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Liaison Committee on Medical Education

**TEAM REPORT**

**OF THE**

**SURVEY FOR PRELIMINARY ACCREDITATION OF**

**OFFICIAL NAME OF THE**

**SCHOOL OF MEDICINE**

**City, State**

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

PREPARED BY AN AD HOC SURVEY TEAM

FOR THE

**LIAISON COMMITTEE ON MEDICAL EDUCATION**

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# Appendix

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

A. Survey visit schedule

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

C. Maps

D.

E.

F.

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

# Memorandum

TO: Liaison Committee on Medical Education (LCME)

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

RE: Survey Report

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

Respectfully,

Survey team secretary signature

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

Name, Degrees  
Survey Team Secretary

# Introduction

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

Chair:

Name Discipline/Specialty

Title

Institution

City, State

Secretary:

Name Discipline/Specialty

Title

Institution

City, State

Member:

Name Discipline/Specialty

Title

Institution

City, State

Member:

Name Discipline/Specialty

Title

Institution

City, State

The team expresses its sincere appreciation to Dean First and Last Name and the faculty 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.

# The Data Collection Instrument (DCI) and the Planning Self-Study

(*See Appendix B for a summary of the planning self-study findings and composition of the planning self-study committees)*

Briefly describe the following:

* Quality of the DCI
* Involvement of faculty and other stakeholders in the Planning Self-Study
* Correlation between the Planning Self-Study findings and the survey team findings

# Development and Setting of the School

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

Using information from the planning self-study and other sources, briefly summarize the anticipated setting of the medical school and the planning for its development to date.

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

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

*Include at least the following in the Appendix:*

Appendix #: The medical school’s mission and goals and an executive summary of the medical school

strategic plan, as available (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 comment on the status, to date, of the development of a strategic plan for the medical school, including the development of its mission and goals. Summarize the process that is being used for development of the strategic plan and note if the school’s strategic plan is being created in collaboration with its sponsoring institution. Describe plans to monitor the outcomes of the strategic plan.
2. Describe the processes that will be used and the resources that are or will be available for quality improvement activities related to the medical education program, including monitoring ongoing compliance with accreditation elements. Has a plan to monitor compliance with LCME accreditation elements been development or is planning underway? Describe the staffing that is or will be available for quality improvement activities.

### 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): |

Note if there is a separate/subsidiary board for the medical school.

1. Place an “X” next to each area for which the medical school or university/sponsoring institution 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 the strategies for managing actual or perceived conflicts of interest for 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. Referring to Table 1.3-1 in Appendix #, describe the status of formation of standing committees of the medical school. Note if the major standing committees have been formed or if precursor committees are operating.
2. Describe whether the selection process for committees will ensure that there is broad faculty input into the governance process. Do committees include or will they include self/peer-nominated and/or peer-selected members or members selected through a faculty-administered process?
3. Describe how faculty are and will be made aware of new policies and other types of changes that require faculty comment and note how such input from faculty is or will be obtained.
4. Describe the mechanisms that are and will be used to inform faculty about issues of importance at the medical school.

### Element 1.4 Affiliation Agreements

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

* **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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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1. Describe the status of finalizing affiliation agreements with clinical teaching sites that will be used for required clinical clerkships for the medical school’s charter (i.e., first entering) class. If all needed sites have not been identified and/or agreements have not all been finalized with prospective sites, provide a timeline for completion.
2. Comment on any identified deficiencies in affiliation agreements that have been completed.
3. For ambulatory sites that will have a significant role in required clinical clerkships, describe how the medical school will ensure the primacy of the medical education program in the areas included in the element.

### Element 1.5 Bylaws

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

1. Summarize the status of development of formally approved documents (e.g., bylaws, policies) that include the following:

* Charges to major standing committees
* Responsibilities and privileges of the dean and other administrative officers
* Responsibilities and privileges of the faculty

If bylaws/policy documents have not been finalized, provide a timeline for completion and adoption.

1. Describe how the bylaws/policy documents are or will be 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/will be chartered/legally authorized to offer the MD degree. Describe the status of and timeline for obtaining degree-granting authority.
2. Place an “X” next to the institutional (regional) accrediting body that accredits/will accredit the medical school or its 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. Describe the current status of obtaining accreditation from the relevant institutional accrediting body. Note if the medical school’s sponsoring institution has submitted/applied for an expansion of scope to offer the MD degree or if the medical school has achieved/applied for candidate status. If candidate status has not yet been achieved, describe the steps that have been taken toward that status and the anticipated timeline.

## 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 brief curriculum vitae (Element 2.2)

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

Appendix #: Organizational chart(s) showing relationship of the medical school to university and clinical affiliates (Element 2.3)

Appendix #: Organizational chart for dean’s office, including positions that are vacant or filled on an interim basis (Element 2.4)

Appendix #: Organizational charts for regional campus(es) (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 medical school appointments that are made solely and directly by the institutional governing board.
2. Describe which categories of appointments have been delegated to one or more other individuals by the governing board, including the individual(s) (e.g., the president/provost, the dean) to whom the authority for each has been delegated.

### 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. Provide the date when the current dean was appointed.
2. List the missions of the medical school for which the dean has ultimate responsibility. Note if there are areas for which the dean does not have authority (e.g., the clinical enterprise).
3. Briefly summarize the dean’s qualifications to provide leadership in all of the areas for which he or she has responsibility and authority.

### 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. Describe the dean's formal (as specified on the organizational chart) and informal access to university and health system administrators. Describe how the dean’s access to these administrators is ensuring that the needs of the medical education program are included in planning activities at these levels.
2. Describe the dean’s authority and responsibility for the medical education program based on the dean’s position description. Is the dean’s role/authority codified in the faculty bylaws or similar formal policy documents?
3. Summarize how the dean will exercise authority over faculty who will participate in the medical education program, but who are not employed by the medical school.

