****

**ACCM INSTITUTIONAL SELF-STUDY QUESTIONNAIRE**

**Revised May 2021**

**May 2020**

**Approved 29th May 2020.**

**Published August 1st, 2020.**

**Effective for schools seeking accreditation in the 2022-2023 academic year and thereafter.**

**INSTITUTIONAL SELF-STUDY: OVERVIEW**

The objectives of the *Accreditation Commission on Colleges of Medicine* *(ACCM)* *Institutional Self-Study* are to ascertain that a medical education programme meets prescribed accreditation standards as well as to promote institutional self-evaluation and improvement. To further the self-study, a medical school brings together representatives of the administration, faculty, student body and other constituencies to:

(1) Collect and review data about the medical school and its educational programmes.

(2) Identify existing institutional strengths and weaknesses.

(3) Describe strategies to ensure that these strengths are maintained, and any weaknesses addressed.

The institutional self-study questionnaire is central to the accreditation process and is directly linked to the *Accreditation Commission on Colleges of Medicine* *Standards of Accreditation for Medical Schools*. The principle questions to be addressed are if the institution established its objectives, complied with these Standards and provided the evidence for verification and accreditation.

The questions in the ACCM Self-Study Questionnaire are adapted from the Standards of the Liaison Committee on Medical Education (LCME) the US Department of Education National Committee on Foreign Medical Education and Accreditation (NCFMEA) and the World Federation for Medical Education (WFME). The self-study report with all Appendices, the *Institutional Student Questionnaire* and the latest *Annual and Cohort Database Surveys* along with any other required documentation must be submitted to the ACCM secretariat by the date requested.

A Self-Study Oversight Group with subcommittees addressing the totality of the Standards should be established under the guidance of a *Coordinator*. In addition, input should be sought from the *Board of Trustees*.

**ACCM Requests for Institutional Self-study:**

A self-study may be requested at various times by the ACCM in accordance with the *Accreditation Commission on Colleges of Medicine Procedures* (Appendix 1). The report should be submitted to the ACCM office, along with the database and other documents, at least three months prior to the planned inspection (or at least three months prior to a scheduled NCFMEA hearing).

In the ordinary course of events, an ACCM inspection team will visit the medical school pre-clinical campus approximately three months after receipt of the self-study and the database reports. The campus visit will take two to three days. At the time of the visit, the ACCM team will request to meet individual committee chairs and may ask to review additional reports. Following the visit, a draft ACCM report (without final recommendations) is forwarded to the appropriate school authority for correction of any factual errors, to be returned by the date requested.

The final report will be reviewed and decisions made by the ACCM at its next bi-annual meeting (normally held in May and November).The report is confidential until this time, after which it is then forwarded to the Government of the territory in which the main campus is located, the school and the NCFMEA US Department of Education (if applicable).

Where a school is applying to ACCM for the first time, a final accreditation decision may not be made until the administrative headquarters of the school and affiliated clinical sites have been inspected.

### COMPONENTS OF THE SELF-STUDY REPORT

The **Introduction to the Self-Study** should provide a brief overview of how the study was conducted and how the report was compiled, along with the names and specific authority of the coordinator and the chairs of the subcommittees. If applicable, reference should be made to previous self-studies, the significant changes that have occurred since that time and the manner in which areas of concern/noncompliance have been corrected. A list of participants should be provided in the Appendix. The Self-study questionnaire should be accompanied by the *Institutional Student* *Questionnaire (ACCM Procedures Appendix 9).*

This Self-study questionnaire has been revised to align with the revised *ACCM Standards of Accreditation* (Published August 2020). There is a uniform format for each Standard in that each section begins with a reiteration of the sub-headings and components of the Standard, followed by questions that link directly to these components and an expandable space for the response. Each page should be numbered, and the page numbers indicated in the table of contents. The relevant supporting documentation requested for each Standard should be included in the Appendix.

**TABLE OF CONTENTS[[1]](#footnote-1)**

**INTRODUCTION TO THE SELF-STUDY…………………………………………………………**

**STANDARD 1: MISSION AND EDUCATIONAL GOALS………………………………....**

**1.1. Key Educational Goals………………………………………………………………………………..**

**1.2. Development, Adoption and Publication of Educational Goals …….....**

**STANDARD 2: CORPORATE ORGANISATION……………………………………………….**

**2.1. Regulatory Environment …………………………………………………………………………..**

**2.2. Governance …………………………………………………………………………………………......**

**STANDARD 3: SCHOOL MANAGEMENT……………………………………………………….**

**3.1. Anti-discrimination Policy ………………………………………………………………………..**

**3.2, Medical School Administration ………………………………………………………………..**

**3.3. Mechanisms for Faculty Participation……………………………………………………..**

**3.4. Student Body Size ……………………………………………………………………………….....**

**3.5. Clinical Sites ……………………………………………………………………………………………..**

**3.6. Allied Health Programme(s) …………………………………………………………………….**

**STANDARD 4: FACULTY AND TEACHING STAFF……………………………………….**

**4.1. Faculty Selection and Appointment …………………………………………………......**

**4.2. Faculty Workload, Benefits and Compensation ………………………………......**

**4.3. Code of Conduct ………………………………………………………………………………………..**

**4.4. Professional Development and Promotion ………………………………………......**

**4.5. Non-faculty Teaching Staff ………………………………………………………………………**

**STANDARD 5: CURRICULAR CONTENT………………………………………………………**

**5.1. Competencies and Objectives…………………………………………………………………**

**5.2. Self-directed and Lifelong Learning ………………………………………………….....**

**5.3. Critical Judgement and Problem-Solving Skills……………………………………..**

**5.4. Communication Skills ………………………………………………………………………….....**

**5.5. Interprofessional and Interdisciplinary Collaborative Skills ………………..**

**5.6. Service to Society and the Community ………………………………………………….**

**5.7. Cultural Competence and Health Care Disparities………………………………..**

**5.8. Medical Ethics…………………………………………………………………………………………..**

**5.9. Scientific Methods and Clinical Translational Research……………………….**

**STANDARD 6: CURRICULAR IMPLEMENTATION AND EVALUATION………..**

**6.1. Length of the Curriculum……………………………………………………………………….**

**6.2. Curriculum Committee……………………………………………………………………………**

**6.3. Pre-clinical Basic Science……………………………………………………………………….**

**6.4. Clinical Science ……………………………………………………………………………………….**

**6.5. Clinical Site Monitoring and Oversight to Ensure Comparability………..**

**6.6. Resident Participation in Medical Student Education…………………………**

**6.7. School Attendance Policy………………………………………………………………………**

**6.8. Evaluation of the Curriculum ……………………………………………………………….**

**STANDARD 7: STUDENT TEACHING, SUPERVISION AND ASSESSMENT….**

**7.1. Clinical Teaching and Experience…………………………………………………………**

**7.2. Senior Electives …………………………………………………………………………………….**

**7.3. Student Supervision ……………………………………………………………………………..**

**7.4. Student Assessment and Evaluation ……………………………………………………**

**7.5. Formative Assessment and Feedback …………………………………………………**

**7.6. Summative Evaluation …………………………………………………………………………**

**7.7. Preparation of Resident and Non-faculty Instructors………………………..**

**STANDARD 8: ADMISSIONS……………………………………………………………………..**

**8.1. Admission Criteria ……………………………………………………………………………….**

**8.2. Informational Materials ………………………………………………………………………**

**8.3. Admissions Committee………………………………………………………………………..**

**8.4. Readmission………………………………………………………………………………………….**

**8.5. Transfer Students………………………………………………………………………………..**

**8.6. Visiting Students …………………………………………………………………………………**

**8.7. Diversity and / or Pipelines Programmes…………………………………………..**

**STANDARD 9: STUDENT PROMOTION AND EVALUATION…………………….**

**9.1. Policy Development, Implementation and Oversight……………………….**

**9.2. Student Promotion and Evaluation Committee…………………………………..**

**9.3. Student Evaluation………………………………………………………………………………..**

**9.4. Student Promotion and Advancement ……………………………………………….**

**9.5. Student Graduation …………………………………………………………………………….**

**9.6. Student Dismissals ……………………………………………………………………………….**

**STANDARD 10: STUDENT SUPPORT SERVICES………………………………………**

**10.1. Academic Guidance, Mentorship and Career Counselling…………………**

**10.2. Student Health and Psychological Support………………………………………..**

**10.3. Financial Guidance………………………………………………………………………………**

**10.4. Tuition Refund Policy…………………………………………………………………………**

**10.5. Medical Student Mistreatment ………………………………………………………….**

**10.6. Student Complaints …………………………………………………………………………….**

**10.7. Student Records ………………………………………………………………………………….**

**10.8 Security, Student Safety and Disaster Preparedness………………………...**

**STANDARD 11: FINANCIAL MANAGEMENT………………………………………………**

**11.1. Revenue Sources ………………………………………………………………………………….**

**11.2. Budget Planning and Compliance ……………………………………………………...**

**STANDARD 12: FACILITIES AND INFORMATION SERVICES………………………**

**12.1. Pre-clinical Medical School Campus ……………………………………………………**

**12.2. Clinical Sites ………………………………………………………………………………………...**

**STANDARD 13: POSTGRADUATE PROGRESSION……………………………………...**

**SUMMARY…………………………………………………………………………………………………..**

**APPENDIX…………………………………………………………………………………………………..**

**INTRODUCTION TO THE SELF STUDY**

Provide a brief overview of how the study was conducted and how the report was compiled, along with the names and specific authority of the coordinator and the chairs of the subcommittees. Students should be included on the institutional self-study task force and on any committees on which they can provide meaningful input. Each review committee should contain appropriate membership for its specific topic, and students ought to participate in review of areas that affect their education and student life. These include areas related to the medical educational programme, medical students and educational and clinical facilities. If applicable, reference should be made to previous self-studies, the manner in which areas of concern/noncompliance have been corrected and indicate significant changes that have occurred since the last inspection. A list of participants should be provided in the Appendix.

|  |
| --- |
|  |

**STANDARD 1: MISSION AND EDUCATIONAL GOALS**

The educational mission of the medical school serves the public interest and has educational objectives and goals that reflect its mission and define its teaching programme. The school has a quality assurance system in place to assess the educational, administrative, and research components of the school’s work.

