number of existing and anticipated faculty. Describe any changes that are anticipated in either student enrollment or curriculum structure that could affect the adequacy of the space currently dedicated to education or require additional educational space or space used in different ways. If new construction or renovation is planned or underway, briefly describe the changes and the timetable for completion.
3. Describe the quality and accessibility of facilities used for teaching and assessing students’ clinical and procedural skills.
4. Summarize the adequacy of research and office space for faculty.
5. Using data from the ISA, summarize respondent satisfaction with the availability, quality, and utility of educational space (e.g., lecture halls, laboratories, small group teaching rooms) in the pre-clerkship phase of the curriculum.

### 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 data contained in the tables for inpatient and ambulatory clinical teaching sites that are included in Appendix # and to data in the ISA, evaluate the overall quality and the collective sufficiency of clinical resources for the inpatient and ambulatory clinical education of medical students.
2. Describe any substantive changes anticipated by the medical school over the next three years in hospital and other clinical affiliations.

### Element 5.6 Clinical Instructional Facilities/Information Resources

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

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| **Table 5.6-2 | Satisfaction with the Adequacy of Educational/Teaching Spaces at Hospitals** |
| 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 educational/teaching spaces at hospitals.  |
| 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 | % |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Comment on the overall adequacy of infrastructure resources to support medical student education at the inpatient sites used for required clinical clerkships, including space for clinical teaching (e.g., conferences, rounds) and access to library resources and information technology (e.g., computers, internet access). Cite data from the ISA or other sources on respondent satisfaction with these resources.
2. If the availability of resources was identified as a problem at one or more inpatient sites, describe the steps that were or are being taken to address the identified problem(s).

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

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

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| **Table 5.7-1a | Satisfaction with Medical School Campus Safety and Security** |
| 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 safety and security at the medical school campus.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.7-1b | Satisfaction with Clinical Site Safety and Security** |
| 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 safety and security at clinical sites.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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

### Element 5.8 Library Resources/Staff

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

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| --- |
| **Table 5.8-1 | Satisfaction with the Library** |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with the library. |
| AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

|  |
| --- |
| **Table 5.8-2a | Satisfaction with Ease of Access to Library Resources and Holdings** |
| 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 ease of access to library resources and holdings.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 5.8-2b | Satisfaction with the Quality of Library Support and 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 library support and services.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 5.8-3 | Medical School Library Resources and Space** |
| Provide the following information for the most recent academic year. Schools with regional campuses may add rows for each additional library. |
| Library/Campus (as appropriate) | Total Current Journal Subscriptions (all formats) | # of Book Titles(all formats) | # of Databases | Total User Seating |
|  |  |  |  |  |

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

2. Describe how the library staff support medical education. Summarize how the library staff are involved in curriculum planning, in curriculum governance (e.g., by participation in the curriculum committee or its subcommittees), or in the delivery of any part of the medical education program.

3. Comment on the adequacy of library holdings and other resources. Describe whether students and faculty have access to electronic and other library resources across all sites, including affiliated hospitals and regional campuses.

### Element 5.9 Information Technology Resources/Staff

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

|  |
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| **Table 5.9-1 | Satisfaction with Computer Resource Center** |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on percentage of respondents who were *satisfied/very satisfied* (aggregated) with the computer resource center. |
| AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

|  |
| --- |
| **Table 5.9-2a | Satisfaction with Ease of Access to IT Support** |
| 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 ease of access to technology support. *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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 5.9-2b | Satisfaction with Access to Online Learning Resources** |
| 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 online learning resources. *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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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

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

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

1. Describe how and by whom the availability of resources for transfer students is made for the number of transfer students that may be accepted into each year of the curriculum.
2. Describe how and by whom the decision to accept visiting students for electives is made.
3. How does the medical school ensure that resources are adequate to support the number of transfer and visiting students who are accepted?

### 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 Study Space** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with study space. |
| AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | School % | National % | School % |
|  |  |  |  |  |  |

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| --- |
| **Table 5.11-2a | Satisfaction with the Adequacy of Study Space at the Medical School Campus** |
| 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.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 5.11-2b | Satisfaction with the Adequacy of Study Space at Hospitals/Clinical Sites** |
| 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 hospitals/clinical sites.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
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| **Table 5.11-3 | Satisfaction with Relaxation Space**  |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with relaxation space. |
| AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

|  |
| --- |
| **Table 5.11-4 | Satisfaction with the Adequacy of Campus 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.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 5.11-6a | Satisfaction with the Adequacy of Secure Storage Space at the Medical School Campus**  |
| 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.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 5.11-6b | Satisfaction with the Adequacy of Secure Storage Space at Hospital/Clinical Sites**  |
| 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 hospitals/clinical sites.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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

### Element 5.12 Required Notifications to the LCME

**A medical school notifies the LCME of any substantial change in the number of enrolled medical students; of any decrease in the resources available to the institution for its medical education program, including faculty, physical facilities, or finances; of its plans for any major modification of its medical curriculum; and/or of anticipated changes in the affiliation status of the program’s clinical facilities. The program also provides prior notification to the LCME if it plans to increase entering medical student enrollment on the main campus and/or in one or more existing regional campuses above the threshold of 10 percent, or 15 medical students in one year or by a total of 20 percent in three years; or to start a new or to expand an existing regional campus; or to initiate a new parallel curriculum (track).**

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

|  |
| --- |
| **Table 5.12-1 | New Medical Student Admissions** |
| Provide the number of new medical students (not repeating students) admitted in each of the indicated academic years.  |
| AY 2017-18 | AY 2018-19 | AY 2019-20 | AY 2020-21 | AY 2021-22 |
|  |  |  |  |  |

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

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

*Include at least the following in the Appendix:*

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

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

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

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

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

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

Appendix #: Sample weekly schedules (Element 6.3)

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

1. Describe the general structure of the medical curriculum by phase and provide an overview of the general content areas covered in courses or clerkships in each curriculum year/phase. In the description, refer to the curriculum schematic in Appendix #. If the school has a phase in addition to “pre-clerkship,” and “clerkship, define it here and add the name of the phase to the column heading in tables (e.g., table 7.4-1). If there have been curriculum modifications implemented related to the COVID-19 pandemic, note which cohorts(s) of students were affected.
2. If the medical school offers a parallel curriculum (track) for some students, provide a brief summary of the additional objectives associated with the parallel curriculum, the general structure of the parallel curriculum, the location(s) at which the parallel curriculum is offered, and the number of students enrolled by curriculum year. If more than one parallel curriculum is offered, provide this information for each parallel curriculum. In the description, refer to the parallel curriculum schematic(s) in Appendix #.