### Element 2.4 Sufficiency of Administrative Staff

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

1. List any unfilled dean’s staff positions and describe the timing and status of recruitment efforts. If any members of the dean’s staff hold interim/acting appointments, describe the status of recruitment efforts to fill those position(s). Also note if gaps exist where there is an important administrative role that is not currently filled on a permanent or interim capacity.
2. Note if all departments have been created or if the final departmental structure is still incomplete.
3. If there are any department chair vacancies, describe the status of recruitment efforts to fill those position(s).

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 2.4-1 | Department Chair Staffing** | | | |
| For each department, provide the requested information regarding current department chairs. Note if the chair position is vacant or filled on an interim/acting basis. Add rows as needed. | | | |
| Name of department | Name of incumbent | Date appointed | Note if the Position is Unfilled (U) or Filled on an Acting/Interim Basis (I) |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 2.4-2 | Dean’s Administrative Staff** | | | | |
| Provide the requested information regarding members of the dean’s office staff. Note if any position is filled on an interim/acting basis. Add rows as needed. | | | | |
| Name of incumbent | Title | % Effort dedicated to administrative role | Date appointed | Note if the Position is Unfilled (U) or Filled on an Acting/Interim (I) Basis |
|  |  |  |  |  |

### Element 2.5 Responsibility of and to the Dean

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

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

1. Describe and evaluate the role and authorityof the medical school dean/designated chief academic officer (CAO) in overseeing the conduct and quality of the medical education program at all regional campuses. How will the dean ensure adequacy of faculty on each campus?
2. Describe the reporting relationship of the principal academic officer at each regional campus to the medical school dean/chief academic officer.

1. Describe the reporting relationship(s) of other campus administrators to their central campus counterparts (e.g., student affairs staff at the campus[es] and the associate dean for student affairs).
2. Describe the ways in which the principal academic officer(s) at the regional campus(es) will be integrated into the administrative and governance 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 the items in this element if the school has or intends to have a regional campus at the time the first class enrolls. If there is no regional campus, delete the questions below and instead write, “Not applicable – there are no regional campuses.”

1. Summarize the mechanisms and activities that are or will be in place to support functional integration and communication between/among the campuses (including members of the administration, departments, and faculty).
2. Provide examples of the ways in which the faculty at the campuses are/will be integrated into the medical school governance structure. Describe how institutional policies and/or faculty bylaws support/will support the participation of faculty based at regional campuses in medical school governance (e.g., committee membership).

## 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 #: Professional behaviors (Element 3.5, Table 3.5-1)

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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.1-1 | Resident Involvement in Core Clinical Clerkships** | | | | | | |
| List each clinical facility at which one or more medical students in the charter (first entering) class will take a required clinical clerkship (other than ambulatory, community-based sites). List the required clerkships as column headings. For each clerkship, place a “Y” toindicatethatresidents in an accredited program will be involved in medical student education,or an “N” to indicate that residents will not be involved inmedical student education. If there will not be a clerkship in that discipline at that site, leave the cell blank. Add rows as needed. | | | | | | |
| Facility Name |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Will every medical student in the charter class 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 will not have access to residents during any required clinical experiences, and describe how these students will 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.**

1. Will all medical students who are required or desire to participate in research have the opportunity to do so? Describe the resources (e.g., infrastructure, staff support, funding opportunities) that will be available to assist medical student to learn about research opportunities and to conduct research. If the medical school will have one or more regional campuses, describe planning to ensure that students at each campus will have research opportunities.
2. Describe how faculty scholarship is being/will be fostered at the medical school. Comment on the plans to ensure that there will be sufficient resources and available infrastructure and mentoring to support faculty scholarly activity/research.

### 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** | | |
| Provide the specific diversity categories identified in medical school policies that will 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 diversity category. Add rows as needed so as to include each diversity category. | | |
| Medical Students | Faculty | Senior Administrative Staff |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3-2 | Offers Made for Faculty Positions** | | | | | | |
| Provide the total number of offers of employment made to applicants for faculty positions in the school’s identified diversity categories. Add rows as needed for each diversity category. | | | | | | |
|  | AY 2019-20 | | | AY 2020-21 | | |
| School-identified Diversity Category | # of Declined Offers | # of Faculty  Hired | Total  Offers | # of Declined Offers | # of Faculty  Hired | Total  Offers |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3-3 | Offers Made for Senior Administrative Staff Positions** | | | | | | |
| Provide the total number of offers of employment for 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-identified Diversity Category | # of Declined Offers | # of Staff  Hired | Total  Offers | # of Declined Offers | # of Staff  Hired | Total  Offers |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Table 3.3-4 | Faculty and Senior Administrative Staff** | | |
| Provide the requested information on the number and percentage of employed faculty and senior administrative staff in each of the school’s identified diversity categories (as defined in Table 3.3-1). | | |
| School-identified Diversity Category | Employed/  Full-time Faculty  Number (%) | Senior  Administrative Staff  Number (%) |
|  |  |  |

1. Describe the processes by which the policies, including the specific diversity categories, were/are being developed, approved, and implemented. If diversity policies have not been finalized, describe the status of their development. Describe how the policies will be made known to medical school and faculty applicants.
2. Referring to Table 3.3-1, describe whether 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/will be reflected in recruitment and retention programs for the following groups:

* medical students
* faculty and senior administrative staff

What resources are available/planned to support diversity programs and activities?

1. Summarize, by referencing Table 3.3-4, the medical school’s success, to date, in achieving diversity among the faculty and senior administrative staff.
2. Describe the planned activities and programs (e.g., pipeline programs) that will be directed at achieving a diverse pool of medical school applicants, both locally and nationally, including the personnel and funding resources to support these pipeline programs and the organizational locus of individuals involved in these efforts.