* 1. **KEY EDUCATIONAL GOALS**

|  |
| --- |
| At a minimum, the goals of the school[[2]](#footnote-2) include:   * + 1. Sponsoring a Doctor of Medicine degree programme in which English is the principle language of instruction and assessment and which fulfils the requirements outlined in the *ACCM Standards of Accreditation* *for Schools of Medicine.*     2. Assuring all stakeholders including students, parents, patients, postgraduate training directors, licensing authorities, government regulators and society that accredited programmes meet commonly accepted standards for professional education and serve the public interest.     3. The graduation of individuals who have acquired the critical knowledge, skills and professional attitudes of a physician expected by the academic community and society.     4. The graduation of individuals who are qualified to advance to, and complete post-graduate training, secure licensure, provide quality health care and continue a habit of life-long learning. |

**PLEASE ANSWER RE:** **1.1. KEY EDUCATIONAL GOALS**

* + 1. Does the school sponsor a Doctor of Medicine Degree programme which fulfils the requirements outlined in the *ACCM Standards of Accreditation for Schools of Medicine*? Indicate the principal language of instruction and assessment. If the school has alternate languages of instruction and assessment, provide details of the language, courses and assessment tools with an estimate of the percentage of the total of each in which English is the principal language. Describe how the school assesses fluency in English and provides remedial courses in the English language if indicated.

|  |
| --- |
|  |

* + 1. - **1.1.4.**

*Note: Questions on Standards 5-10 and 13 will request more detailed information as to how the school demonstrates that it meets commonly accepted standards for professional education and ensures that it graduates individuals who have acquired the critical knowledge, skills and professional attributes of a physician expected by the academic community and society. Only a brief overview is expected here.*

Describe the mission of the school. *Briefly,* describe how the school ensures that its mission and educational goals serve the public interest, and how the school assures all stakeholders that the programme graduates individuals who have acquired the critical knowledge, skills and professional attitudes of a physician qualified to advance to and complete post-graduate training.

|  |
| --- |
|  |

* 1. **QUALITY ASSURANCE**

|  |
| --- |
| * + 1. The school has a quality assurance system in place to assess the educational, administrative, and research components of the school’s work. |

**PLEASE ANSWER RE: 1.2 QUALITY ASSURANCE**

1. How are the purposes and methods of quality assurance and subsequent action in the school defined and described, and made publicly available?
2. How is responsibility for implementation of the quality assurance system clearly allocated between the administration, academic staff, and educational support staff?
3. How are resources allocated to quality assurance?
4. How has the school involved external stakeholders?
5. How is the quality assurance system used to update the school’s educational design and activities and hence ensure continuous renewal?

|  |
| --- |
|  |

**1.3. DEVELOPMENT, ADOPTION AND PUBLICATION OF EDUCATIONAL GOALS**

|  |
| --- |
| **1.3.1.** The school engages in a strategic planning process that sets the direction for the school and evaluates outcomes using objective measures.  **1.3.2.** The goals are formally adopted by the Board of Trustees of the school and by the faculty as a body or through its recognised representatives and are re-evaluated annually.  **1.3.3.** The school’s educational programmes are designed to achieve its goals.  **1.3.4.** The school’s faculty, financial resources, physical facilities and administrative resources are sufficient to achieve its underlying goals.  **1.3.5.** The school publishes its goals in its prospectus, marketing documents and on its website. These goals are communicated to its students, faculty and to the public. |

**PLEASE ANSWER RE:** **1.3. DEVELOPMENT, ADOPTION AND PUBLICATION OF EDUCATIONAL GOALS**

**1.3.1**. When was the last strategic planning process held? Provide a brief summary including a list of those present. Describe how, when, and by whom the outcomes of the school’s strategic plan are monitored. Provide an example of an outcome from the most recent strategic goals/objectives and describe the actions or activities undertaken to evaluate that outcome.

|  |
| --- |
|  |

* + 1. Describe how the school develops the educational goals which define its mission, how these goals are formally adopted and re-evaluated annually and **(1.3.3)** how the school’s educational programmes are designed to achieve its goals.

|  |
| --- |
|  |

**1.3.4.**Describe how the school ensures that its faculty, financial resources, physical facilities and administrative resources are sufficient to achieve its goals.

|  |
| --- |
|  |

* + 1. Describe how the school publishes and distributes its goals among its students, faculty, and the public.

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION: STANDARD 1: MISSION AND EDUCATIONAL GOALS**

The following should be included in the Appendix:

* University Charter
* School Brochure/Catalogue or other marketing tool.
* Strategic Plan
* If applicable, English language curriculum.
* Plan for Quality Assurance

**STANDARD 2: CORPORATE ORGANISATION**

The school is licensed by the appropriate national governmental authority to offer programmes of medicine leading to a medical degree and is governed by an independent Board of Trustees selected according to their ability to best serve the school and the welfare of the public.

**2.1. REGULATORY ENVIRONMENT**

|  |
| --- |
| **2.1.1.** The school is licensed by the appropriate governmental or regulatory authority to offer courses of instruction in medicine and to award a medical degree.  **2.1.2.** The school ensures that its medical education programme meets all ACCM requirements for initial and continuing accreditation. |

**PLEASE ANSWER RE:** **2.1. REGULATORY ENVIRONMENT**

**2.1.1.** Identify the appropriate governmental or regulatory authority and provide contact information for the principle government official. Does an accrediting body other than ACCM evaluate medical schools in the country with respect to a defined set of Standards? If yes, provide the name of the Accrediting Body.

|  |
| --- |
|  |

* + 1. Describe the process in place to ensure that the medical education programme meets all ACCM requirements for initial and continuing accreditation.

|  |
| --- |
|  |

**2.2.   GOVERNANCE**

|  |
| --- |
| **2.2.1.** The school is governed by an independent and voluntary Board[[3]](#footnote-3) of Trustees, as the highest authoritative body of the school.  **2.2.2.** Board members are selected based on their abilities and interests in order to best develop school policies that promote the school and the welfare of the public.  **2.2.3.** Board members serve terms of office that are defined with regard to duration and number of terms allowed. The terms are staggered for continuity and effectiveness.  2.2.4. Board members are free of conflict of interest with the school and are independent of the administration.  2.2.5. In consultation with the Chief Executive Officer (CEO)[[4]](#footnote-4) and Chief Academic Officer (CAO)[[5]](#footnote-5), Divisional heads and representatives of the faculty, the Board governs the school by establishing broad school policies, securing financial resources and overseeing the management’s performance of its duties and responsibilities.  2.2.6. The Board promulgates policies which promote a scholarly atmosphere in which students can learn and faculty can teach and engage in scholarly activity.  2.2.7. The Board ratifies the appointment of the CAO, the CEO, and the faculty members of the school.  2.2.8. Upon the recommendation of the Medical School Faculty and CAO, the Board confers degrees on students who have satisfactorily completed the programme of study.  2.2.9. The school has written bylaws that describe an effective organizational structure and governance process and delineate the roles, duties and responsibilities of the chief, associate, and assistant administrative officers, CAO and his/her deputies, faculty and its governance, faculty committees and medical students. |

**PLEASE ANSWER RE:** **2.2. GOVERNANCE**

**2.2.1**. Describe how the school is governed?

|  |
| --- |
|  |

* + 1. Describe how the members of the Board are selected, the rules regarding the duration of terms of office **(2.2.3.),** number of terms and how these terms are staggered.

|  |
| --- |
|  |

* + 1. Describe the process in place to ensure that Board members are free of conflict of interest with the school and with the administration. Indicate if any of the trustees are employees of the School, have family members who are employed by the school or are paid in any capacity by the school.

|  |
| --- |
|  |

* + 1. Describe how the Board works with the school leaders to establish school policies, secure financial resources, oversee the management’s performance of its duties and responsibilities, provide direction and to appoint key personnel. Describe which categories of appointments (e.g., university officers, dean’s staff, and faculty) are the sole responsibility of the Board. Indicate if the Board has delegated the responsibility for some or all categories of appointments to another individual (e.g., to the university president or medical school dean).

|  |
| --- |
|  |

* + 1. Describe how the Board promulgates policies which promote a scholarly atmosphere in which students[[6]](#footnote-6) can learn and faculty can teach and engage in scholarly activity.

|  |
| --- |
|  |

* + 1. Describe how the Board ratifies the appointment of the CEO, the CAO, and the faculty members of the school.

|  |
| --- |
|  |

* + 1. Describe the process by which the Board confers degrees on students who have satisfactorily completed the programme of study.

|  |
| --- |
|  |

* + 1. Describe how the school’s by-laws delineate the roles, duties and responsibilities of the school leaders and committees. Provide the page number(s) in the bylaws and note when and by whom each of these was last reviewed and approved:

1. charges to major standing committees
2. responsibilities and privileges of the CAO and other administrative officers
3. responsibilities and privileges of the faculty

Briefly describe how these formal documents are made available to the faculty.

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION: STANDARD 2: CORPORATE ORGANISATION**

The following should be included in the Appendix.

* Government letter of Agreement
* Members of the Board of Trustees
* Bylaws of the Board of Trustees
* Bylaws for the Medical School
* Minutes of meetings of the Board of Trustees
* Organizational Chart for the Medical School

**STANDARD 3: SCHOOL MANAGEMENT**

The school has an administrative structure and student enrolment such that each department can perform its responsibilities efficiently. The school demonstrates integrity through its consistent and documented adherence to fair, impartial and effective processes, policies and practices in all its activities.

**3.1. ANTI-DISCRIMINATION POLICY**

|  |
| --- |
| **3.1.1.** The school does not discriminate on the basis of age, creed, sex, gender identity, national origin, race, or sexual orientation. |

**PLEASE ANSWER RE:** **3.1. ANTI-DISCRIMINATION POLICY**

* + 1. Describe the school’s anti-discrimination policy and how the policy is made known to and enforced by all members of the medical education community.

|  |
| --- |
|  |

**3.2. MEDICAL SCHOOL ADMINISTRATION**

|  |
| --- |
| **3.2.1.** The school designs an administrative structure such that each department is able to perform its responsibilities efficiently.  **3.2.2.** The design and size of the administration dealing with medical student issues is sufficient for the size of the student body and the scope of the programme.  **3.2.3.** The principal administrative and academic heads maintain open lines of communication with one another in order to carry out school policies and to implement the educational objectives in an efficient and effective manner.  **3.2.4.** The CAO must hold a medical degree[[7]](#footnote-7) and possess adequate qualifications and experience in medical education, patient care and research to lead and to supervise the educational programme of the school.  **3.2.5.** As the highest ranked academic officer, the CAO is supported by a competent team of professional staff in the management of the education programme.  **3.2.6.** The school’s financial resources are overseen by a chief financial officer (CFO).  **3.2.7.** The CFO ensures that the school’s financial status is subject to an annual external independent audit yielding audited financial statements that are submitted to ACCM. |

**PLEASE ANSWER RE:** **3.2. MEDICAL SCHOOL ADMINISTRATION**

### Describe the school’s administrative structure and indicate the responsibilities of the key administrative staff. Provide an organizational chart.

|  |
| --- |
|  |

### Describe how the school ensures that the design and size of the administration is sufficient for the size of the student body and scope of the programme. If any

### members of the CAO/dean’s administrative staff hold interim / acting appointments, describe the status and timeline of recruitment efforts to fill the position(s). If there are any department chair vacancies, describe the status and timeline of recruitment efforts to fill the position(s).

|  |
| --- |
|  |

### Describe how the principle administrative and academic heads maintain lines of communication with one another. Describe the mechanisms through which the CAO exercises authority over faculty who participate in the medical education programme but are not employed by the medical school.

|  |
| --- |
|  |

### Provide a brief summary of the CAO’s experience and qualifications to provide leadership in each area for which s/he has responsibility. Describe the areas of the school mission for which the CAO is responsible and how the CAO is evaluated in these areas.

|  |
| --- |
|  |

### List the roles and responsibilities of the individuals who support the CAO.

|  |
| --- |
|  |

### Identify the individual(s) responsible for the oversight of the school’s finances.

|  |
| --- |
|  |

### Describe the process in place to ensure that the school’s financial status is subjected to an annual external independent audit.

|  |
| --- |
|  |

**3.3.MECHANISMS FOR FACULTY PARTICIPATION**

|  |
| --- |
| **3.3.1.** The school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education programme, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the programme, as appropriate. |

**PLEASE ANSWER RE: 3.3. MECHANISMS FOR FACULTY PARTICIPATION**

**3.3.1.** Describe how the school obtains faculty input on proposed policy changes and on other issues of importance as well as informs faculty about policies and changes. Detail the administrative decisions taken by the CAO without faculty input.