### Element 6.1 Program and Learning Objectives

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

1. Provide the year of the last review of the medical education program objectives.
2. Are the medical education program objectives stated in outcome-based terms? Referring to DCI Table 6.1-1 in Appendix #, note whether specific and appropriate outcome measures have been identified for each objective. Describe whether the educational program objectives are linked to general physician competencies.
3. Briefly describe how the medical education program objectives and the learning objectives for each required course/clerkship are disseminated to medical students and faculty. *Also see the response to Element 9.1.*
4. Provide data from the ISA on respondent satisfaction with the utility of the educational program objectives to support learning.

### 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 comment on how and by whom the current list of required clinical encounters and procedural skills was reviewed and approved.
2. Does the current list of required clinical encounters/procedural skills include the specific clinical setting and specific level of student responsibility for each?
3. Note if alternative experiences have been identified and approved for use when medical students are unable to access the required clinical encounters/procedures.
4. Describe how medical students, faculty, and residents are informed of the required clinical encounters and skills and the level of student responsibility for each.

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

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

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| --- |
| **Table 6.3-1a** **| Satisfaction with Self-Directed Learning Opportunities in the Pre-clerkship Phase**  |
| 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 opportunities for self-directed learning in the pre-clerkship phase.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 6.3-1b** **| Satisfaction with the Adequacy of Unscheduled Time for Self-Directed Learning in the Pre-clerkship Phase**  |
| 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 unscheduled time for self-directed learning in the pre-clerkship phase.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe the learning activities/instructional formats and the courses during the pre-clerkship phase (first two years) of the medical curriculum in which students engage in all of the following components of self-directed learning as a unified sequence (use the names of relevant courses from DCI Tables 6.0-1, 6.0-2, and 6.0-3 when answering):
* Self-assessment of their learning needs
* Identification, analysis, and synthesis of information relevant to their learning needs
* Assessment of the credibility of information sources
* Assessment of and receipt of feedback on their information-seeking skills
1. Describe the amount of unscheduled time in an average week during the pre-clerkship phase of the curriculum.
2. Summarize data from the ISA on respondent satisfaction with opportunities for self-directed learning and the availability of unscheduled time for self-directed learning activities in the pre-clerkship phase of the curriculum.

### Element 6.4 Inpatient/Outpatient Experiences

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

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| **Table 6.4-1 | Percentage Total Clerkship Time** |
| Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. If the amount of time spent in each setting varies across sites, provide a range. Add rows as needed. |
| Required Clerkship | Percentage of Total Clerkship Time |
| % Ambulatory | % Inpatient |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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1. Comment on the overall balance between inpatient and ambulatory clinical experiences. Summarize the information used by the curriculum committee or other authority to review the balance of inpatient and ambulatory clinical experiences.

### 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.**

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| **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. Describe how the medical school ensures that a sufficient number and variety of electives are available to medical students.

### Element 6.6 Service-Learning/Community Service

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

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| **Table 6.6-1 | Satisfaction with Access to Service Learning/Community Service** |
| 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 service learning and/or community service.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Evaluate the adequacy of the opportunities for medical students to participate in service-learning and community service activities, including the general types of service-learning/community service activities that are available. How are students informed about the availability of these opportunities?
2. Describe how the medical school supports service-learning/community service activities through the provision of funding or staff support.

### Element 6.7 Academic Environments

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

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

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

### Element 6.8 Education Program Duration

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

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

## Standard 7: Curricular Content

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

*Include at least the following in the Appendix:*

Appendix #: Biomedical, behavioral, social science content (Element 7.1, DCI Tables 7.1-1 and 7.1-3)

Appendix #: Cultural competency and health disparities (Element 7.6, DCI Tables 7.6-1 and 7.6-2)

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

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

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| **Table 7.0-1 | General Medical Education – Preparation for Residency** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agreed/strongly agreed* (aggregated) that they were prepared in the following ways to begin a residency program. |
|  | AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % | School % | National % |
| Acquired an understanding of common conditions and their management  |  |  |  |  |  |  |
| Acquired basic skills in clinical decision-making and the application of evidence-based information |  |  |  |  |  |  |

### Element 7.1 Biomedical, Behavioral, Social Sciences

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

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| **Table 7.1-2 | Basic Science Education** |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who rated preparation for clinical clerkships and electives as *excellent or good* (aggregated) in the following basic medical sciences.  |
|  | AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % | School % | National % |
| Biochemistry |  |  |  |  |  |  |
| Biostatistics and Epidemiology |  |  |  |  |  |  |
| Genetics |  |  |  |  |  |  |
| Gross anatomy |  |  |  |  |  |  |
| Immunology |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |
| Behavioral Science |  |  |  |  |  |  |
| Pathophysiology of Disease |  |  |  |  |  |  |

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| **Table 7.1-4 | Preparation for Residency – Social Science Subjects** |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization, and structure of the health care system).* |
| AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

1. Note any deficiencies in curricular content coverage in the biomedical, behavioral, and social sciences from Tables 7.1-1 and 7.1-3 (see Appendix #) and 7.1-2 (above). Also note any gaps in content identified through the AAMC GQ, the ISA, or the school’s own review of content coverage. Has the school made any recent changes in the extent or curricular placement of content in these areas?
2. From the ISA, describe respondent satisfaction with the quality of the pre-clerkship (first and second years) phase of the curriculum.