### 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. Has the school developed or adopted from its sponsoring institution a formal anti-discrimination policy? If so, provide the policy and note whether all categories required by the element are present.
2. Describe how the anti-discrimination policy will be 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. Have the professional behaviors that its medical students are expected to develop been developed and approved? How will these behaviors be communicated to students, faculty, residents, and other persons in the medical education learning environment?
2. Referring to Table 3.5-1 in Appendix #, summarize the methods that have been identified by which medical students’ development of these attributes will be assessed.
3. Describe the methods that will be used by the medical school and its clinical affiliates/partners to evaluate the learning environment in order to identify positive and negative influences on the development of medical students’ professional behaviors, especially in the clinical setting.
4. Summarize the status of identifying the individuals who will be responsible for ensuring an appropriate learning environment in all settings used for the education of medical students. Summarize planning, to date, for activities to foster an appropriate learning environment begun.

### 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.**

1. Describe the status of development of formal medical school or university/institutional policies that define student mistreatment. How will students, faculty, and others be informed about medical school mistreatment policy?
2. Summarize the methods that will be available to report individual or observed incidents of alleged mistreatment. Describe how the medical school will ensure that allegations of mistreatment can be made and investigated without fear of retaliation.
3. Describe plans for developing educational activities for medical students, faculty, and residents to prevent student mistreatment.

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

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

*Include at least the following in the Appendix:*

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

DCI Tables 4.1-2 through 4.1-4)

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

### 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. | | | | | | |
|  | Full-Time Faculty Employed by the Medical School or Clinical Affiliate | | Part-Time Faculty | | Volunteer Faculty | |
| Academic Year | Basic Science | Clinical | Basic Science | Clinical | Basic Science | Clinical |
| Current AY (20##-##) |  |  |  |  |  |  |
| Next AY (20##-##) |  |  |  |  |  |  |

1. Evaluate whether the current size and discipline distribution of the faculty are appropriate for the current stage of medical school development.
2. Describe the plans for additional faculty recruitments, by discipline, over the next three academic years and include the timing of the recruitments.
3. Summarize any basic science and clinical disciplines in which faculty will have primary and ongoing responsibilities for the instruction of students other than medical students.

### 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.**

1. Describe the medical school’s expectations for faculty scholarship, including whether scholarly activity will be required for the 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 clear policies and procedures for initial faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal that will apply to the medical school? Note when these policies were/will be approved?
2. Describe how and when faculty members receive formal notification about the terms of their appointment, their benefits/compensation, their responsibilities in teaching and other areas, and their assignment to a faculty track (if tracks are utilized).

### Element 4.4 Feedback to Faculty

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

1. Describe how and when there is/will be regularly scheduled feedback to faculty on their academic performance and their progress toward promotion and, if relevant, tenure. Are there formal policies in place or under development requiring that such feedback be provided?

### 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. Are or will there be knowledgeable individuals available to deliver faculty development related to the medical education program, including programming related to faculty teaching and assessment skills? If so, describe the organizational placement of these individuals and the time they have/will have to devote to faculty development activities.
2. Describe how the medical school will identify faculty development programming needs and priorities. Note if and how faculty development will be accessible to faculty at all instructional sites.
3. Summarize plans to ensure that there are mechanisms available to remediate identified problems with a faculty member’s teaching.
4. Describe plans to make funding available to support faculty participation in external professional development activities related to their respective disciplines and to their roles as teachers.
5. Indicate whether and how the medical school will provide faculty development programming focused on faculty research/scholarship (e.g., research methodology, publication development, grant acquisition). Note the personnel who will be available to provide this support and their organizational placement.

### 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. If there is an executive committee or similar group responsible for working with the dean to determine medical school policies and priorities, describe its current membership and charge. Note any anticipated membership changes over time.
2. Summarize how faculty will have input to 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 #: A six-year revenue and expenditure pro forma (Element 5.1)

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

Appendix #: Inpatient teaching sites (Element 5.5, Table 5.5-1)

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

*Note that Elements 5.6, 5.10, and 5.12 are not included in the review for preliminary accreditation.*

Provide the following, as available, for the indicated academic years:

|  |  |  |
| --- | --- | --- |
| **Total revenues** (in millions, to one decimal place) | | |
| AY 2019-20 | AY 2020-21 | AY 2021-22 |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Total expenditures** (in millions, to one decimal place) | | |
| AY 2019-20 | AY 2020-21 | AY 2021-22 |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Total state and university appropriations** (in millions, to one decimal place) | | |
| AY 2019-20 | AY 2020-21 | AY 2021-22 |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Professional fee (practice plan) revenue** (in millions, to one decimal place) | | |
| AY 2019-20 | AY 2020-21 | AY 2021-22 |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Grants and contracts, direct** (in millions, to one decimal place) | | |
| AY 2019-20 | AY 2020-21 | AY 2021-22 |
|  |  |  |

### 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. Describe all of the financial resources currently available to the medical school and all of the financial resources anticipated by the medical school over the next six years (i.e., the year prior to the enrollment of the charter class, the year that the charter class will enter, and the next four years) in the following areas:

* Total revenues
* Revenue mix
* Obligations and commitments
* Reserves (amount and sources)

1. Comment on the sustainability or anticipated growth of these financial resources, noting any trends to date.
2. Describe the medical school’s annual budget process and the budgetary authority of the medical school dean.
3. Describe the status of funding for the construction/renovation of facilities needed to support the medical school’s missions.
4. Summarize the fiscal condition of the medical school, including the school’s current overall financial status and the prospects for the long-term sustainability of its finances.

### 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 or will participate in planning at the levels of the medical school and university/sponsoring institution to ensure that the resource needs of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are considered and met. Summarize the budgetary authority of the medical school dean in accessing funds from the medical school budget.

1. Briefly describe the personnel infrastructure that is or will be under the authority of the chief academic officer (e.g., in an office of medical education) whose purpose is to provide administrative and/or academic support for the planning of the curriculum and for the development and maintenance of the tools (e.g., a curriculum database) to support curriculum monitoring and management.
2. Provide titles of the staff leadership currently responsible for providing and managing administrative or academic support for the planning, implementation, and evaluation of the curriculum and for student assessment. Note any plans for the recruitment of additional individuals to provide such support and provide the recruitment timelines for these individuals.

|  |  |  |
| --- | --- | --- |
| Name | Title | % Effort (if applicable) |
|  |  |  |

1. Note if there is/will be a specific budget for the medical education program. If so, describe how this budget is/will be developed and allocated.