**3.4. STUDENT BODY SIZE**

|  |
| --- |
| **3.4.1.** Enrolment is sufficient to ensure a collegial atmosphere of learning and to support a quality education without enroling more students than the resources of the school can support.  **3.4.2.** The school will not seek to maintain its enrolment through retention of academically weak students.  **3.4.3.** In determining the student body size, careful consideration is given to the availability of an applicant pool of sufficient quality and quantity as well as the available facilities and resources.  **3.4.4.** In schools where enrolment occurs more than once a year, the school may adjust the numbers admitted in each cohort during that year to fit an overall approved annual target, provided that the largest cohort can be comfortably accommodated in terms of faculty to student ratio and physical and educational resources. |

**PLEASE ANSWER RE:** **3.4.STUDENT BODY SIZE**

**3.4.1.** Describe how the school manages student enrolment to support a quality education without enroling more students than the resources of the school can support. Indicate **(3.4.2.)** how the school ensures that it is not maintaining its enrolment through the retention of academically weak students.

|  |
| --- |
|  |

* + 1. Describe how the school considers the availability of an applicant pool of sufficient quality and quantity as well as the available facilities and resources in determining the student body size.

|  |
| --- |
|  |

* + 1. Where enrolment occurs more than once a year, describe how the school adjusts the numbers admitted in each cohort during that year to fit an overall approved annual target.

|  |
| --- |
|  |

**3.5. CLINICAL SITES**

|  |
| --- |
| **3.5.1.** A clinical site incorporates a medical student clinical teaching structure that is controlled by the medical school. It encompasses all the major clinical departments and subdivisions where the students receive their clinical education**.**  **3.5.2.** Each clinical department is staffed by physicians who are faculty members of the medical school and who report to the chief of the department or the course director in their roles as teaching physicians.  **3.5.3.** To implement the academic policies of the school, the CAO appoints with defined roles, a clinician site director, departmental faculty and administrative personnel. On matters of medical student education, the clinician site director reports directly to the dean or CAO, the departmental faculty report to their respective divisional heads and administrative personnel report directly to the medical school campus supervisor.  **3.5.4.** The school maintains in force at all times, a written affiliation agreement with each health care facility through which students rotate. This outlines the roles and responsibilities of both parties and includes educational objectives, faculty responsibilities, evaluation procedures and information on student access to appropriate hospital resources and facilities. |

**PLEASE ANSWER RE:** **3.5. CLINICAL SITES**

### Describe how the school ensures that every clinical site through which the students rotate incorporates a student clinical teaching structure that is directly controlled by the medical school.

|  |
| --- |
|  |

### Describe how the school ensures that each clinical department is staffed by physicians who are faculty members of the school and who report to the chief of the department or the course director in theirroles as teaching physicians*.*

|  |
| --- |
|  |

### 3.5.3. Describe the supervisory and reporting process that is in place at each clinical site in order to implement the academic policies of the school.

|  |
| --- |
|  |

### Describe how the school ensures that a written affiliation agreement is in force at all times with each health care facility through which students rotate. For ambulatory sites that have a significant role in required clinical clerkships, describe how the school ensures the primacy of the medical education programme in the areas included in the Standards. For example, are there memoranda of understanding or other formal agreements in effect?

|  |
| --- |
|  |

### 3.5. ALLIED HEALTH PROGRAMME(S)

|  |
| --- |
| **3.5.1.** If the school includes allied health programmes with sharing of faculty, the authorities and responsibilities of the respective CAOs and faculty of these programmes and their affiliated hospitals are delineated from those of the medical school dean and faculty in order to avoid encroachment into the time committed by faculty to medical student education.  **3.5.2.** To avoid overuse of faculty resources when they are shared with allied health programmes, the school provides additional time to faculty members for classroom preparation, medical student tutoring and committee work. |

### 

### PLEASE ANSWER RE: 3.5. ALLIED HEALTH PROGRAMME(S)

### If the school includes allied health programmes with sharing of faculty, describe how the responsibilities of the CAOs and programme faculty and their affiliated hospitals are separated from those of the medical school dean and faculty.

|  |
| --- |
|  |

### Describe the process to avoid encroachment into faculty time committed to medical student education and the additional time provided to faculty members for classroom preparation, medical student tutoring and committee work when/if they are shared with allied health programmes.

|  |
| --- |
|  |

### SUPPORTING DOCUMENTATION: STANDARD 3: SCHOOL MANAGEMENT

The following should be included in the Appendix:

* Anti-discrimination policy.
* CVs for the CAO and key administrative personnel
* Annual Performance Review for CAO
* CVs for the Clinical Deans and Department Chairs.
* Affiliation agreements for all clinical sites through which the students rotate
* CAO’s position description. If the CAO has an additional role (e.g., vice president for health/academic affairs, provost), include that position description as well.
* Details of any Allied Health Care programmes.

**STANDARD 4: FACULTY AND TEACHING STAFF**

The school ensures that, at all times and across all pre-clinical and clinical sites, the required faculty are in place to deliver the objectives and goals of the school's mission. The school appoints a sufficient number of faculty members to deliver the curriculum and to provide the leadership required to achieve the school’s key educational goals.

**4.1. FACULTY SELECTION AND APPOINTMENT**

|  |
| --- |
| **4.1.1.** The number of faculty members is dependent on the total number of students enroled in the programme with a desired full-time equivalent faculty to student ratio of 1:8.  **4.1.2.** The school admits to its faculty only those individuals who possess the appropriate teaching and research experience, academic qualifications and commitment to continuing scholarly activity for a medical education programme.  **4.1.3.** The school has clearly defined policies in place on faculty selection and appointment. These policies include method of faculty selection, duties, compensation, health insurance, disability, pension, contracts of employment, employment external to the school, academic freedom, evaluation, promotion, tenure, remediation and dismissal.  **4.1.4.** The recruitment, selection and retention of faculty is overseen by the CAO, with input from department heads, faculty representatives, senior administrators and students as appropriate.  **4.1.5.** The school aims to achieve mission-appropriate diversity amongst all members of its academic community. |

**PLEASE ANSWER RE:** **4.1. FACULTY SELECTION AND APPOINTMENT**

* + 1. Indicate the full-time faculty to student ratio both for the pre-clinical campus and the clinical medicine programme. Describe any recent situations where there have been problems identifying sufficient faculty to teach medical students (e.g., to provide lectures in a specific content area, to serve as small group facilitators). Note how these problems have been/are being addressed.

|  |
| --- |
|  |

* + 1. Describe how the school ensures admission to its faculty only those individuals who possess the appropriate experience, academic qualifications, teaching, and research experience for their academic roles. Describe the medical school’s expectations for faculty scholarship, including whether scholarly activities are required for retention and/or promotion.

|  |
| --- |
|  |

* + 1. Describe how the school develops policies on faculty selection, duties, compensation, health insurance, disability, pension, contracts of employment, employment external to the school, academic freedom, evaluation, promotion, tenure, remediation and dismissal.

|  |
| --- |
|  |

* + 1. Describe the role of the CAO, faculty and senior administrators in the recruitment, retention and selection of faculty.

|  |
| --- |
|  |

* + 1. Describe the process in place to ensure mission-appropriate faculty diversity.

|  |
| --- |
|  |

**4.2. FACULTY WORKLOAD, BENEFITS AND COMPENSATION**

|  |
| --- |
| **4.2.1.** The school provides a reasonable level of benefits and compensation to its faculty which includes salary, health and disability insurance, as well as retirement pension programmes where appropriate.  **4.2.2**. New faculty members are informed of school arrangements for workload distribution, benefits and compensation prior to taking up employment.Each newly appointed faculty member receives a written contract of employment which contains information regarding the term of appointment, responsibilities and reporting relationships and copies of all the policies in 4.1.3as well as the Code of Conduct.  **4.2.3** There is an appropriate and equitable balance between direct classroom/ laboratory contact hours and other essential activities such as classroom preparation, student tutoring and mentoring, research and committee work. |

**PLEASE ANSWER RE:** **4.2. FACULTY WORKLOAD, BENEFITS AND COMPENSATION**

**4.2.1.** Describe how the school ensures the delivery of a reasonable level of benefits and compensation to its faculty as outlined in the school policies under **4.1.3.**

|  |
| --- |
|  |

* + 1. Describe the process in place to ensure that **new** faculty members are informed of school arrangements for workload distribution, benefits and compensation prior to taking up employment.

|  |
| --- |
|  |

* + 1. Describe how the school ensures an appropriate and equitable balance between direct classroom/ laboratory contact hours and other essential activities such as classroom preparation, tutoring and mentoring, research and committee work.

|  |
| --- |
|  |

**4.3. CODE OF CONDUCT**

|  |
| --- |
| **4.3.1.** The school has a written code of conduct for faculty members which includes standards of conduct for teacher-student relationships, the school’s approach to potential areas of conflict of interest and the school’s management of violation of the code of conduct.  **4.3.2.** Outside employment by full-time basic science faculty is not permitted. |

**PLEASE ANSWER RE:** **4.3. CODE OF CONDUCT**

* + 1. Describe the process in place to ensure appropriate standards of conduct for teacher-student relationships and the school’s approach to potential areas of conflict of interest. Describe how the required professional behaviours are made known to students, faculty, residents and others in the medical education learning environment.

|  |
| --- |
|  |

* + 1. Describe the process in place to ensure that basic science faculty do not seek outside employment.

|  |
| --- |
|  |

**4.4. PROFESSIONAL DEVELOPMENT AND PROMOTION**

|  |
| --- |
| **4.4.1.** The school supports each faculty member to achieve their individual requirements for maintenance of competence/continuing medical education and provides opportunities for professional development in the areas of teaching and research.  **4.4.2.** The school establishes policies for the periodic evaluation of faculty competency and performance and for the purposes of promotion and tenure. These policies include the procedures and standards against which evaluations are measured.  **4.4.3**. The faculty members receive regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on their academic performance and progress toward promotion and, where applicable, tenure.  **4.4.4.** The school policy on promotion and tenure is readily accessible to its faculty and is designed to recognise excellence in teaching, research and contribution to the institution’s mission and goals.  **4.4.5.** The process by which a faculty member may apply for promotion and, if applicable, tenure, is transparent. |