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

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

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| **Table 7.2-1a | Satisfaction with the Adequacy of Education to Diagnose Disease** |
| 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 education to diagnose disease.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 7.2-1b | Satisfaction with the Adequacy of Education to Manage Disease**  |
| 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 education to manage disease.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 7.2-1c | Satisfaction with the Adequacy of Education in Disease Prevention**  |
| 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 education in disease prevention.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 7.2-1d | Satisfaction with the Adequacy of Education in Health Maintenance**  |
| 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 adequacy of education in health maintenance.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 7.2-2 | General Medical Education** |
| Place an “X” in each column indicating the courses or clerkships where each of the following topic areas is taught and assessed. Use same course names as provided. Add rows for course and clerkship names as needed. |
| Course/Clerkship name | Continuity of care | Preventive care | Acute care | Chronic care | Rehabilitative care | End-of- life care |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Based on the review of Tables 7.2-1 and 7.2-2, note any gaps in content coverage.

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

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

1. Summarize where in the curriculum content related to the scientific method is taught and assessed? In the survey team’s opinion, is the curricular coverage of the scientific method sufficient to satisfy the requirements of the element?
2. Are there formal learning experiences that address the basic scientific and ethical principles of clinical and translational research? Summarize how medical students learn and are assessed on how such research is conducted, evaluated, explained to patients, and applied to patient care.
3. Are there formal learning experiences in which students are taught and assessed on the application of biomedical statistics in medical science research and its application to patient care?

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

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

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| **Table 7.4-1 | Critical Judgment and Problem Solving** |
| For each topic area, place an “X” in the appropriate column to indicate where in the curriculum the topic is taught and assessed. |
| Topic Areas | Location in the curriculum where the listed skill is taught/assessed |
| Pre-clerkship Phase | Clerkship Phase | Other\* |
| Skills of critical judgment based on evidence |  |  |  |
| Skills of medical problem solving |  |  |  |

\*Team secretary add the name of the phase from the curriculum description in Standard 6

1. Evaluate the adequacy of the teaching and assessment of the skills of critical judgment based on evidence and of medical problem-solving.

### Element 7.5 Societal Problems

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

1. Provide information from the DCI responses for one of the school-identified societal problems.
2. Based on the examples provided by the school, does the curriculum contain sufficient instruction and assessment in the areas of diagnosis, prevention, appropriate reporting (if relevant), and treatment of the medical consequences of societal problems? Does this instruction and assessment occur in appropriate segments of the curriculum? Is the need for such instruction codified in course/clerkship learning objectives?

### Element 7.6 Cultural Competence and Health Care Disparities

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

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

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| **Table 7.6-3 | General Medical Education – Preparation for Residency** |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Prepared to care for patients from different backgrounds.* |
| AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

|  |
| --- |
| **Table 7.6-4 | Satisfaction with Adequacy of Education in Caring for Patients from Different Backgrounds** |
| 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 education in caring for patients from different backgrounds.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Evaluate adequacy of curriculum content related to cultural competence in health care and health disparities.
2. Describe how the curriculum prepares medical students to be aware of their own gender and cultural biases and those of their peers and teachers.
3. Comment on data from the AAMC GQ and ISA on respondent satisfaction with the adequacy of education in caring for patients from different backgrounds.

### Element 7.7 Medical Ethics

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

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| **Table 7.7-1 | Medical Ethics** |
| For each topic area, place an “X” in the appropriate column to indicate where in the curriculum the topic is taught and assessed. |
| Topic | Phases where the topic areas are taught/assessed |
| Pre-clerkship Phase | Clerkship Phase | Other |
| Biomedical ethics |  |  |  |
| Ethical decision-making |  |  |  |
| Professionalism |  |  |  |

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| **Table 7.7-2 | General Medical Education – Preparation for Residency** |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *I understand the ethical and professional values that are expected of the profession.* |
| AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % | School % | National%  |
|  |  |  |  |  |  |

1. Note whether curriculum content related to medical ethics and human values is included in the curriculum. Referring to results from the AAMC GQ, note whether respondents believe themselves to be prepared related to ethical and professional values.
2. Summarize the methods used to assess medical students’ ethical behavior in the care of patients and to identify and remediate any medical students’ breaches of ethics in patient care.

### Element 7.8 Communication Skills

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

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| **Table 7.8-2 | Preparation for Residency – Communication Skills**  |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Communication skills necessary to interact with patients and health professionals.* |
| AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National%  | School % | National % |
|  |  |  |  |  |  |

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

Referring to results from the AAMC GQ, note whether respondents believe themselves to be prepared in these areas.

### Element 7.9 Interprofessional Collaborative Skills

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

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

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

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

*Include at least the following in the Appendix:*

Appendix #: 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.

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| **Table 8.0-1 | Overall Satisfaction with Medical Education Program Quality**  |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) with the statement: “*Overall, I am satisfied with the quality of my medical education.”* |
| AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

### 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. Summarize the charge to the committee responsible for the management of the curriculum (e.g., a “curriculum committee”). Note the source of the committee’s authority (e.g., bylaws).
2. Describe the composition of the curriculum committee and note the categories of membership.
3. Briefly summarize the composition and charge/role of each subcommittee of the curriculum committee.

### Element 8.2 Use of Medical Educational Program Objectives

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

1. Describe the ways in which the medical educational program objectives have been and are being used in the following activities:
	* the selection and appropriate placement of curriculum content within courses, clerkships and years/phases of the curriculum
	* the evaluation of curriculum outcomes
2. Note if course and clerkship learning objectives have been linked to the medical education program objectives. Note the role(s) of the course/clerkship faculty and the curriculum committee and/or its subcommittees in making and reviewing the linkage of course and clerkship learning objectives to the medical education program objectives.