### Element 5.3 Pressures for Self-Financing

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

1. Describe how and at what institutional level (e.g., medical school administration, university/sponsoring institution administration, board of trustees) the following are/will be set:

* The number of new students in the medical school entering class
* Medical school tuition and fees

1. Note whether and how the medical school’s need to generate revenue from tuition, clinical care and/or research will be managed to ensure that the quality of the medical education program will not be 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. Note if the medical school will have exclusive access to the needed educational facilities for the pre-clerkship phase of the curriculum or if the facilities will be shared with any other educational program(s). If the teaching space will be shared, note how and by whom the shared space is/will be assigned and if the medical school will have priority in any scheduling decisions.
2. Describe the status of creation/identification of the teaching spaces (e.g., lecture halls, laboratories, small-group rooms) that will be used when the charter class is in the pre-clerkship phase (first and second years) of the medical curriculum. Summarize the timeline for the completion of these teaching spaces and note any options that have been identified if the spaces will not be completed on schedule.
3. Describe the facilities that will be available for the teaching and assessment of medical students’ clinical and procedural skills.
4. Describe the availability of research space. Note any planning for increased research space as the size of the faculty increases.

### 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).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 5.5-2 | Inpatient Teaching Facilities** | | | | |
| Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship) that will take place at an inpatient facility. Only provide information for services used for required clinical clerkships at each hospital*. If the medical school has one or more regional campuses, provide the data by campus (as available).*Add rows as needed. | | | | |
| Facility Name/Campus  (if applicable) | Clerkship | Average Daily  Inpatient Census | Anticipated Average # of Students Per Rotation (range) | |
| Medical Students from this School | Medical Students  from Other Schools |
|  |  |  |  |  |

1. Describe the status of identifying clinical placement sites for required clinical experiences in the pre-clerkship phase of the medical curriculum.
2. Describe the status of identifying the inpatient and outpatient clinical teaching sites that will be needed when the charter class enters the required clinical clerkships.
3. Describe any substantive changes anticipated by the medical school in hospital and other clinical affiliations in the three years after the charter class enters the clinical phase of training.

### 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.**

1. Describe the security systems that are or will be in place on campus during and outside of regular classroom hours.
2. Describe the status of development of emergency disaster preparedness policies, procedures, and plans. How will medical students and faculty be informed of these policies and plans?

### Element 5.8 Library Resources/Staff

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 5.8-1 | Medical School Library Resources and Space** | | | | |
| Provide the requested information on resources available at the main library for the medical school for the most recent academic year. *Schools with regional campuses may add rows for each additional library/campus.* | | | | |
| Library/Campus  (as appropriate) | Total Current Journal Subscriptions (all formats) | # of Book Titles  (all formats) | # of Databases | Total User Seating |
|  |  |  |  |  |

1. Describe how the library will support medical education. Are or will the library staff be involved in curriculum planning and/or curriculum governance (e.g., by participation in the curriculum committee or its subcommittees)? Will library staff be involved in the delivery of any part of the medical education program?
2. Comment on the planning to ensure the adequacy of library holdings and other resources to support the needs of the medical education program. Describe whether students and faculty will have access to electronic and other library resources across all sites.
3. List the hours during which the library will be available to medical students. If there are additional library hours during which medical students will have access to all or parts of the library for study, note those, as well.

### 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.**

1. Comment on the planned availability and accessibility of information technology resources (e.g., hardware, software, staff support) and availability of telecommunications technology. If audiovisual and/or information technology will be used to deliver components of the medical education program, including linking instructional sites/campuses, describe the status of their development.
2. Describe if medical students will be able to access educational resources from all sites, including off-campus sites.
3. Describe the ways in which staff members in the information technology services unit are supporting the development of the medical education program, including assisting in instructional development, planning for monitoring curriculum content, and planning for curriculum delivery.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 5.11-1 | Study Space** | | | |
| Place an “X” under each type of study space that will be available at the listed locations at the time the charter class enters. If a type of study space is not available at all affiliated hospitals or regional campuses, describe the locations where study space will be available for students at these sites. | | | |
|  | Library | Central Campus  Classroom Building(s) | Regional Campus(es)  (if relevant) |
| Small room used only for group study |  |  |  |
| Classroom that may be used for study, when free |  |  |  |
| Individual study room |  |  |  |
| Individual study carrel |  |  |  |
| Individual seating |  |  |  |

1. Summarize the anticipated availability and locations of study space, lounge/relaxation space, and personal lockers or other secure storage areas for student belongings on the central campus and, if relevant, on each regional campus. Note if the space is solely for medical student use or if it is shared with other persons.
2. Describe how the medical school is working with its clinical partners to ensure that secure call rooms, if needed, and secure storage space for student belongings will be available to students entering the clerkship year.

## 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 #: Planned pre-clerkship instructional formats (Standard 6, DCI Table 6.0-1)

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

Appendix #: Competencies, program objectives, 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 that illustrate the amount of unscheduled time that students will have in the first and second years of the curriculum (Element 6.3)

Appendix #: A schematic or diagram that illustrates the structure of the planned curriculum, showing the approximate sequencing of, and relationships among, required courses and clerkships in each academic year/period of the curriculum

Appendix #: A schematic of any parallel curricula, if relevant

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

1. Describe the general structure of the planned curriculum by phase (i.e., pre-clerkship, clerkship). If the curriculum includes a phase in addition to “pre-clerkship” and “clerkship,” define that phase here and use the title in the relevant tables. Include the general content areas/disciplines included in interdisciplinary courses or clerkships.
2. If the medical school intends to offer a parallel curriculum (track) for some students, provide a brief summary of the additional objectives associated with the parallel curriculum, the general curriculum structure of the parallel curriculum, the location(s) at which the parallel curriculum will be offered, and the number of students who will be enrolled, by curriculum year.