**PLEASE ANSWER RE:** **4.4. PROFESSIONAL DEVELOPMENT AND PROMOTION**

* + 1. Describe how the school supports each faculty member to achieve their requirements for continuing medical education and provides opportunities for professional development. Indicate the individual(s) who assist faculty in improving their teaching and assessment skills.

|  |
| --- |
|  |

* + 1. Describe the school’s process for the periodic evaluation of faculty competency and performance and for academic promotion and tenure. Does this policy include the standards against which evaluations are measured?

|  |
| --- |
|  |

* + 1. Describe the process in place to ensure that faculty members receive regular feedback on their academic performance and on their progress toward promotion / tenure. Describe how problems with an individual faculty member’s teaching and assessment skills are identified and remediated.

|  |
| --- |
|  |

* + 1. Describe the process in place to ensure that the school policy on academic promotion and tenure is readily accessible to its faculty. List the criteria for academic promotion and tenure. Describe any specific programmes or activities offered to assist faculty in preparing for promotion /tenure.

|  |
| --- |
|  |

* + 1. Describe how the school ensures transparency in the process by which a faculty member may apply for promotion and, if applicable, tenure.

|  |
| --- |
|  |

**4.5. NON-FACULTY TEACHING STAFF**

|  |
| --- |
| **4.5.1.** Adjunct instructors, junior doctors, fellows, residents and graduate teaching assistants are assets to the school’s medical educational programme. Under faculty supervision, these individuals provide instruction in the teaching hospitals, ambulatory care facilities and at the medical school campus. The school is not over reliant on adjunct instructors in lieu of full-time faculty members and non-faculty teaching staff. |

**PLEASE ANSWER RE:** **4.5. NON-FACULTY TEACHING STAFF**

* + 1. Summarize the roles of non-faculty instructors in the clinical sites and at the pre-clinical school campus. Indicate the method of supervision and the percentage of non-faculty instructors in the pre-clinical years.

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION: STANDARD 4: FACULTY AND TEACHING STAFF**

The following should be included in the Appendix:

* List of all basic science faculty.
* Faculty handbook
* CVs of all faculty hired since the last inspection by ACCM.
* The school’s policy on Promotion and Tenure.
* Sample faculty contract.
* Code of conduct.
* Faculty Development Curriculum

**STANDARD 5: CURRICULAR CONTENT[[8]](#footnote-8)**

The medical school curriculum incorporates the fundamental principles of medicine and its underlying scientific concepts. These allow students to acquire skills of critical judgment and to use these principles and skills in solving problems of health and disease. The content is of sufficient breadth and depth to prepare a medical student for entry into clinical clerkships, residency programmes and contemporary medical practice.

**5.1. COMPETENCIES AND OBJECTIVES**

|  |
| --- |
| **5.1.1.** The medical school faculty define the competencies to be achieved by all medical students through programme objectives and are responsible for the design and implementation of the components of the curriculum that enable medical students to achieve these competencies and objectives. This responsibility may be delegated to a curriculum committee.  **5.1.2.** Medical education programme objectives are statements of the knowledge, skills, behaviours and attitudes that medical students are expected to exhibit upon completion of the programme. These objectives are defined in outcome-based terms that allow the assessment of medical students’ progress in developing the competencies of the medical profession.  **5.1.3.** The faculty leadership responsible for each required preclinical course and clinical clerkship link the learning objectives of that course/clerkship to the medical education programme objectives.  **5.1.4.** These objectivesare made known to all medical students, faculty, residents and others with teaching and assessment responsibilities. |

**PLEASE ANSWER RE:** **5.1. COMPETENCIES AND OBJECTIVES**

**5.1.1.** Describe the process in place to define and implement the competencies to be achieved by students. Describe how this responsibility is delegated.

|  |
| --- |
|  |

**5.1.2.** Describe how the medical programme objectives are defined in outcome-based terms that allow the assessment of a student’s progress.

|  |
| --- |
|  |

**5.1.3.** Describe how the school ensures that the faculty leadership responsible for each required preclinical course and clinical clerkship link the learning objectives of that course/clerkship to the medical education programme objectives.

|  |
| --- |
|  |

**5.1.4**. Describe how these objectives are made known to the students, faculty and others with teaching and assessment responsibilities.

|  |
| --- |
|  |

**5.2. SELF DIRECTED AND LIFELONG LEARNING**

|  |
| --- |
| **5.2.1.** 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. The curriculum includes self-directed learning experiences, instructional programmes for active learning and unscheduled time for independent study to allow medical students to develop the skills of lifelong learning. |

**PLEASE ANSWER RE:** **5.2. SELF DIRECTED AND LIFELONG LEARNING**

* + 1. Describe how the schoolincludes self-directed learning in the curriculum.

|  |
| --- |
|  |

**5.3. CRITICAL JUDGEMENT AND PROBLEM-SOLVING SKILLS**

|  |
| --- |
| **5.3.1.** The curriculum provides opportunities for medical students to acquire skills of critical judgement based on evidence and experience, and to develop their ability to use those principles and skills effectively in solving problems of health and disease. |

**PLEASE ANSWER RE:** **5.3. CRITICAL JUDGEMENT/PROBLEM SOLVING SKILLS**

* + 1. Describe the opportunities provided for students to allow them acquire skills of critical judgement.

|  |
| --- |
|  |

**5.4. COMMUNICATION SKILLS**

|  |
| --- |
| **5.4.1.** The curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues and other health professionals. |

**PLEASE ANSWER RE:** **5.4. COMMUNICATION SKILLS**

**5.4.1.** Describe how the school ensures thatstudents acquire the skills to communicate effectively with patients, patients’ families and with members of the health care team.

|  |
| --- |
|  |

**5.5. INTERPROFESSIONAL AND INTERDISCIPLINARY COLLABORATIVE SKILLS**

|  |
| --- |
| **5.5.1*.*** The curriculum prepares medical students to function collaboratively in multidisciplinary health care teams that provide coordinated services to patients.  **5.5.2.** There is appropriate exposure to multidisciplinary areas such as emergency medicine, anaesthesiology, clinical pathology and diagnostic imaging and the incorporation of diagnostic and therapeutic techniques from other clinical areas, using an integrated and multidisciplinary approach. |

**PLEASE ANSWER RE:** **5.5. INTERPROFESSIONAL AND INTERDISCIPLINARY COLLABORATIVE SKILLS**

* + 1. Describe how the curriculum prepares medical students to function collaboratively in multidisciplinary health care teams. **(5.5.2**.) Provide examples of instances where students experience multidisciplinary clinical exposure and receive instruction in diagnostic and therapeutic techniques from other clinical areas.

|  |
| --- |
|  |

**5.6. SERVICE TO SOCIETY AND THE COMMUNITY**

|  |
| --- |
| **5.6.1.** The curriculum provides opportunities for, and encourages, medical student participation in, service-learning and/or community service activities. Service-learning is defined as a structured learning experience that combines community service with preparation and reflection.  **5.6.2.** The curriculum includes instruction in the diagnosis, prevention, appropriate reporting and treatment of the medical consequences of common societal problems and their impact on patient care. |

**PLEASE ANSWER RE:** **5.6. SERVICE TO SOCIETY AND THE COMMUNITY**

* + 1. Describe how the school provides opportunities for, and encourages, medical student participation in service-learning and/or community service activities.Summarize the opportunities that are available to students.

|  |
| --- |
|  |

* + 1. Describe the aspects of common societal problems and their impact on patient care that are covered in the curriculum.

|  |
| --- |
|  |

**5.7. CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES**

|  |
| --- |
| **5.7.1.** The curriculum provides the knowledge, skills and core professional attitudes and attributes needed to provide effective care in a diverse society.  **5.7.2.** The curriculum provides opportunities for medical students to recognise and appropriately address gender and cultural biases in themselves, in others and in health care delivery. This includes an appreciation of basic principles of culturally competent health care, the impact of disparities in health care on medically underserved populations and the potential solutions to eliminate these disparities. |

**PLEASE ANSWER RE:** **5.7. CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES**

* + 1. Describe how the curriculum provides the knowledge, skills and core professional attributes needed to provide effective care in a diverse society.

|  |
| --- |
|  |

* + 1. Describe how the curriculum provides opportunities for students to recognise and appropriately address gender and cultural biases, to appreciate the impact of disparities in health care on medically underserved populations and to identify the potential solutions to eliminate these disparities.

|  |
| --- |
|  |

**5.8. MEDICAL ETHICS**

|  |
| --- |
| **5.8.1.** The curriculum includes instruction in medical ethics prior to and during medical student participation in patient care activities.  **5.8.2.** Medical students are required to behave ethically in caring for patients and in relating to patients' families and others involved in patient care. |

**PLEASE ANSWER RE:** **5.8. MEDICAL ETHICS**

* + 1. Indicate where in the curriculum instruction in medical ethics is offered prior to and during student participation in patient care activities.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that students behave ethically in caring for patients and in relating to patients' families and other health care workers. Describe the method(s) used to assess students’ ethical behaviour and to identify and address breaches of ethical behaviours in patient care by students.

|  |
| --- |
|  |

**5.9. SCIENTIFIC METHODS AND CLINICAL TRANSLATIONAL RESEARCH**

|  |
| --- |
| **5.9.1.** The curriculum includes instruction in the scientific method and in the 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.  **5.9.2.** Medical schools make available opportunities for medical students to participate in research and other scholarly activities of the faculty. |

**PLEASE ANSWER RE:** **5.9. SCIENTIFIC METHODS AND CLINICAL TRANSLATIONAL RESEARCH**

**5.9.1**. Indicate where in the curriculum medical students receive instruction in the principles of clinical and translational research and describe how students are assessed on the basic scientific and ethical principles and methods of research.

|  |
| --- |
|  |

* + 1. Describe how students are assisted in identifying a research project and a research mentor. Describe the funding, personnel, and other resources available to support medical student participation in research and/or other scholarly activities.

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION: STANDARD 5: CURRICULAR CONTENT**

The following should be included in the Appendix.

* Basic Science Course Syllabus
* Clinical Course Syllabus
* Clinical Medicine Handbook
* Student Handbook.
* List peer reviewed publications, presentations and other scholarly activities produced by the school, faculty, students and/or staff.

**STANDARD 6: CURRICULAR IMPLEMENTATION AND EVALUATION**

The school has a faculty committee that oversees the medical education programme and has responsibility for the overall design, management and evaluation of a coherent and coordinated preclinical and clinical curriculum.

**6.1. LENGTH OF THE CURRICULUM**

|  |
| --- |
| **6.1.1.** The length of the medical school programme from entry to graduation is no less than 130 weeks and is offered over four academic years.  **6.1.2.** The clinical curriculum is presented in an integrated and multidisciplinary approach to include the following clinical subjects:   * Internal medicine of not less than 12 weeks * Surgery of not less than 12 weeks * Paediatrics of not less than 6 weeks * Obstetrics and gynaecology of not less than 6 weeks * Psychiatry of not less than 6 weeks * Clinical electives of not less than 24 weeks   and preferably family medicine of not less than four weeks. This may be offered as a separate rotation or integrated into a primary care discipline.  **6.1.3.** Except for senior electives, all courses are completed at the parent medical school and affiliated facilities. |

**PLEASE ANSWER RE:** **6.1. LENGTH OF THE CURRICULUM**

* + 1. Indicate thelength of the medical school programme from entry to graduation in weeks and years. Is there a maximum number of years that a student can spend in medical school from entry to graduation? If so, indicate the number of years.

|  |
| --- |
|  |

* + 1. Indicate the total length of the clinical curriculum and the number of weeks spent in each core rotation, in family medicine and on clinical electives.