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

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

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

1Definitions:

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

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

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

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

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

1. Briefly describe the process for the formal review of the phases of the curriculum. Include in the description the areas and outcomes that are evaluated in the reviews, as well as the frequency with which such reviews are conducted, the process by which they are 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 and/or a subcommittee of the curriculum committee) receiving and acting on the results of the reviews.
2. Describe how the curriculum as a whole is evaluated, including the methods used to determine the following:
* The horizontal and vertical integration of curriculum content and whether sufficient content is taught and appropriately placed related to each of the medical education program objectives
* The curriculum structure and whether the instructional formats and methods of assessment are consistent with and designed to support students’ achievement of the medical education program objectives

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

1. Describe how and how often curriculum content is monitored, including the tools used for content monitoring. List the roles and titles of the individuals who have responsibility for monitoring and updating the curriculum database. List the categories of individuals (e.g., course directors, course faculty, students) who have access to the database.
2. Provide examples of how monitoring curriculum content and reviewing the linkage of course/clerkship objectives to educational program objectives have been used to ensure that there are no gaps or unintended redundancies in curriculum content and that content is coordinated across the curriculum.
3. Provide data from the ISA and/or curriculum evaluations on respondent satisfaction with the coordination and integration of content in the pre-clerkship phase (first and second years) of the medical curriculum.

### Element 8.4 Evaluation of Educational Program Outcomes

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

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| **Table 8.4-2 | Monitoring of Medical Education Program Outcomes** |
| Provide the individuals and/or groups in the medical school that are responsible for reviewing the results of each of the indicators that are used to evaluate medical education program quality and outcomes and the frequency with which the results are reviewed. |
| Outcome Indicator | Individuals and groups receiving the data | How often these results are reviewed |
| Results of USMLE or other national examinations  |  |  |
| Student scores on internally developed examinations |  |  |
| Performance-based assessment of clinical skills (e.g., OSCEs) |  |  |
| Student responses on the AAMC GQ  |  |  |
| Student advancement and graduation rates |  |  |
| NRMP match results  |  |  |
| Specialty choices of graduates |  |  |
| Assessment of residency performance of graduates |  |  |

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

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

|  |
| --- |
| **Table 8.4-5 | Step 2 CS USMLE Results of First-time Takers** |
| Provide the requested Step 2 CS USMLE results of first-time takers during the following academic years.  |
| Academic Year | # Examined | Percentage PassingSchool (national) |
| 2018-19 |  |  |
| 2019-20 |  |  |

1. Comment on the evidence that the medical school has and uses a process to determine that the objectives of the educational program are being met.
2. Is there an effective process to identify outcome measures that exhibit suboptimal performance? Summarize the evidence that this process is being utilized to make improvements to address identified gaps between desired and actual outcomes.

### 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 8.5-2 | Satisfaction with 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/clerkships.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe the methods used to collect feedback from students on course/clerkship quality. Comment on the level of student participation in course/clerkship evaluations.
2. Note whether and how medical students provide evaluation data on individual faculty, residents, and others who teach and supervise them in required courses and clerkship rotations.
3. Note how students are informed about the actions the school has taken in response to their feedback.
4. Summarize data from the ISA on respondent satisfaction with the medical school’s responsiveness to student feedback on courses and clerkships.

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

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

1. Note the process(es) used by students to log the completion of their required clinical encounters and skills. Is a centralized tool used for student logging or do individual clerkships use their own processes/systems?
2. Describe how, when, and by whom data on the completion of individual and aggregate student clinical encounters and procedures are monitored. Describe how these aggregate results are used at the following levels:
* clerkship/department level
* centrally (curriculum committee/subcommittee)
1. Which individuals and/or groups are responsible for monitoring and acting on any clinical encounters/skills that are not achieved by a significant number of students?

### Element 8.7 Comparability of Education/Assessment

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

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

### 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.**

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| **Table 8.8-1a | Satisfaction with Student Workload in the Pre-clerkship Phase** |
| 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 pre-clerkship phase.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 8.8-1b | Satisfaction with Student Workload in the Required Clerkships** |
| 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 student workload in the required clerkships.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Note if there are any required activities outside of regularly scheduled class time (e.g., assigned reading, online modules) that include information to prepare students for in-class activities. Are these required activities accounted for in calculating pre-clerkship student academic workload?
2. Briefly describe any school policies/guidelines related to the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note if the policy only addresses in-class activities or also includes required activities assigned to be completed outside of in-class time.
3. Describe the policy related to medical student duty hours in the clerkship phase of the curriculum. How are students, faculty, and residents informed of the policy?
4. Describe the mechanisms that exist for students to report violations of the duty hours policy. Does the process ensure that students may report work hour violations without fear of retribution?
5. Note how, how often, and by whom data on medical student duty hours are collected and monitored.

1. Describe the frequency with which the curriculum committee and/or its relevant subcommittee(s) monitor the amount of scheduled time in the pre-clerkship phase of the curriculum and the clinical workload of medical students in the context of formal policies and/or guidelines.
2. Comment on the data from the ISA on respondent satisfaction with the workload in the pre-clerkship phase of the curriculum and in the third year clerkships, noting any areas of concern.

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

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

*Include at least the following in the Appendix:*

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

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

Appendix #: Pre-clerkship formative feedback (Element 9.7, DCI Table 9.7-3)

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

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

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

1. Describe any medical school/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. What processes are in place to ensure that all residents (in the medical school’s residency programs or other programs) who supervise/assess medical students receive the relevant clerkship learning objectives, the list of required clinical encounters, and the necessary orientation to their roles in teaching and assessment?
3. Referring to Table 9.1-1 in Appendix #, summarize how individuals (e.g., graduate students, postdoctoral fellows) who teach or assess medical students in the pre-clerkship phase of the curriculum are provided with the relevant learning objectives and oriented to their teaching role.