### Element 6.1 Program and Learning Objectives

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

1. Describe the status of development of the medical education program objectives. Have the educational program objectives been drafted or approved and linked to the relevant competencies?
2. Referring to Table 6.1-1 in Appendix #, describe if outcome measures have been identified for each objective. Are the outcome measures for each objective sufficiently specific to allow a judgment that each of the medical education program objectives has been met?
3. Briefly describe how the medical education program objectives and the learning objectives for each pre-clerkship course will be disseminated to medical students and to faculty with responsibility for teaching and assessing medical students in the relevant pre-clerkship course.

### Element 6.2 Required Clinical Experiences

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

1. Briefly describe the status of planning, to date, for the list of required patient types/clinical encounters and procedural skills. Describe how and by whom the list is being/will be developed and if the list, to date, specifies the clinical setting and level of student responsibility for each patient type/clinical condition. Describe the individuals and groups (e.g., the curriculum committee) responsible for approving the list of patient types/clinical conditions.
2. Describe how and by whom the list of alternate experiences to remedy gaps is being/will be developed.
3. Describe how medical students, faculty, and residents will be informed of the required clinical encounters and procedural skills.

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

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

1. Provide examples that illustrate the opportunities that will exist during the pre-clerkship phase of the curriculum for students to engage in all of the following components of self-directed learning as a unified sequence. (When answering, use the names of relevant courses from the description of the curriculum and the Tables under 6.0-1 included under Standard 6.)

* Self-assessment of their learning needs
* Identification, analysis, and synthesis of information relevant to their learning needs
* Assessment of the credibility of information sources
* Sharing of information with their peers and supervisors
* Receipt of feedback on their information-seeking skills

1. Referring to the sample weekly schedules in Appendix #, describe the amount of unscheduled time that will be available for medical students to engage in self-directed learning and independent study 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.**

|  |  |  |
| --- | --- | --- |
| **Table 6.4-1 | Percent Total Clerkship Time** | | |
| Provide the anticipated percent of time that medical students will spend in inpatient and ambulatory settings in each required clinical clerkship. If the amount of time spent in each setting will vary across sites, provide a range. | | |
| Required Clerkship | Anticipated Percent of Total Clerkship Time | |
| % Ambulatory | % Inpatient |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Comment on the anticipated overall balance between inpatient and outpatient clinical experiences during the clerkship phase of the curriculum. Describe planning to ensure that medical students will spend sufficient time in each setting to achieve the learning objectives and meet the requirements of the clerkship.

### Element 6.5 Elective Opportunities

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

|  |  |
| --- | --- |
| **Table 6.5-1 | Required Elective Weeks** | |
| Indicate the anticipated number of weeks of electives that will be required of all medical students in each phase of the planned curriculum. | |
| Phase | Total Required Elective Weeks |
|  |  |
|  |  |
|  |  |
|  |  |

1. Briefly summarize how the medical school will ensure that there will be a sufficient electives 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.**

1. Summarize the status of creating service-learning and/or community service opportunities.
2. Describe how medical students will be informed about opportunities to participate in service-learning and community service activities.
3. Describe how the medical school will support service-learning and community services activities (e.g., through the provision of funding and/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.**

1. Note if there are/will be accredited continuing medical education programs at the medical school or its clinical affiliates. Describe how medical students will be exposed to continuing medical education activities for physicians and note if student participation in continuing medical education programs will be optional or required.
2. Provide a concise list of the graduate programs and other health professional degree programs on campus.
3. Provide examples of any informal opportunities that will be available for medical students to interact with students in graduate programs and other health professions education programs.

### Element 6.8 Education Program Duration

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

1. Provide the total number of scheduled weeks of instruction in the planned medical curriculum.

## 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 #: Health disparities, demographic influences, and medically underserved populations (Element 7.6, DCI Table 7.6-2)

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

### Element 7.1 Biomedical, Behavioral, Social Sciences

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

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

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

1. Summarize whether the process used to select content from the biomedical, behavioral, and socioeconomic subject areas to be included in the pre-clerkship and clerkship phases of the curriculum is complete. Note the individuals involved in making the content selection. Also consider the response to Element 8.2.

### 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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 7.2-1 | General Medical Education** | | | | | | |
| Place an “X” in each column indicating the courses and/or clerkships where each of the following topic areas will be taught and assessed. Use same course names as provided in Supporting Data and Documentation for Standard 6. 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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### 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. List the course(s)/clerkship(s) that will include instruction in and assessment of content related to the scientific method. Evaluate the adequacy of planned coverage in the medical curriculum of the scientific method, including instruction and assessment, to satisfy the requirements of the element.
2. List all required courses and clerkships that will include formal learning objectives that address the basic scientific and/or ethical principles of clinical and translational research and the methods for conducting such research. Summarize the methods by which medical students will learn how such research is conducted, evaluated, explained to patients, and applied to patient care. Summarize the methods by which students’ acquisition of this knowledge will be assessed.
3. Summarize the locations in the curriculum in which medical students will be taught and assessed on the application of biomedical statistics in medical science research and 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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 will be 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 |  |  |  |

1. Based on the examples provided, evaluate the adequacy of plans for 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. Summarize the methods by which each of the five identified common societal problems will be taught and assessed in the medical curriculum.
2. Based on the examples provided by the school, will the medical curriculum provide appropriate instruction in the diagnosis, prevention, appropriate reporting (if relevant), and treatment of the medical consequences of societal problems, along with related student assessment?

### 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**

1. Referring to Table 7.6-2 in Appendix #, evaluate the adequacy of planned coverage of content in the medical curriculum related to cultural competence in health care and health disparities.
2. Describe how the medical curriculum will prepare medical students to be aware of their own gender and cultural biases and those of their peers and teachers.