Provide a diagram or table that illustrates the structure of the curriculum for the most recent academic year. Indicate if one or more years of the curriculum have changed significantly since the last inspection by ACCM.

|  |
| --- |
|  |

* + 1. Other than senior electives, are any of the courses completed outside the parent medical school and/or affiliated facilities? If so, please list these sites.

|  |
| --- |
|  |

**6.2. CURRICULUM COMMITTEE**

|  |
| --- |
| **6.2.1.** The curriculum committee is responsible for the development, integration and implementation of all components of the preclinical and clinical programme, including the objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing.  **6.2.2.** The curriculum committee ensures that medical education programme objectives are used to guide the content selection and to review and revise the curriculum.  **6.2.3**. The curriculum committee designs a programme which has an orderly sequence of courses and allows students to acquire an understanding of basic scientific knowledge fundamental to medicine.  **6.2.4.** The curriculum committee considers the demand for new courses as advances occur in the field of medicine and balances these demands with the need to produce a well-balanced curriculum that students have sufficient time to assimilate.  **6.2.5**. The curriculum committee conducts regular reviews and updates of the curricular content and evaluations of basic science courses, clerkship and teacher quality. This is necessary to allow for the addition of advances in the field of medicine, to ensure that programme quality is maintained and that medical students achieve all programme objectives and participate in all required courses and clinical experiences.  **6.2.6.** The curriculum committee, the medical school administration and the school leadership ensure that effective policies and procedures are in place regarding the appropriate allocation of time medical students spend in required preclinical and clinical activities. |

**PLEASE ANSWER RE:** **6.2. CURRICULUM COMMITTEE**

* + 1. Describe the responsibilitiesof the curriculum committee. Include the size and composition, categories of membership (e.g., faculty, students and administrators) and the specified number of members from each category. If there are subcommittees, describe their composition, role, and authority. Indicate the rules for operation, including voting privileges and the definition of a quorum. If the committee includes student members, how are they selected?

|  |
| --- |
|  |

* + 1. Describe how the curriculum committee ensures that the medical education programme objectives are used to guide the content selection and to review and revise the curriculum.

|  |
| --- |
|  |

* + 1. Describe how the curriculum committee designs a programme that allows students to acquire an understanding of basic scientific knowledge fundamental to medicine.

|  |
| --- |
|  |

* + 1. Describe how the curriculum committee assesses the demand for new courses and balances these demands to produce a well-balanced curriculum that students have enough time to assimilate.

|  |
| --- |
|  |

* + 1. Describe how the curriculum committee conducts regular reviews and updates of the pre-clinical and clinical curricular content in order to ensure that programme quality is maintained and that students achieve all programme objectives and participate in all required courses and clinical experiences.

|  |
| --- |
|  |

* + 1. Describe the policies and procedures that are in place for the appropriate allocation of time medical students spend in preclinical and clinical activities.

|  |
| --- |
|  |

**6.3. PRE-CLINICAL BASIC SCIENCE**

|  |
| --- |
| **6.3.1.** The pre-clinical basic science courses include appropriate biomedical, behavioural and social/economic science to support the student’s understanding of contemporary medical scientific knowledge as well as the concepts and methods fundamental to their application to the health of individuals and populations.  **6.3.2.** The preclinical curriculum includes education in anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics and preventive medicine.  **6.3.3.** The management of the preclinical curriculum involves the faculty and the administration participating in an integrated manner.  **6.3.4.** Instruction includes laboratory and practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena and critical analysis of data.  **6.3.5**. Although not intended to substitute for classroom instruction, the latest self-paced computer-based tutorial equipment and software are used to supplement classroom and practical instruction.  The computer hardware and software are of appropriate quality, quantity and accessibility to render a meaningful and in-depth review of classroom and laboratory materials. |

**PLEASE ANSWER RE:** **6.3. PRE-CLINICAL BASIC SCIENCE**

* + 1. Describe how the pre-clinical basic science course supports the student’s understanding of contemporary medical scientific knowledge as well as the concepts and methods fundamental to their application to the health of individuals and populations.**6.3.2.** List the subjects that are included in the preclinical curriculum.

|  |
| --- |
|  |

* + 1. Describe how the pre-clinical curriculum is managed by the faculty and the administration in an integrated manner.

|  |
| --- |
|  |

* + 1. Provide a schedule with details of thepre-clinical basic science courses for Year 1 and for Year 2 including lectures, tutorials and time spent in the laboratory. Describe the practical opportunities available to students for the direct application of scientific methods, accurate observation of biomedical phenomena and critical analysis of data.

|  |
| --- |
|  |

* + 1. Describe the process in place to ensure that self-paced computer-based tutorial equipment and software are accessible and of appropriate quality and quantity.Indicate the course(s) or modules that rely on self-paced tutorials.

|  |
| --- |
|  |

**6.4. CLINICAL SCIENCES**

|  |
| --- |
| **6.4.1.** The types of patients and clinical conditions that medical students are required to encounter, the clinical skills to be performed by medical students, the appropriate clinical settings for these experiences and the expected levels of medical student responsibility are determined by the curriculum committee.  **6.4.2.** A sufficient number of patients representing a broad range of commonly occurring diseases is available for students to study on a daily basis.  **6.4.3.** Instruction is supervised by the faculty and centered on patients and their illnesses.  **6.4.4.** Clerkship objectives are clearly delineated and distributed to the students and the supervising faculty at least two weeks in advance of the beginning of each rotation.  **6.4.5.** The medical school faculty ensures that the medical curriculum includes clinical experiences in both outpatient and inpatient settings. The proportion of time spent in inpatient and ambulatory settings may vary according to local circumstances, but in such cases the course or clerkship director assures that limitations in learning environments do not impede the accomplishment of objectives. |

**PLEASE ANSWER RE:** **6.4. CLINICAL SCIENCES**

* + 1. Describe how the curriculum committee determines the types of patients and clinical conditions that students are required to encounter, the clinical skills to be performed by students, the appropriate clinical settings for these experiences and the expected levels of student responsibility.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that a sufficient number of patients representing a broad range of commonly occurring diseases are available for students to study on a daily basis.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that instruction is supervised by the faculty and centered on patients and their illnesses.

|  |
| --- |
|  |

* + 1. How far in advance of each rotation are clerkship objectives distributed to the students and the supervising faculty?

|  |
| --- |
|  |

* + 1. Describe how **t**he medical school faculty ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

|  |
| --- |
|  |

**6.5. CLINICAL SITE MONITORING AND OVERSIGHT TO ENSURE COMPARABILITY**

|  |
| --- |
| **6.5.1. T**he medical school's academic officers are responsible for the conduct and quality of the educational programme and for assuring the adequacy of faculty at all educational sites.  **6.5.2.** The principal academic officer at each teaching site is administratively responsible to the CAO of the medical school conducting the educational programme.  **6.5.3.** The faculty in each discipline at all sites are functionally integrated by appropriate administrative mechanisms.  **6.5.4.** There is a single standard for the assessment of all medical students across geographically separate campuses.  **6.5.5.** The school provides central oversight to monitor and ensure completion by all medical students of required clinical experiences in the medical education programme and remedies any identified gaps to ensure comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship.  **6.5.6.** The faculty in each discipline are held accountable for medical student education that is consistent with the objectives and performance expectations established by the course or clerkship leadership.  **6.5.7.** To monitor the breadth of clinical exposure students have received, the faculty regularly reviews patient logs, charts and the students’ disease entities/ procedures/ skills checklist. This is to ensure that each student has been exposed to the breadth of patients, diseases and procedures as stipulated by the medical school’s curriculum, irrespective of clinical site location.  **6.5.8.** The school ensures that there are alternative opportunities (through simulation, videos etc.) for medical students to gain exposure to an adequate breadth of patient diseases in situations where this exposure is lacking during the clerkship. |

**PLEASE ANSWER RE:** **6.5. CLINICAL SITE MONITORING AND OVERSIGHT TO ENSURE COMPARABILITY**

**6.5.1.** Describe how the quality of the educational programme, including adequacy of faculty, is assured at all clinical sites.

|  |
| --- |
|  |

* + 1. Describe the administrative and reporting responsibility of the principle academic officer at each teaching site.

|  |
| --- |
|  |

* + 1. Describe the administrative mechanism(s) to ensure that faculty in each discipline at all sites are functionally integrated.

|  |
| --- |
|  |

* + 1. Describe the process in place to ensure a single standard of assessment of students across geographically separate campuses.

|  |
| --- |
|  |

* + 1. Describe how the **school** ensures that all students complete all of the required clinical experiences. Describe how the school identifies and remedies gaps or variations in experience or in assessment.

|  |
| --- |
|  |

* + 1. Describe how the **faculty** monitor a student’s clinical exposure.

|  |
| --- |
|  |

* + 1. Describe how the school holds faculty in each discipline accountable for providing student education that is consistent with the objectives and performance expectations established by the course or clerkship leadership.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that there are alternative opportunities for students to gain exposure to an adequate breadth of patient diseases in situations where this exposure is lacking.

|  |
| --- |
|  |

**6.6. RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION**

|  |
| --- |
| **6.6.1.** Each medical student in a medical education programme participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enroled in an accredited programme of graduate medical education. |

**PLEASE ANSWER RE:** **6.6. RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION**

**6.6.1.** Describe how the school ensures that each student participates in one or more required clinical experiences in which s/he works with resident physicians currently enroled in an accredited graduate medical education programme. Indicate those sites where Year 3 students will complete one or more entire core clinical experiences at clinical sites where residents ***do not*** participate in student teaching or supervision.

|  |
| --- |
|  |

**6.7. SCHOOL ATTENDANCE POLICY**

|  |
| --- |
| **6.7.1.** The school develops and implements a student attendance policy to identify students with excessive absenteeism so that appropriate action may be taken by the school.  Follow up actions include counselling, course failure, probation, or student dismissal. |

**PLEASE ANSWER RE:** **6.7. SCHOOL ATTENDANCE POLICY**

**6.7.1.** Describe the school’s attendance policy and indicate how this is implemented. Provide an example of a situation where absenteeism was identified and describe the action taken by the school.

|  |
| --- |
|  |

**6.8. EVALUATION OF THE CURRICULUM**

|  |
| --- |
| **6.8.1. T**he school regularly evaluates the effectiveness of its medical programme by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and programme goals and objectives are being met.  **6.8.2.** The school has formal processes in place to collect and review medical student feedback and evaluations of their preclinical and clinical education courses, clerkships, teachers and other relevant information.  **6.8.3.** The school continuously evaluates curricularweaknesses, goals, content, effectiveness, instructional methods and the degree to which the school goals are achieved in order to remedy areas of the preclinical and clinical curricula which require strengthening. Curricular effectiveness can be measured by student attrition rate, student performance on standardised examinations, percentage of eligible graduates passing USMLE and professional licensing examinations and sampling the opinions of students and graduates.  **6.8.4.** Research to encourage efficiency and to improve the effectiveness of medical education is encouraged. |

**PLEASE ANSWER RE:** **6.8. EVALUATION OF THE CURRICULUM**

* + 1. Describe how the school demonstrates that institutional and programme goals and objectives are being met.

|  |
| --- |
|  |

* + 1. Describe the process in place to collect and review student feedback and their evaluation of the preclinical and clinical education courses, clerkships, teachers (including residents) and others who teach students in required courses and clerkship rotations.

|  |
| --- |
|  |

* + 1. Describe how the school continuously evaluates the curriculum and the degree to which the school goals are achieved in order to remedy areas of the preclinical and clinical curricula which require strengthening. Provide an example of how the curriculum was modified in response to this evaluation.

|  |
| --- |
|  |

* + 1. Describe how the school encourages engagement in research to improve the effectiveness of medical education.