### Element 9.2 Faculty Appointments

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

1. Describe how, by whom, and how often the faculty appointment status of physicians who supervise and assess medical students during required clerkships is monitored. How does the medical school ensure that all physicians who supervise/assess medical students in required clerkships have a faculty appointment at the medical school?
2. If the teaching of medical students is carried out by physicians who do not hold faculty appointments at the medical school, describe how the teaching activities of these individuals are supervised by medical school faculty members.

### Element 9.3 Clinical Supervision of Medical Students

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

1. What policies/guidelines and practices are in place to ensure that medical students are appropriately supervised during required clinical clerkships and other required clinical experiences?

1. Describe the mechanisms by which medical students can report any concerns about the adequacy and availability of supervision. Identify the individual(s) responsible for addressing these student concerns. Summarize data from the ISA on respondent satisfaction with the adequacy of supervision.
2. What policies and/or practices ensure that the level of responsibility delegated to a medical student during a required clinical experience is appropriate to that student’s level of training and experience?

### Element 9.4 Assessment System

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

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| **Table 9.4-1 | Observation of Clinical Skills**  |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who indicated they were observed performing the following required clerkship activities. |
| Required Clerkship | AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| History | Physical exam | History | Physical exam | History | Physical exam |
| School % | National %  | School % | National %  | School % | National %  | School %  | National % | School % | National %  | School % | National %  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Table 9.4-2 | Clinical Skills** |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following way to begin a residency program. |
|  | AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School %  | National % | School % | National % | School % | National%  |
| Acquired the clinical skills required to begin a residency program |  |  |  |  |  |  |

1. Describe the clinical assessments (e.g., OSCEs or standardized patient assessments) that occur outside of required clinical clerkships, including when in the medical curriculum each of these assessments occurs and whether each is a formative or summative assessment.
2. Describe the system in place to ensure that all medical students are observed performing the essential components of a history and physical examination, as defined by the school, in each required clerkship or clinical discipline. How does the school monitor whether the observation of clinical skills is occurring? Is there evidence that the system to ensure observation is effective?
3. Provide data from the ISA on respondent satisfaction with clinical skills instruction in the pre-clerkship phase of the curriculum and with clinical skills assessment in the clerkships.
4. Using data from school-specific sources (e.g., clerkship evaluations), summarize student perceptions of whether they were observed performing core clinical skills. Note and explain, as well as possible, any inconsistencies among data sources (e.g., AAMC GQ, ISA, clerkship evaluations).

### 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. Summarize the policy/guideline related to providing narrative descriptions of student performance, including the circumstances in which narrative descriptions of performance will be provided.
2. Are narrative assessments provided in all pre-clerkship courses whose formats would permit such feedback (refer to Appendix #, Standard 6 for the names of pre-clerkship courses)? If a narrative assessment is not provided in a course where teacher-student interaction could permit it to occur (e.g., there is small group learning), describe the reason(s) that a narrative assessment is not provided.
3. List any clinical clerkships in which a narrative assessment is NOT provided.

### Element 9.6 Setting Standards of Achievement

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

1. Describe the roles of the following, if any, in setting the standards of achievement (i.e., grading criteria, passing standard) for courses and clerkships and for the curriculum as a whole (i.e., progression and graduation requirements):
* The curriculum committee
* Other medical school committees
* Academic departments
* Course/clerkship leaders

### Element 9.7 Formative Assessment and Feedback

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

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| **Table 9.7-1 | Mid-clerkship Feedback**  |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who indicated they received mid-clerkship feedback in clerkships. |
| Clerkship | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % |
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| **Table 9.7-4a | Satisfaction with the Amount of Formative Feedback in Pre-clerkship Phase** |
| 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 phase.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 9.7-4b | Satisfaction with the Quality of Formative Feedback in Pre-clerkship Phase** |
| 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 phase.  |
| 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 9.7-4c | Satisfaction with the Amount of Formative Feedback in the Required Clerkships** |
| 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 required clerkships.  |
| 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 | % |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 9.7-4d | Satisfaction with the Quality of Formative Feedback in Required Clerkships** |
| 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 required clerkships.  |
| 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 | % |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Note whether there is a policy or guideline requiring that medical students receive formative feedback by at least the mid-point of courses and clerkships of at least four weeks in length.
2. How and by whom is the provision of mid-course or mid-clerkship feedback monitored within individual departments/disciplines and at the curriculum management level?
3. For courses and clerkships less than four weeks duration, describe how students are provided with timely feedback on their knowledge and skills related to the course/clerkship objectives.
4. Using data from Table 9.7-3 (see Appendix #), summarize the mechanisms used to provide formative feedback to students in the pre-clerkship phase of the curriculum.
5. Summarize data from the ISA on respondent satisfaction with the amount and quality of formative feedback in the pre-clerkship phase (e.g., the first and second years) and in the clerkship phase (e.g., the third and fourth years) of the medical curriculum. If data are available from other sources (e.g., course or clerkship evaluations) on the quality or utility of mid-course/mid-clerkship feedback, also summarize those data.

### Element 9.8 Fair and Timely Summative Assessment

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

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| **Table 9.8-1 | Availability of Final Grades** |
| For each required clinical clerkship, provide the average and the minimum/maximum number of weeks it took for students to receive grades during the listed academic years. Also provide the percentage of students who did not receive grades within 6 weeks. *If the medical school has regional campus(es) that offer the clinical years of the curriculum, provide the data requested in table 9.8-1 for each campus.* Add rows as needed.  |
| Required clerkship | AY 2018-19 | AY 2019-20 | AY 2020-21 |
| Avg. | Min. | Max. | % | Avg. | Min. | Max. | % | Avg. | Min. | Max. | % |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

1. How and by whom is the timing of course and clerkship grade reporting monitored?
2. If there is any course or clerkship (or a course/clerkship site) that did NOT report grades to all students within six weeks, describe the steps that the school has taken to correct this situation.