### 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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 will be taught and assessed. | | | |
| Topic | Phases where the topic areas are taught/assessed | | |
| Pre-clerkship Phase | Clerkship Phase | Other |
| Biomedical ethics |  |  |  |
| Ethical decision-making |  |  |  |
| Professionalism |  |  |  |

1. Evaluate the adequacy of planned coverage of content in the medical curriculum related to medical ethics and human values.
2. Summarize the methods that will be 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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 7.8-1 | Communication Skills** | | | |
| Provide the names of courses and clerkships and indicate with an “X” those that include explicit learning objectives related to the topic areas listed. | | | |
| Course/Clerkship | Topic Areas | | |
| Communicating with Patients  and Patient’s Families | Communicating with Physicians (e.g., as part of the medical team) | Communicating with Non-physician Health Professionals  (e.g., as part of the health care team) |
|  |  |  |  |

1. Describe and evaluate the adequacy of the planned educational activities and assessments that will be included in the medical 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

### 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. Summarize plans for two required experiences where students will be brought together with students or practitioners from other health professions to learn to function collaboratively on health care teams with the goal of providing coordinated services to patients, including how medical students’ attainment of the objectives of the experience will be assessed. Do the examples adequately cover the expected areas (i.e., learning objectives, participants, setting, assessment)?

## 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.

### Element 8.1 Curricular Management

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

1. Describe the current composition of and charge to the committee responsible for the management of the curriculum. Note the source of the committee’s authority (e.g., bylaws).
2. Is the formal curriculum committee, as specified in bylaws/school of medicine policy, currently functioning or is a precursor committee active? If the final curriculum committee is not yet active, describe its intended composition.
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 are being used as guides for planning the following:

* the selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases
* the evaluation of curriculum outcomes

1. Describe the status of developing and linking course and clerkship learning objectives to the medical education program objectives. Are the curriculum committee and its subcommittees, along with course faculty, ensuring that course learning objectives are being linked to the medical educational program objectives and that the linkages are being reviewed?

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 8.3-1 | Role in Curriculum** | | | | | |
| For each of the listed tasks, indicate the role1 of the individual(s)/group(s) listed below (D, E, R, Rec, A). If an individual/group does not have a role in a task, leave the cell blank. | | | | | |
| Task | Course/  Clerkship Directors and  Faculty | CAO/  Associate Dean for Medical Education | Office of Medical Education Staff | Curriculum Committee | Curriculum Committee  Subcommittee(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 planned process and timing of formal review for each of the following curriculum elements:

* Required courses in the pre-clerkship phase of the curriculum
* Required clerkships
* Individual years or phases of the curriculum
* The curriculum as a whole

1. Describe plans for monitoring curriculum content, including the means that will be used to monitor content and the anticipated frequency of monitoring. Note the status of development of tools for curriculum monitoring (e.g., a curriculum database).
2. List the roles/titles of individuals who will have access to the curriculum database and those individuals who will be responsible for monitoring and updating its content.

### 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.**

|  |  |  |
| --- | --- | --- |
| **Table 8.4-2 | Monitoring of Medical Education Program Outcomes** | | |
| Provide the individuals and/or groups in the medical school who will collect and act on the results of each of the program outcome indicators. | | |
| Program Outcome Indicator | Individual(s) Who Will Collect the Data | Individuals/Groups Who Will Act on the Data |
| 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 |  |  |

1. Describe and evaluate the adequacy, to date, of plans to collect and use outcome data to evaluate the attainment of the educational program objectives.

### 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.**

1. Describe how and by whom evaluation data will be collected from medical students on course and clerkship quality .
2. Note whether medical students will provide evaluation data on individual faculty, residents, and others who will teach and supervise them in required 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. Describe the planned process(es) for students to log the completion of their required clinical encounters and procedural skills. Note if a centralized tool will be used for logging.
2. Describe the planned process(es) at the level of the clerkship for review of each medical student’s completion of required clinical encounters and procedural skills. Summarize when and by whom the results will be discussed with students.
3. Describe the planned process(es) at the departmental and central (i.e., curriculum governance) levels for monitoring aggregate data on medical students’ completion of clerkship-specific required clinical encounters and procedural skills.

### Element 8.7 Comparability of Education/Assessment

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

1. Referring to Table 8.7-1 in Appendix #, summarize the following information for courses and/or clerkships that will be offered at more than one instructional site, including regional campus(es).

* How and by whom will faculty members at each instructional site be informed of and oriented to the learning objectives, required clinical encounters and procedural skills (if relevant), and grading system for the course or clerkship.
* How and how often will individuals responsible for the course or clerkship communicate with site directors and faculty at each instructional site regarding course or clerkship planning and implementation, student assessment, and course evaluation.
* What mechanisms will be used for sharing and reviewing data on student satisfaction and performance across instructional sites.

2. Describe the individuals (e.g., site director, clerkship director, department chair) and/or groups (curriculum committee/subcommittee) that will be responsible for reviewing and acting on information related to comparability across instructional sites. Summarize the data/information that will be used by these individuals and groups to determine whether comparability exists.

### 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.**

1. Note if medical students in the pre-clerkship phase of the curriculum will have required activities outside of regularly scheduled class time (e.g., assigned reading or online modules) that will include information to prepare them for in-class activities. Describe how this “out-of-class” time will be accounted for in calculating student academic workload.
2. Summarize the content of any policies/guidelines covering the amount of time per week that students will spend in required activities during the pre-clerkship phase of the curriculum. Note whether the policy will address only in-class activities or will also include required activities assigned to be completed outside of scheduled class time.
3. Has a duty hours policy for use during the clinical clerkships been developed? How will the duty hours policy be disseminated to medical students, faculty, and residents?
4. Describe the process(es) by which data on medical student duty hours will be collected during clerkships. Note the mechanisms that will be available for medical students to report any violations of duty hours policies.
5. Describe the frequency with which the curriculum committee and/or its relevant subcommittee(s) will monitor the scheduled time in the pre-clerkship phase of the curriculum and the workload of students in the clerkship phase of the curriculum, in the context of formal policies and/or guidelines.