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION: STANDARD 6: CURRICULAR IMPLEMENTATION AND EVALUATION**

The following should be included in the Appendix.

* Committee Bylaws
* Curriculum Committee Membership
* Curriculum Committee Minutes
* Curriculum Committee Action Plan
* Student Evaluations of each Course and Rotation
* Student Evaluations of Faculty
* Clinical Site Inspection Reports by the School
* School Attendance Policy
* Student Attrition
* ECFMG aggregate data report

**STANDARD 7: STUDENT TEACHING, SUPERVISION AND ASSESSMENT[[9]](#footnote-9)**

The curriculum content and associated clinical experiences relate to each organ system, each phase of the human life cycle and continuity of care. In addition, topics cover prevention, acute, chronic, rehabilitative, end-of-life and primary care in order to prepare the students for the many aspects of their future lives as physicians.

**7.1. CLINICAL TEACHING AND EXPERIENCE**

|  |
| --- |
| **7.1.1.** All instruction in the clinical sciences includes an appropriate volume of lectures, conferences, faculty teaching rounds and resident rounds each week.  **7.1.2.** Each medical student is assigned new and existing patients to work up and to follow each week.  **7.1.3.** The faculty reviews and critiques the students’ workups and presentations on a regular basis.  **7.1.4.** All clerkship students maintain patient logs to monitor the number and variety of patients seen.  **7.1.5.** Each clerkship builds in adequate free time to enable students to read and study and reflect on the lessons and cases of the day.  **7.1.6.** There is a process in place to monitor student work hours at each clinical site.  **7.1.7.** The school assumes responsibility for the assignment of medical students to each location. The student is notified of all away assignments (including electives) in a timely manner. A medical student with an appropriate rationale can request an alternative assignment where circumstances allow. |

**PLEASE ANSWER RE:** **7.1. CLINICAL TEACHING AND EXPERIENCE**

* + 1. Describe how the school ensures that instruction in the clinical sciences includes an appropriate volume of lectures, conferences, faculty teaching rounds and resident rounds each week. Provide an example of a typical schedule.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that each medical student is assigned new and existing patients to work up and to follow each week.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that the faculty review and critique the students’ workups and presentations on a regular basis.

|  |
| --- |
|  |

* + 1. Describe the process used by students to log their required clinical encounters and skills. Is there a centralized tool used for logging or do individual clerkships use their own systems? How are these reviewed?

|  |
| --- |
|  |

* + 1. Describe how the school ensures sufficient free time in the clinical clerkship to enable students to study and reflect on the lessons and cases of the day.

|  |
| --- |
|  |

* + 1. Describe when, how and by whom data on student duty hours are collected during the clerkship. Describe the mechanism in place for students to report violations of duty hour policies and the steps that can be taken if duty hour limits are exceeded.

|  |
| --- |
|  |

* + 1. Describe the process for assigning students to the clinical sites. How much notice is provided to the student re clinical site assignments for core rotations and for electives? Indicate whether medical students can negotiate with their peers to switch sites after an initial assignment. Describe the process whereby students can formally request an alternative assignment and the criteria used to evaluate each request. Describe how medical students are informed of the opportunity to request an alternative assignment.

|  |
| --- |
|  |

**7.2. SENIOR ELECTIVES**

|  |
| --- |
| **7.2.1.** The curriculum includes elective opportunities that supplement required learning experiences, permit medical students to gain exposure to and expand their understanding of medical specialties, and pursue their individual academic interests.  **7.2.2.** A centralized system, overseen by the clinical dean and administered by the school management, is in place at the parent school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student upon completion.  **7.2.3.** Available information on each elective includes potential risks to the health and safety of patients, students and the community, the availability of emergency care, the possibility of natural disasters, political instability and exposure to disease. It also includes the need for additional preparation prior to, support during, and follow-up after the elective, the level and quality of supervision and any potential challenges to the code of medical ethics adopted by the home school. |

**PLEASE ANSWER RE:** **7.2. SENIOR ELECTIVES**

* + 1. Describe the elective opportunities that are available to students and how the school ensures that there are sufficient opportunities available. Provide a list of electives undertaken in the last academic year. Describe any formal sessions during which counseling on electives occurs.

|  |
| --- |
|  |

* + 1. Describe how the school reviews proposed extramural electives and ensures completion and return of a performance assessment of the student and an evaluation of the elective by the student. Identify the individual(s) primarily responsible for providing guidance to students on their choice of electives

|  |
| --- |
|  |

* + 1. Describe the information that is made available on each elective to students. Are student evaluations of previous electives made available to students considering this elective option in the future?

|  |
| --- |
|  |

**7.3. STUDENT SUPERVISION**

|  |
| --- |
| **7.3.1.** Oversight includes providing a structured environment for students to learn and work that is controlled by the medical school, scheduling adequate study time, providing students with practice opportunities and monitoring student clinical experience to ensure that students meet the defined clerkship objectives.  **7.3.2.** Students in 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 his or her level of training and that the activities supervised are within the scope of practice of the supervising health professional.   * + 1. Direct supervision of the medical students is carried out in each clerkship and elective by physicians who are faculty members of the medical school, are available in-house and have been evaluated for teaching, patient care and clinical research. Clinical staff may be attending or resident physicians under the supervision of attending physicians.   **7.3.4.** The faculty provides professional and emotional support to alleviate student performance anxiety and to foster an environment that is conducive to student learning.  **7.3.5.** The supervising faculty member acts as a mentor and demonstrates to students the values, attributes and conduct physicians must practice in order to develop trusting working relationships with patients. |

**PLEASE ANSWER RE:** **7.3. STUDENT SUPERVISION**

* + 1. Describe how the school ensures a structured environment for students.

|  |
| --- |
|  |

* + 1. Describe how students at clinical sites are supervised and how the school ensures that the level of responsibility and clinical tasks delegated to the student are appropriate to his or her level of training.

|  |
| --- |
|  |

* + 1. How does the school ensure that attending physicians who will supervise/assess students in required clinical clerkships have a faculty appointment before they take up their supervisory/assessment roles? Are faculty who will supervise students in electives faculty members of the school?

|  |
| --- |
|  |

* + 1. Describe how the school ensures that faculty offer students professional and emotional support and foster an environment that is conducive to learning.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that the supervising faculty act as mentors and model the appropriate values, attributes and conduct expected of a physician.

|  |
| --- |
|  |

**7.4. STUDENT ASSESSMENT AND EVALUATION**

|  |
| --- |
| **7.4.1.** The school has a comprehensive, fair, and uniform system of formative and summative medical student assessment in both the preclinical and clinical years.  **7.4.2.** The school ensures that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.  **7.4.3.** Whatever instructional technique is employed there is a clearly defined body of materials that students are expected to master at the conclusion of the course and a number of tests to be given to evaluate the degree of mastery. |

**PLEASE ANSWER RE:** **7.4. STUDENT ASSESSMENT AND EVALUATION**

* + 1. Describe how the school ensures a comprehensive, fair, and uniform system of formative and summative student assessment in the preclinical and clinical years.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that there is a clearly defined body of materials that students are expected to master at the conclusion of each course and an appropriate number of tests/assessments to evaluate the degree of mastery*.*

|  |
| --- |
|  |

**7.5. FORMATIVE ASSESSMENT AND FEEDBACK**

|  |
| --- |
| **7.5.1.** The faculty regularly observes, critiques and evaluates the development of appropriate professional attributes in medical students.  **7.5.2.** This includes an assessment with feedback of the student’s ability to interpret clinical, laboratory data and diagnostic imaging and to develop simple patient management plans. This also includes an assessment of the student’s problem-solving ability, professionalism and clinical reasoning and communication skills.  **7.5.3.** The school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required preclinical course or clerkship to allow sufficient time for remediation. Formal feedback typically occurs by at least the midpoint of the course or clerkship.For courses/clerkships less than four weeks in length alternative means by which a medical student can measure his/her progress are provided.  **7.5.4.** As student proficiency grows and their knowledge expands, the faculty assign greater responsibilities, to correspond with student abilities.  **7.5.5.** The faculty requires students to write daily progress notes. Depending on hospital policy these may or may not become part of the permanent patient record. The faculty promptly reviews progress notes, critiques them and give the students timely feedback.  **7.5.6.** Where laws or institutional policy prohibits medical students from writing orders, the school may fulfil this provision by substituting similar tasks which conform to local practices. |

**PLEASE ANSWER RE:** **7.5. FORMATIVE ASSESSMENT AND FEEDBACK**

* + 1. Describe how the faculty observes, critiques and evaluates the development of appropriate professional attributes in medical students. Describe how the school ensures that all students are observed and assessed performing the essential components of a history and physical examination.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that the students receive timely and regular assessment with feedback of their ability to interpret clinical, laboratory and imaging data and to develop simple patient management plans. Summarize how this includes an assessment of the student’s problem-solving ability, professionalism, clinical reasoning, and communication skills.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that each medical student is assessed and provided with formal feedback early enough ***during*** each required preclinical course or clerkship to allow sufficient time for remediation. Indicate how the provision of mid-course and mid-clerkship feedback is monitored. Describe when students receive feedback for courses/clerkships less than four weeks duration.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that the faculty assign greater responsibilities to each student as their proficiency grows and their knowledge expands.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that students write daily progress notes and that these are promptly reviewed, critiqued with timely feedback by the faculty.

|  |
| --- |
|  |

* + 1. Where laws or institutional policy prohibits medical students from writing orders, describe how the school may fulfil this provision by substituting similar tasks which conform to local practices.

|  |
| --- |
|  |

**7.6. SUMMATIVE EVALUATION**

|  |
| --- |
| **7.6.1.** The faculty evaluates each student in the preclinical and clinical years at the end of each course and core clerkship by various methods including Objective Structured Clinical Examinations (OSCE’s), oral examinations, written examinations, standardized patients, case reports submitted by the student and narrative evaluations based upon direct observation of the student. The narrative statements include written explanations for any failure and persistent marginal performance by the student.  7.6.2. Student evaluations are regular and provide students prompt feedback on their performance, so that remedial action may be taken.  **7.6.3.** Final grades are available within six weeks of the end of a course or clerkship. |