### Element 9.9 Student Advancement and Appeal Process

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

1. Does the medical school have a single set of core standards for the advancement and graduation of all medical students within the core curriculum? Are the school’s standards for advancement and graduation implemented consistently across all instructional sites? If the medical education program has a parallel curriculum with additional academic requirements, note how these are applied in making decisions about student progress and graduation.
2. Briefly summarize the due process protections that apply in cases of a possible adverse action for academic or professionalism reasons that may affect the status of a medical student. Note the groups or individuals involved at each step in the initial decision-making and appeal process. Are there appropriate mechanisms in place to avoid conflicts of interest on the part of the individuals participating in the process?
3. Describe the composition of the medical student promotions committee(s). Is there a recusal policy in place for members who may have a conflict of interest? If so, summarize the circumstances in which a member must be recused.
4. How are the due process policy and procedures made known to medical students?

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

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

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

|  |
| --- |
| **Table 10.0-1 | Applicants and Matriculants** |
| Provide data for the indicated entering classes on the total number of initial applications received in the admissions office, completed applications, applicants interviewed, acceptances issued, and new medical students matriculated for the first year of the medical curriculum. Do not include first year students repeating the year.  |
|  | AY 2016-17 | AY 2017-18 | AY 2018-19 | AY 2019-20 | AY 2020-21 |
| Initial Applications |  |  |  |  |  |
| Completed Applications |  |  |  |  |  |
| Applicants Interviewed |  |  |  |  |  |
| Acceptances Issued |  |  |  |  |  |
| New Students Matriculated |  |  |  |  |  |

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| **Table 10.0-2 | Entering Student MCAT Scores** |
| If applicable, use the table below to provide *mean* MCAT scores, for new (not repeating) first year medical students in the indicated entering classes. |
|  | AY 2018-19 | AY 2019-20 | AY 2020-21 |
| Chemical and Physical Foundations of Biological Systems  |  |  |  |
| Biological and Biochemical Foundations of Living Systems  |  |  |  |
| Critical Analysis and Reasoning Skills  |  |  |  |
| Psychological, Social, and Biological Foundations of Behavior |  |  |  |
| Total Score |  |  |  |

|  |
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| **Table 10.0-3 | Entering Student Mean GPA** |
| Provide the *mean overall* *premedical GPA* *for new (not repeating) first year medical students* in the indicated academic years. If using a weighted GPA, explain how the weighted GPA is calculated in the last row of the table. |
|  | AY 2016-17 | AY 2017-18 | AY 2018-19 | AY 2019-20 | AY 2020-21 |
| Overall GPA |  |  |  |  |  |
| Weighted GPA calculation (if applicable): |

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| --- |
| **Table 10.0-4 | Medical School Enrollment** |
| Provide the total number of enrolled *first year medical students* (include students repeating the academic year), the number of final-year students eligible to graduate in that academic year, and the total number of medical students enrolled at the school for the indicated academic years. For students in dual-degree programs, only include those participating in the medical curriculum. |
|  | AY 2016-17 | AY 2017-18 | AY 2018-19 | AY 2019-20 | AY 2020-21 |
| First-Year Students |  |  |  |  |  |
| Final-Year Graduating Students\* |  |  |  |  |  |
| Total Enrollment |  |  |  |  |  |

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

### Element 10.1 Premedical Education/Required Coursework

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

1. List the premedical courses or subjects that are required for admission.
2. List the premedical courses or subjects that are recommended for admission.
3. How often and by whom are the premedical course requirements reviewed and approved?

### 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, including the categories of membership (e.g., faculty, medical students). Note the composition of any subcommittees of the admission committee and describe their role and authority. Is there a policy or guideline that faculty members constitute the majority of voting members at all meetings? Note where (e.g., in bylaws or other formal policies) the composition of the admissions committee and its subcommittees is defined.
2. Describe how members of the admission committee are oriented to admissions committee policies and to the admission process.
3. Describe the authority of the admission committee in making the final admission decision. Is this authority codified in bylaws or other formal policies? Do the bylaws or formal policies specify the voting membership of the admission committee and define a quorum for meetings?
4. If a subset (e.g., subcommittee) of the admission committee makes the final admission decision, describe the source of its authority.
5. Does the medical school have a policy and procedure that prevent conflicts of interest in the admission process and ensure that no admission decisions are influenced by political or financial factors?

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

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

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

### Element 10.4 Characteristics of Accepted Applicants

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

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

### Element 10.5 Technical Standards

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

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

### Element 10.6 Content of Informational Materials

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

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

### Element 10.7 Transfer Students

**A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.**

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| **Table 10.7-1 | Transfer/Advanced Standing Admissions** |
| Provide the number of transfer students and students with advanced standing admitted from the program types listed below into the first, second, third, and fourth year curriculum during the indicated academic years. |
|  | Year 1 | Year 2 | Year 3 | Year 4 |
| AY 2019-20 | AY 2020-21 | AY 2019-20 | AY 2020-21 | AY 2019-20 | AY 2020-21 | AY 2019-20 | AY 2020-21 |
| LCME-accredited, MD-granting medical school |  |  |  |  |  |  |  |  |
| AOA-accredited, DO-granting medical school |  |  |  |  |  |  |  |  |
| Non-MD-granting graduate or professional degree program |  |  |  |  |  |  |  |  |

1. Describe the medical school’s policy, processes, and criteria for accepting transfer students, including procedures to assess the comparability of their educational experiences and their academic achievement as compared to that of currently enrolled medical students.
2. Describe the role of the medical school administration and of the admission committee in making decisions about the acceptance of transfer students.
3. Describe how the policies/procedures related to transfer/admission with advanced standing are shared with potential applicants for transfer/advanced standing, their advisors, and the public.
4. Does the medical school have a policy related to the admission of transfer students into the final year of the curriculum? Describe the circumstances associated with the acceptance of any transfer student(s) into the final year of the curriculum during the past three years.