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

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

*Include at least the following in the Appendix:*

Appendix #: Methods of assessment (Standard 9, DCI Tables 9.0-1 and 9.0-2)

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

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

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

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

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

1. Briefly describe any existing or planned institution-level (e.g., curriculum committee, GME office) policies that will 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. Referring to Appendix #, summarize how the medical school will ensure that all non-faculty instructors participating in the pre-clerkship phase of the curriculum have received and reviewed the course objectives and been appropriately oriented to their teaching responsibilities. How will participation in such orientations be monitored?
3. Summarize planning, to date, to ensure that residents who will supervise and assess medical students in required clinical clerkships will be prepared for these roles.

### 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 the status of plans and the development of processes to ensure that physicians who will teach and supervise medical students in required clerkships will have faculty appointments.
2. Describe how, by whom, and how often the faculty appointment status of physicians who will teach and assess medical students in required clerkships will be monitored.

### 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. Describe how departments and the central medical school administration will ensure that medical students will be appropriately supervised during required clinical learning experiences in the pre-clerkship and clerkship phases of the curriculum.
2. Describe the status of development of procedures for medical students to report concerns about the adequacy and availability of clinical supervision.

### Element 9.4 Assessment System

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

1. Describe the status of planning to ensure that medical students will be observed performing core clinical skills during the pre-clerkship phase of the curriculum. Note the timing and methods that will be used in the observation of students’ core clinical skills and whether the assessments will be formative or summative.

### Element 9.5 Narrative Assessment

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

1. Describe any medical school policies or guidelines in place or in development that address the circumstances in which narrative descriptions of medical students’ performance will be provided.
2. Will narrative assessments be provided in all pre-clerkship courses whose formats would permit such feedback (refer to Appendix #, Standard 6 for the names of pre-clerkship courses)?
3. If a narrative assessment will not be provided in one or more pre-clerkship courses where teacher-student interaction could permit it to occur (e.g., there is small-group learning), describe the reason(s) that a narrative assessment will not be 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 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):
   1. The curriculum committee
   2. Other medical school committees
   3. Academic departments
   4. 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.**

1. Describe any institutional policies or guidelines related to the provision of formal formative feedback to medical students by the midpoint of courses and clerkships.
2. Evaluate the anticipated adequacy of mid-course formative assessment during the pre-clerkship phase of the curriculum (refer to Appendix #, Table 9.7-1).
3. Describe plans for monitoring of the availability of mid-course and mid-clerkship feedback. How and by which individuals and groups will the provision of this feedback be monitored?

### 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.**

1. Has the school developed a policy or guideline related to the timing of course/clerkship grades? How will the medical school ensure that course and clerkship grades will be reported to students according to the policy and timeframe set by the school and the requirements of this element?
2. How and by whom will the timing of course and clerkship grade reporting be monitored? Has a process been developed to address any situations in which grades are not submitted in a timely manner?

### 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. Have a single set of core standards for promotion and graduation been created? Has a policy that specified the core standards for advancement and graduation been developed and approved?
2. Describe the planned composition of the medical student promotions committee (or the promotions committees, if more than one). If the promotions committee will include course and/or clerkship directors, describe whether there is a recusal policy in place for directors and/or others who may have a conflict of interest
3. Briefly summarize the planned process that will apply in the event 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 process in the case of an adverse action against a student.

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

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

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

*Note that Elements 10.7 and 10.8 are not included in the review for preliminary accreditation.*

### 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 will be required for admission.
2. List the premedical courses or subjects that will be recommended for admission.
3. Summarize how the planned premedical course requirements were established and by whom they were 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 anticipated size and composition of the admission committee at the time when the process for selection of the charter class begins. In the description, note the initial categories of committee membership (e.g., faculty, medical school administrators, community members) and the specified number of members from each category. Note any anticipated changes to the composition of the admission committee over time (e.g., the addition of students). Is there a policy or guideline that faculty members constitute the majority of voting members at all meetings and that specifies the definition of a quorum at meetings?
2. If there will be one or more subcommittees of the admission committee, describe their composition, role, and authority.
3. Summarize the charge to the admission committee and the source of the committee’s authority (e.g., medical school bylaws). Describe whether the admission committee as a whole, or a subset of the admission committee, will have the final authority for making all admission decisions. If a subset of the admission committee will make the final admission decision for some students, describe the source of its authority.
4. Does the medical school have policy and procedures that will ensure that there are no conflicts of interest in the admission process and that no admission decisions will be 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 and by whom the policies, procedures, and criteria for medical student selection were developed and approved. Describe how the criteria for student selection will be made available to the public, including prospective applicants and their advisors.
2. Describe the steps in the admissions process, beginning with receipt of the initial application. For each of the following steps, as applicable, describe the procedures and criteria that will be used to make the relevant decision and the individuals and groups (e.g., admission committee or subcommittee, interview committee) involved in the decision-making process:

* Preliminary screening for applicants to receive the secondary/supplementary application
* Selection for the interview
* The interview
* The acceptance decision
* The offer of admission
* Acceptance of applicants from the wait list

1. Describe the role of the medical school admission committee in the acceptance of applicants to joint degree programs (e.g., MD-PhD).
2. Describe the charge to/terms of reference of the medical student promotions committee(s).
3. Describe the status of development of policies for student assessment, advancement, and graduation and the policies for disciplinary action. How will these policies be made available to medical students and faculty?

### 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. Describe when, how, and by whom the personal attributes of applicants will be assessed during the admission process.
2. How will the members of the admission committee and the individuals who interview applicants (if other than admission committee members) be prepared and trained to assess applicants’ personal attributes?