**PLEASE ANSWER RE:** **7.6. SUMMATIVE EVALUATION**

* + 1. Describe the methods used to evaluate each student in the preclinical and clinical years. Summarize when, how, and by whom each student’s completion of clerkship-specific required clinical encounters and skills is monitored. Describe when and by whom the results are discussed with the individual student. Do the written evaluations in the preclinical and clinical years include explanations for any failure or marginal performance by the student?

|  |
| --- |
|  |

* + 1. Describe how the school ensures that student end of course/clerkship evaluations are performed regularly, and that results are provided promptly. Provide examples of some of the remedial actions that have been used by the school for students who underperform.

|  |
| --- |
|  |

* + 1. Indicate the time from the end of a clerkship or course until final grades are made available to the student. List any courses in which all students did not receive their grades within six weeks of the end of the course / rotation in the last academic year. Describe the steps taken if grades are not submitted in a timely manner.

|  |
| --- |
|  |

**7.7. PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS**

|  |
| --- |
| **7.7.1.** Residents, graduate students, postdoctoral fellows and other instructors who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and prepared for their roles in teaching and assessment.  **7.7.2.** The school provides resources to enhance residents’ and non-faculty instructors’ teaching and assessment skills and provides central monitoring of their participation in those opportunities. |

**PLEASE ANSWER RE:** **7.7. PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS**

* + 1. Describe how the school ensures that non-faculty instructors are familiar with the learning objectives and requirements of the course or clerkship and are prepared for their roles in teaching and assessment.

|  |
| --- |
|  |

* + 1. Describe how the school provides resources to enhance residents’ and non-faculty instructors’ teaching and assessment skills and monitors their participation in those opportunities. Include courses provided by the Graduate Medical Education office at the hospital.

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION:**

The following should be included in the Appendix:

* Pre-clinical weekly schedule
* Example of a Clinical Schedule
* Example of Student logs
* Rotation Approval Form
* Information provided to students re away electives
* Formative Assessment Form (mid-course/rotation)
* Summative Evaluation (end of course/clerkship) form
* Clerkship Evaluation of Student Form
* Clerkship Rotation Evaluation Form
* Course Competency Evaluation Form
* Clinical Skills Checklist
* Resources provided to faculty and non-faculty instructors (including residents) to enhance their teaching and assessment skills.

**STANDARD 8: ADMISSIONS**

The school admits only those new and transfer students who possess the knowledge, integrity and personal and emotional characteristics that are necessary to become effective physicians.

**8.1. ADMISSION CRITERIA**

|  |
| --- |
| **8.1.1.** The school encourages potential applicants to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences as well as the specific premedical course requirements deemed as essential preparation for successful completion of its medical curriculum.  **8.1.2.** Admitted students are fluent in English and at a minimum, possess three years of undergraduate education. However, a baccalaureate degree is preferred. |

**PLEASE ANSWER RE:** **8.1. ADMISSION CRITERIA[[10]](#footnote-10)**

* + 1. Describe the criteria for admission to the medical education programme including the requirements for pre-medical school undergraduate education. What information is used to guide decisions about the appropriateness of premedical course requirements and to determine if changes are needed?

|  |
| --- |
|  |

* + 1. Indicate how the school evaluates an applicant’s written and oral fluency in English. Describe how often and by whom pre-medical school course requirements are reviewed.

|  |
| --- |
|  |

**8.2. INFORMATIONAL MATERIALS**

|  |
| --- |
| **8.2.1.** Informational, advertising and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education programme, state academic and other requirements for the medical degree, provide the most recent academic calendar for each curricular option and describe all required courses and clerkships offered by the medical school.  **8.2.2.** These materials include the primary language of instruction, annual costs for attendance, including tuition, fees and required health insurance, standards and procedures for the evaluation, advancement and graduation of its students and its standards for student conduct and procedures for disciplinary action.  **8.2.3.** These materials include technical standards for admission of applicants with a disability, in accordance with legal requirements. |

**PLEASE ANSWER RE:** **8.2. INFORMATIONAL MATERIALS**

**8.2.1.** Describe how the school ensures that informational and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education programme.

**8.2.2**. Indicate which material(s) include the primary language of instruction, annual costs for attendance (including tuition, fees, and required health insurance), the standards and procedures for the evaluation, advancement and graduation of students and the school’s standards for student conduct and procedures for disciplinary action (**8.2.3.).** Indicate the material(s) that describe the technical standards for admission of applicants with a disability.Indicate how and when applicants and students are required to document that they are familiar with and capable of meeting the technical standards with or without accommodation.

|  |
| --- |
|  |

**8.3. ADMISSIONS COMMITTEE**

|  |
| --- |
| **8.3.1.** The medical school faculty establish criteria for student selection, develop and implement effective policies and procedures and make decisions about medical student application, selection and admission.  **8.3.2.** 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 the bylaws or other medical school policies. The committee usually includes medical student members; however, faculty members constitute the majority of voting members at all meetings.  **8.3.3.** The admission committee develops an orderly and uniform process to evaluate and screen applicants for attributes and characteristics that include**:** Grade Point Average (GPA), the courses in which the applicant was enrolled in college, scores on the Medical College Admission Test (MCAT)or equivalent, proficiency of the applicant’s writing and communication, maturity and professionalism, evaluations from college pre-professional committees or undergraduate faculty members and the ability of the applicant to communicate effectively during a personal interview.  **8.3.4** The committee decisions are not affected by factors such as age, race, sex, gender identity, religion, national origin, financial interest, sexual orientation, inside influence, or by political or financial pressure. |

**PLEASE ANSWER RE:** **8.3. ADMISSIONS COMMITTEE**

* + 1. Describe how the school establishes criteria for student selection, develops and implements policies and procedures and makes decisions about student application, selection and admission. Describe when and by whom these policies, were developed and approved, and how they are disseminated to potential and actual applicants, their advisors, and the public.

|  |
| --- |
|  |

* + 1. Describe the size and composition of the medical school admission committee, categories of membership (e.g., faculty, students, medical school administrators, community members) and the specified number of members from each category. Indicate the rules for committee operation, including voting privileges and the definition of a quorum. If the committee includes medical student members, how are they selected? Have there been any circumstances when the final authority of the admission committee has been challenged, overruled, or rejected during the past three admission cycles?

|  |
| --- |
|  |

* + 1. Describe theprocess used by the admissions committee to evaluate and screen applicants. List the attributes, characteristics and qualifications which the committee uses to make their selection. Does the school have minimum requirements for GPA, non-science courses and/or scores on the MCAT or equivalent? Describe the steps in the admissions process, beginning with the receipt of the initial application. For each step, as applicable, describe the procedures and criteria used to make the relevant decision and the individuals and groups involved in the decision-making process.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that committee decisions are not affected by factors such as age, race, sex, gender identity, religion, national origin, financial interest, sexual orientation, inside influence, or by political or financial pressure. Describe how the medical school ensures that there are no conflicts of interest in the admission process.

|  |
| --- |
|  |

**8.4. READMISSION**

|  |
| --- |
| **8.4.1.** The school defines its criteria regarding readmission of students who were suspended or dismissed for academic and non-academic reasons. These meet or exceed the school’s admission standards. |

**PLEASE ANSWER RE:** **8.4 READMISSION**

* + 1. Describe the criteria regarding readmission of students who were suspended or dismissed for academic and non-academic reasons.

|  |
| --- |
|  |

**8.5. TRANSFER STUDENTS**

|  |
| --- |
| **8.5.1.** The school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. Except in rare and extraordinary personal or educational circumstances no transfer is permitted beyond the second year. |

**PLEASE ANSWER RE:** **8.5. TRANSFER STUDENTS**

* + 1. Describe how the school evaluates students accepted for transfer or admission with advanced standing in order to demonstrate that their academic achievements, completion of relevant prior coursework and other relevant characteristics are comparable to those of the medical students in the class that he or she would join. List the criteria that are considered in making the determination of comparability. If the medical school admitted one or more transfer students to the third or final year of the curriculum during the past three years, describe the circumstances surrounding that admission decision.

|  |
| --- |
|  |

**8.6. VISITING STUDENTS**

|  |
| --- |
| **8.6.1.** The school establishes a policy regarding acceptance of visiting students from other schools and admits only those individuals who possess comparable qualifications and skills to its own students.  **8.6.2.** The school formally registers visiting students, maintains an accurate record of their names, schools of attendance and qualifications and transmits to the visiting student’s school information on clerkships assigned and clerkship evaluations at their conclusion.  **8.6.3.** The medical school verifies the credentials of each visiting medical student, approves each visiting medical student’s assignments and identifies the administrative office that fulfills each of these responsibilities |

**PLEASE ANSWER RE:** **8.6. VISITING STUDENTS**

* + 1. Describe the school policy regarding the acceptance of visiting students from other schools.

|  |
| --- |
|  |

* + 1. If applicable, describe how the school registers visiting students, maintains an accurate record of their names, schools of attendance and qualifications and transmits to the visiting student’s school information on clerkships assigned and clerkship evaluations at their conclusion. **8.6.3.** If applicable, describe the process in place to verify the credentials of each visiting medical student and approve each visiting medical student’s assignments.

|  |
| --- |
|  |

**8.7. DIVERSITY AND PIPELINE PROGRAMMES**

|  |
| --- |
| **8.7.1.** The school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity among its students, faculty, senior administrative staff and other relevant members of its academic community. |

**PLEASE ANSWER RE:** **8.7. DIVERSITY/PIPELINE PROGRAMMES**

* + 1. Describe thepolicies that the school has in place to achieve mission-appropriate diversity among its students, faculty, senior administrative staff and other members of its academic community. Describe the available funding sources to promote diversity and the personnel dedicated to these activities. Describe how the school monitors and evaluates the effectiveness of its pipeline programs.

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION:**

The following should be included in the Appendix:

* Admissions Policy
* Informational material on student admissions e.g. school prospectus or catalogue.
* Admission Committee Membership
* Admission Committee Minutes
* Student Readmission Policy
* Transfer Student Policy
* Visiting Student Policy
* Outline of Diversity or Pipeline Programme.

**STANDARD 9: STUDENT PROMOTION AND EVALUATION[[11]](#footnote-11)**

The medical school has a single set of core standards for the achievement, promotion and graduation of medical students across all locations affiliated with the school.