### Element 10.8 Visiting Students

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

* **Verifies the credentials of each visiting medical student**
* **Ensures that each visiting medical student demonstrates qualifications comparable to those of the medical students the visiting student would join in educational experiences**
* **Maintains a complete roster of visiting medical students**
* **Approves each visiting medical student’s assignments**
* **Provides a performance assessment for each visiting medical student**
* **Establishes health-related protocols for such visiting medical students**
* **Identifies the administrative office that fulfills each of these responsibilities**
1. Describe the procedures and criteria used to determine if a potential visiting medical student has qualifications and educational experiences comparable to those of the medical students he or she would join in a clinical experience. Identify the office/individual(s) and/or committee(s) making the decision about comparability of credentials.
2. How does the medical school verify the credentials and immunization status of visiting students?
3. How does the school ensure that there are adequate resources (including clinical resources) and appropriate supervision at a site for both the visiting medical student and any of the medical school’s own students?
4. How does the medical school ensure that a performance assessment is provided for visiting medical students?
5. Which staff member or office is responsible for maintaining a roster of visiting medical students?

### Element 10.9 Student Assignment

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

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

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

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

*Include at least the following in the Appendix:*

Appendix #: Attrition and academic difficulty by curriculum year (Standard 11, Table 11.0-2)

Appendix #: Optional and required career advising activities (Element 11.2, Table 11.2-3)

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

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| **Table 11.0-4 | Residency Match Rates** |
| Provide the number and percentage of participating medical students who initially matched to PGY-1 programs in the National Resident Matching Program without entering the Supplemental Offer and Acceptance Program (SOAP), as well as the percentage of participating students who remained unmatched at the end of the SOAP. |
|  | AY 2017-18 | AY 2018-19 | AY 2019-20 | AY 2020-21 |
| Initially Matched (prior to SOAP) |  |  |  |  |
| Unmatched (after SOAP) |  |  |  |  |

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| **Table 11.0-5 | Graduates Not Entering Residency** |
| Provide the number of medical school graduates who did not enter residency training in the following graduating classes for each of the listed reasons (provide a brief description of the reason for students counted under “other”). Provide the number and percentage of students who did not enter residency in each graduating class. Count each graduate only once and do not include students who graduated late.  |
| Reason | Class of 2020 | Class of 2021 |
| Family Responsibilities |  |  |
| Change of Careers |  |  |
| Did Not Gain Acceptance to a Residency Program |  |  |
| Preparation for the USMLE |  |  |
| Research/Pursuing Additional Degree or Training |  |  |
| Other: (Add Rows as Required) |  |  |
| Describe “Other”: |
|  |
| Total Number of Students in Each Graduating Class Who Did Not Enter Residency Training |  |  |
| Percentage of Students in Each Graduating Class Who Did Not Enter Residency Training |  |  |

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| **Table 11.0-6 | Academic/Career Advising at Regional Campuses** |
| Indicate how the following services are made available to students at each regional campus by placing an “X” in the appropriate columns(s). Select all that apply for each service. Add additional rows for each service/campus. *Note: this question only applies to schools with regional campus(es).* |
| Services | Campus | Available to Students Via |
| Personnel Located on Campus | Visits from Central Campus Personnel | Email or Videoconference | Student Travel to Central Campus |
| 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.**

|  |
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| **Table 11.1-1 | Academic Advising/Counseling** |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with academic advising/counseling. *If the medical school has one or more regional campuses, provide the data by campus (as available).*  |
| AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % |
|  |  |  |  |

|  |
| --- |
| **Table 11.1-2a | Satisfaction with Availability of Academic Counseling by 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 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 11.1-2b | Satisfaction with Availability of Tutorial Help by 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 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe how the medical school identifies students who are experiencing academic difficulty or at risk for academic difficulty. Are there mechanisms in place to identify students who are or are likely to be in academic difficulty before they have a failing final grade in a course or clerkship?
2. Describe the types of academic assistance and the organizational locus of the individuals providing each type of assistance that are available within the medical school and its parent university/institution to support students who are in or may be at risk for academic difficulty.
3. Summarize when, how, and by whom medical students are informed about the availability of academic counseling resources.
4. Explain how the medical school ensures that medical students have the option of obtaining academic counseling from individuals who have no role in assessment or advancement decisions about them.

### Element 11.2 Career Advising

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

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| **Table 11.2-1 | Career Planning Services** |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) in the following areas.  |
|  | AAMC GQ 2018 | AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National%  | School % | National % | School % | National % |
| Career planning services |  |  |  |  |  |  |  |  |
| Information about specialties |  |  |  |  |  |  |  |  |

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| **Table 11.2-2a | 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 11.2-2b | Satisfaction with the Adequacy of Counseling About Elective Choices** |
| 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 counseling about elective choices. *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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Referring to Table 11.2-3 in Appendix #, summarize the required and optional career advising activities at the school for students in each year of the curriculum. List the categories of personnel internal and external to the medical school (e.g., university office, members of the dean’s staff, faculty advisors) who provide career advice to students.
2. If the medical school has one or more regional campuses, describe how career counseling is provided and coordinated on each campus.
3. Describe the process(es) in place and the individuals responsible for advising students about their choice of electives and for approving their elective schedule. Note if there are formal (required) sessions where counseling on electives occurs.
4. Summarize data from the ISA on respondent satisfaction with career and electives counseling.