### 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. Describe the status of development and approval of technical standards. How will the medical school disseminate its technical standards for admission, retention, and graduation to potential and actual applicants, faculty, enrolled students, and others?
2. How will medical school applicants and medical students be 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 will informational and recruitment materials about the medical education program be made available (e.g., online, in the media, in hard copy) to applicants, their advisors, and the public?

### 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 status of development of policies and procedures for the assignment of students to an instructional site or parallel curriculum, if applicable. Note how and by whom the final decision about assignment will be made for a clinical clerkship site and, if relevant, a regional campus and/or a parallel curriculum.
2. Describe the informal and formal processes that will allow students to request an alternate assignment, including by whom the final decision will be made. How will medical students be informed of the opportunity to request an alternate assignment?

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

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

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

*Note that Elements 11.3 and 11.4 are not included in the review for preliminary accreditation.*

### 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.**

1. Describe the planned academic advisory system, including the types of academic assistance that will be available to medical students. Describe the resources that will be available within the school and its parent university/institution to support any medical students who may experience academic difficulty. Note whether the individuals who will provide these services are currently employed or are being recruited.
2. Describe any activities that will be implemented to identify and assist students at high risk for academic difficulty in the entering class or students who experience academic difficulty at any point during the medical curriculum. Will there be processes in place to assist students before they fail a course or clerkship?
3. Identify how the medical school will ensure that medical students have the option of obtaining academic counseling from individuals who have no role in making 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.**

1. Refer to the table below to summarize the planned system for residency and career advising, including the anticipated availability of required and optional career advising activities across the curriculum.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 11.2-1 | Optional and Required Career Advising Activities** | | | |
| Describe plans for career information sessions and advising activities in each year of the curriculum. Note whether each will be required (R) or optional (O). *Schools with regional campus(es) should provide the information by campus.* | | | |
| Career Information and Advising Activities | | | |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  |  |  |  |

1. Describe the categories of personnel, including members of the medical school administration and faculty (e.g., career advisors and specialty advisors) and other locations (e.g., the university/sponsoring institution), who will be available to assist medical students in making career decisions.
2. List the individual(s) who will have responsibility for developing the MSPE.

### 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. Has the medical school determined the general content of a medical student’s academic file and non-academic file? If so, describe the general content of a medical student’s academic file and non-academic file so that there will be appropriate separation.
2. Describe the planned location(s) (physical or digital) at which medical students’ academic records will be stored and comment on the confidentiality of the storage arrangements.
3. Has the medical school specified the individuals who will have access to medical students’ educational records? How will the medical school ensure that student educational records will be 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 that medical students will be required to follow to review or challenge their educational records. Note specifically if students will be permitted to review and potentially challenge the following:

* Content of the MSPE
* Course and clerkship data
* Course and clerkship grades

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

1. Describe whether medical students will be able to gain access to their records in a timely manner.
2. How will the policy and procedures that permit medical students to review and challenge their records be 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.**

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

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

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

1. Provide the anticipated tuition and fees for entering in-state and out-of-state (nonresident) students in the charter class:

|  |  |
| --- | --- |
| In-state residents: |  |
| Out-of-state (nonresidents): |  |

1. Describe and comment on the anticipated sufficiency of staffing for and the accessibility of staff in the financial aid office for the charter class. Note if the financial aid office resides organizationally within the medical school or at the parent organization (e.g., university level). If the latter, list the other schools/programs supported by financial aid office staff and note whether there are financial aid staff specifically available to assist medical students.
2. Referring to the table below, briefly summarize the planned formal and informal programs and services for counseling students about financial aid and educational debt management.

|  |  |
| --- | --- |
| **Table 12.1-1 | Financial Aid/Educational Debt Management Activities** | |
| Describe financial aid and educational debt management counseling/advising activities (including one-on-one sessions) that will be available to medical students in the pre-clerkship phase (first and second years) of the curriculum. Note whether these activities will be required or optional. | |
| Financial Aid/ Debt Management Activities (required/optional) | |
| Year 1 | Year 2 |
|  |  |

1. Describe the current activities of the medical school or university/parent organization to increase the amount and availability of scholarship and grant support for future medical students. Describe other mechanisms that will be used by the medical school and the university to limit medical student educational debt.

### 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 will be 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.

### 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.**

1. Describe the planned system for mental health services, including personal counseling, which will be available to medical students. Identify the location(s) of personnel who will provide the services and comment how the accessibility and confidentiality of the planned services will be ensured.
2. Briefly describe any programs that will be available to promote medical students’ well-being and/or facilitate their adjustment to the demands of medical school.

### 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.**

1. Describe planning for a system to provide medical students with access to diagnostic, therapeutic, and preventive health services, including where and by whom such services will be provided. How will medical students at all instructional sites/campuses be informed about the availability of and methods to access health services?
2. Has the medical school developed a policy that will permit medical students to be excused from classes or clinical activities in order to access health services? Describe how medical students and faculty will be informed of this policy.

### 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 policies and procedures designed to ensure that the 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 will medical students, residents, and faculty be informed of this requirement?
2. Describe how the medical school plans to ensure the confidentiality of medical students’ medical 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. Will information about health insurance for medical students and their dependents be available to all medical students?
2. Indicate whether and when during the medical education program disability insurance will be made available to medical students. Describe when and by what means medical students will be informed of its availability.

### 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. Has the medical school developed immunization policies and identified immunization requirements for medical students? Do the medical school’s immunization requirements 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 will be 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.**

1. Describe the status of development of institutional policies in the following areas:

* The education of students about preventing exposure
* The procedures for treatment in the event of exposure
* The implications of infectious and/or environmental disease or disability for medical student educational activities

1. Have protocols been created in the event that a medical student is exposed to contaminated bodily fluids, including processes for infectious disease screening and follow-up? Describe when and how students, including visiting students, will learn about the procedures to be followed in the event of exposure to blood-borne or air-borne pathogens (e.g., a needle-stick injury).
2. Describe how and when in the curriculum medical students will be instructed about preventing exposure to infectious diseases, especially from body fluids.