1. Briefly describe how and by whom the MSPE is developed and reviewed. Can students request an alternate MSPE-writer?

### Element 11.3 Oversight of Extramural Electives

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

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

### Element 11.4 Provision of MSPE

**A medical school provides a Medical Student Performance Evaluation required for the residency application of a medical student only on or after October 1\* of the student's final year of the medical education program.**

*\*To align with the AY 2021-22 AAMC/ERAS residency application timeline, this date has been changed to September 29, 2021.*

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

### Element 11.5 Confidentiality of Student Educational Records

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

1. How does the medical school separate academic records from other relevant records to ensure students’ confidentiality?
2. Describe the location(s) (physical or digital) at which students’ academic records and non-academic files are stored and comment on the confidentiality of the storage arrangements.
3. Have the individuals with access to medical students’ educational records been specifically identified? Describe how the medical school ensures that student educational records are made available only to those individuals who are permitted to review them.

### Element 11.6 Student Access to Educational Records

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

1. Describe the policy and procedures related to medical students’ ability to review and challenge their educational records, including any policies related to timely access to records. Note specifically if students are permitted to review, and potentially challenge, the following information in their records:
* The content of the MSPE
* Course and clerkship data
* Course and clerkship grades

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

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

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

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

*Include at least the following in the Appendix:*

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

Appendix #: Financial Aid/Debt Management Activities (Element 12.1, Table 12.1-3)

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

|  |
| --- |
| **Table 12.0-1 | Tuition and Fees** |
| Provide the *total tuition and fees* assessed to first year medical students (for both in-state residents and out-of-state residents) for the indicated academic years. Include the medical school’s health insurance fee, even if that fee is waived for a student with proof of existing coverage. |
|  | AY 2017-18 | AY 2018-19 | AY 2019-20 | AY 2020-21 | AY 2021-22 |
| In-state |  |  |  |  |  |
| Out-of-state |  |  |  |  |  |

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| **Table 12.0-2 | Median Medical School Educational Debt** |
| Provide school data from the AAMC Part I-B Financial Aid Questionnaire (AAMC FAQ) on the **median** reported medical school educational indebtedness of all medical student graduates with medical school debt and the percentage of graduates with indebtedness **equal to or** more than $200,000.  |
|  | FAQ 2018 | FAQ 2019 | FAQ 2020 | FAQ 2021 |
| School | School | School | School |
| **Median** medicalschool debt |  |  |  |  |
| Percentage of graduates with debt **equal to or** more than $200,000 |  |  |  |  |

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| --- |
| **Table 12.0-3 | Support Services at Regional Campuses** |
| Indicate how the following services are made available to students at each regional campus by placing an “X” in the appropriate columns(s). Add additional rows for each service/campus.  |
| 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 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.**

|  |
| --- |
| **Table 12.1-1 | Financial Aid and Debt Counseling Services** |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) in the following areas.  |
|  | AAMC GQ 2018 | AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
|  | School % | National % | School % | National % | School % | National % | School % | National % |
| Financial aid administrative services |  |  |  |  |  |  |  |  |
| Overall educational debt management counseling |  |  |  |  |  |  |  |  |

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| --- |
| **Table 12.1-2a | 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 12.1-2b | 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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

### Element 12.2 Tuition Refund Policy

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

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

### 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 12.3-1 | Mental Health Services** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with student mental health services. |
| AAMC GQ 2018 | AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School %  | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 12.3-2 | Activities to Support Student Well-Being**  |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with programs and activities that promote effective stress management, a balanced lifestyle, and overall well-being. |
| AAMC GQ 2018 | AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |  |  |

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| --- |
| **Table 12.3-3a | Satisfaction with the Availability 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 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 12.3-3b | 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 12.3-3c | 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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

|  |
| --- |
| **Table 12.4-1 | Student Satisfaction with Health Services** |
| Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with student health services. |
| AAMC GQ 2018 | AAMC GQ 2019 | AAMC GQ 2020 | AAMC GQ 2021 |
| School % | National % | School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 12.4-2 | Satisfaction with the Accessibility of Student 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Describe the diagnostic, preventive, and therapeutic health services that are available to medical students, including where and by whom services are provided. Comment on the accessibility and confidentiality of those services. If there is a student health center, comment on its location, staffing, and hours of operation. If there is no student health center, summarize how students at the administrative campus are assisted in finding health services.
2. How are medical students at each instructional site/campus informed about the availability of and methods to access health services?
3. Does the 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 the procedures to ensure that those individuals responsible for providing psychiatric or psychological counseling and health services to medical students are not also involved in their academic assessment or in decisions about their promotion or graduation. How are medical students, residents, and faculty informed of this requirement?
2. Describe how the medical school ensures the confidentiality of medical students’ health records.

### Element 12.6 Student Health and Disability Insurance

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

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

### Element 12.7 Immunization Requirements and Monitoring

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

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

### 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.**

|  |
| --- |
| **Table 12.8-1 | Satisfaction with Adequacy of Education About Preventing Exposure to Infectious and Environmental Hazards** |
| 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 education about procedures to prevent exposure to infectious and environmental hazards. 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 12.8-2 |** **Satisfaction with Adequacy of Education About Procedures to Follow After a Potential Exposure** **to Infectious and Environmental Hazards** |
| 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 education about procedures to follow after a potential exposure to infectious and environmental hazards. 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 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

1. Does the medical school have policies related to infectious and environmental hazards that explicitly address the education of students about preventing exposure; the procedures for treatment after exposure, including financial responsibility for treatment and follow-up; and the implications of infectious and/or environmental disease or disability on medical student participation in educational activities?
2. Describe how the school’s own medical students and visiting medical students are informed about the procedures to be followed in the event of an occupational exposure.
3. Describe how and when in the medical curriculum medical students are instructed about preventing exposure to infectious diseases and about protocols for treatment and follow-up in the event of an occupational exposure.
4. Comment on data from the ISA that respondents were satisfied and familiar with the policies and procedures to prevent an environmental exposure and to be followed in the event that an exposure occurs?