**9.1. POLICY DEVELOPMENT, IMPLEMENTATION AND OVERSIGHT**

|  |
| --- |
| **9.1.1.** The faculty develops and implements effective policies and procedures regarding, and makes decisions about, medical student assessment, promotion, graduation and any disciplinary action.  **9.1.2.** The school monitors the progress of students throughout each preclinical course and clinical clerkship, promotes only those who make satisfactory academic progress and graduates only those who successfully complete the programme. |

**PLEASE ANSWER RE:** **9.1. POLICY DEVELOPMENT, IMPLEMENTATION AND OVERSIGHT**

**9.1.1.** Describe how the faculty develop and implement policies and procedures regarding, and make decisions about student assessment, promotion, graduation and disciplinary action.

|  |
| --- |
|  |

**9.1.2.** Describe how the school monitors the progress of students throughout each course and clerkship.

|  |
| --- |
|  |

**9.2. STUDENT PROMOTION AND EVALUATION COMMITTEE**

|  |
| --- |
| **9.2.1.** The school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education programme. This responsibility may be delegated to a Student Promotion and Evaluation Committee composed of faculty members.  **9.2.2.** The student promotion and evaluation committee defines and recommends to the CAO the degree of academic proficiency a student must attain before he/she is promoted to the next academic level and ultimately to graduation.  **9.2.3.** The student promotion and evaluation committee publish its rules and enforce them consistently throughout the school and across all clinical sites. |

**PLEASE ANSWER RE:** **9.2. STUDENT PROMOTION AND EVALUATION COMMITTEE**

* + 1. Describe how the school ensures that faculty with appropriate knowledge and expertise set standards of achievement in each required learning experience.

|  |
| --- |
|  |

* + 1. Describe the size, composition, categories of membership (faculty, students, medical school administrators, community members) and the functions of the Student Promotion and Evaluation Committee. Describe the roles of the committee, academic departments and course/ clerkship leaders in setting the standards of achievement for courses and clerkships. Indicate the rules for the committee operation, including voting privileges and the definition of a quorum. Have there been any circumstances when the final authority of the Promotion and Evaluation committee has been challenged, overruled, or rejected during the past three years? If yes, please describe these.

|  |
| --- |
|  |

* + 1. Describe how the rules of the student promotion and evaluation committee are disseminated and enforced consistently in the school and across all clinical sites.

|  |
| --- |
|  |

**9.3. STUDENT EVALUATION**

|  |
| --- |
| **9.3.1.** If in the opinion of the ACCM Board, the USA is the primary location of a school’s core rotations, then it is a requirement that students pass USMLE Step 1 before proceeding to clinical training.  **9.3.2.**The school sets a goal of achieving and maintaining an 85% pass rate of first-time takers in the United States Medical Licensing Examination (USMLE) Step 1.  **9.3.3.** The school ensures that, throughout the clinical clerkships, there is a centralised system in place employing a variety of assessment tools, including direct observation, to systematically and sequentially assess student achievement of the knowledge, core clinical skills, behaviours and attitudes as specified in the medical education objectives and required for promotion and graduation.  **9.3.4.** The methods adequately discriminate different degrees of student performance among those who are enrolled in the educational programme.  **9.3.5.** Each academic department or division develops and consistently enforces the same proficiency standards that students, at both the parent medical school campus and clinical sites, acquire at the conclusion of the course of clerkship.  **9.3.6.** Based on direct interaction and observation, the supervising faculty make objective evaluations of the student’s professional demeanour, behaviour and working relationship with patients, family of patients, colleagues and other health care professionals.  **9.3.7.** A narrative description of a medical student’s performance is a component of the assessment in each required preclinical course and clerkship whenever teacher-student interaction permits this form of assessment. |

**PLEASE ANSWER RE:** **9.3 STUDENT EVALUATION**

* + 1. Does the school require that all students pass USMLE Step 1 before proceeding to clinical training? Applies only if in the opinion of the ACCM Board, the USA is the primary location of the school’s core rotations.

|  |
| --- |
|  |

* + 1. Provide the pass rate for USMLE Step 1 first-time takers.

|  |
| --- |
|  |

* + 1. Describe how the school assesses student achievement of the medical education objectives required for promotion and graduation throughout the clinical clerkships. Describe the assessment tools that are used.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that the assessment methods adequately discriminate different degrees of student performance among those who are enroled in the educational programme.

|  |
| --- |
|  |

* + 1. Describe how each academic department consistently enforces the same proficiency standards that students, at both the parent medical school campus and clinical sites, acquire at the conclusion of the course of clerkship.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that by direct observation, the supervising faculty make objective evaluations of the student’s professional demeanor, behaviour and working relationship with patients, family of patients, colleagues, and other health care professionals.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that anarrative description of a medical student’s performance is a component of the assessment in each required preclinical course and clerkship. Indicate the courses where teacher-student interaction does not permit this form of assessment.

|  |
| --- |
|  |

**9.4. STUDENT PROMOTION AND ADVANCEMENT**

|  |
| --- |
| **9.4.1.** The faculty and the CAO enforce the Student Promotion and Evaluation Committee’s student performance standards for promotion consistently for each course and across all sites. |

**PLEASE ANSWER RE:** **9.4. STUDENT PROMOTION AND ADVANCEMENT**

* + 1. Describe how the school ensures that the faculty and the CAO enforce the Student Promotion and Evaluation Committee’s student performance standards for promotion consistently for each course and across all sites.

|  |
| --- |
|  |

**9.5. STUDENT GRADUATION**

|  |
| --- |
| **9.5.1.** The school has a common standard for the graduation of medical students from the school, irrespective of the country of future practice. This standard includes the satisfactory completion of all pre-clinical coursework, clinical clerkships and assessment of the critical knowledge, skills and professional attitudes expected by the academic community and society.  **9.5.2.** Various methods of assessment for graduation are used including those outlined for summative evaluation in **Standard 7.6.1**, USMLE Step 2CK and alternative standardised exams. Methods of assessment of clinical competency include USMLE Step 2 CS and Objective Structured Clinical Examinations (OSCEs). Standardised examinations and OSCEs are administered / overseen by external agencies / examiners who do not have a conflict of interest with, or appointment to, the school or any affiliated organization. The panel of external examiners will be subject to annual review by ACCM.  9.5.3. Those methods of assessment for graduation used by the school apply equally to all students in that school. This is published in all information materials provided by the school. |

**PLEASE ANSWER RE:** **9.5. STUDENT GRADUATION**

* + 1. Describe the standard for graduation and indicate how the school ensures a common standard for the graduation of all medical students. Describe how and by which individual(s) or group(s) decisions are made about a student’s graduation.

|  |
| --- |
|  |

* + 1. Describe the methods of assessment for graduation and include the methods of assessment of clinical competency. Describe the oversight and administration of these assessments and provide the names of the panel of external examiners with a short bio for each examiner that includes all current appointments and affiliations.

|  |
| --- |
|  |

* + 1. Describe how the information regarding the requirements for graduation is made available to students and to faculty.

|  |
| --- |
|  |

**9.6. STUDENT DISMISSALS**

|  |
| --- |
| **9.6.1.** Through the faculty committee on student promotion and evaluation, the school develops policies and procedures for dismissal of students who fail to meet the academic and/or behavioural standards of the school. Dismissal procedures include provisions for due process and appeal.  **9.6.2.** The standards are published and made available to students upon their matriculation.  **9.6.3.** The school ensures a fair and formal process for taking an action which may affect the status of a medical student. This includes providing timely notice of impending action, disclosure of evidence on which any actions would be based, an opportunity for the medical student to respond and an opportunity to appeal any adverse decisions relating to promotion, graduation or dismissal. |

**PLEASE ANSWER RE:** **9.6. STUDENT DISMISSALS**

* + 1. Describe how the school develops policies and procedures for the dismissal of students who fail to meet the academic and/or behavioural standards of the school and (**9.6.2.)** describe how the standards are published and made available to students upon their matriculation.

|  |
| --- |
|  |

* + 1. Describe the process in place for taking an action which may affect the status of a student. Describe the information provided to the student about this process and about the student’s right to appeal.

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION:**

The following should be included in the Appendix:

* Policy for student evaluation and promotion.
* Student Promotion and Evaluation Committee Membership
* Student Promotion and Evaluation Committee Minutes
* ECFMG aggregate report for USMLE Step 1, and Steps 2 Clinical Knowledge and Clinical Skills
* Assessment tools for both the pre-clinical and clinical years
* Graduation Policy
* Panel of external examiners with bios (if applicable)
* Examples of narrative assessment reports.
* Student Dismissal Policy

**STANDARD 10: STUDENT SUPPORT SERVICES**

The school publishes easily accessible information for students regarding the breadth of support services available to them in the preclinical and clinical years and how to access these services. All medical students have the same rights and receive comparable services.

**10.1. ACADEMIC GUIDANCE, MENTORSHIP AND CAREER COUNSELLING**

|  |
| --- |
| **10.1.1.** The school provides orientation to all new students whereby they may become familiar with school services and student regulations.  **10.1.2.** An effective system of academic advising is in place for students that integrates the efforts of faculty, preclinical course and clerkship directors and student affairs staff.  **10.1.3.** A faculty advisor is assigned to each student for academic counselling, including mentoring and advocacy. The advisor counsels students on issues such as additional tutorial support where necessary, course selection, rules governing student conduct, procedures for student appeals and filing grievances.  **10.1.4.** The advising system is such that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.  **10.1.5.** The school has a career advising system through which students can access advice and support regarding issues such as medical specialty and career options, selection of electives, residency programme application and licensure.  **10.1.6.** The school provides a Medical Student Performance Evaluation (MSPE) for the residency application of a medical student (or equivalent letter for alternative postgraduate training), on or after October 1 of the student's final year of the medical education programme. |

**PLEASE ANSWER RE:** **10.1. ACADEMIC GUIDANCE, MENTORSHIP AND CAREER COUNSELLING**

* + 1. Describe how the school orientates all new students to the school services and student regulations.

|  |
| --- |
|  |

* + 1. Describe theacademicadvising system that is in place for students who are experiencing academic difficulty. Indicate the personnel involved in integrating the advising system. **10.1.3.** Describe the role of the faculty advisor and the process by which an advisor is assigned to each student

|  |
| --- |
|  |

* + 1. Describe how the school ensures that students obtain academic counselling from individuals who have no role in making assessment or promotion decisions about them or preparing the MSPE.

|  |
| --- |
|  |

* + 1. Describe how the school career advising system functions and is made available to all students.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that an MSPE letter for the residency application (or equivalent for alternative postgraduate training) is provided for final year students. Indicate the individual primarily responsible for the preparation.

|  |
| --- |
|  |

**10.2. STUDENT HEALTH AND PSYCHOLOGICAL SUPPORT**

|  |
| --- |
| **10.2.1.** The school provides timely access to needed preventive, diagnostic and therapeutic medical services for its students at sites in reasonable proximity to their locations and facilitates leave from studies where medically necessary.  **10.2.2.** The school supports students in their adjustment to the challenges and the demands of medical education.  **10.2.3.** Students have access to confidential professional psychological counselling and psychiatric services where necessary.  **10.2.4.** Health professionals who provide medical/psychological/psychiatric services to a student may not be involved in the student’s academic assessment or promotion unless exceptional circumstances exist.  **10.2.5.** The school ensures that health insurance and disability insurance are available and publicised to medical students and their dependents.  **10.2.6.** The school delivers an immunisation programme to all students based on the current guidelines in place in the locations where students are based or will rotate, and monitors compliance with the programme.  **10.2.7**. Medical students may be exposed to infectious and environmental hazards during their educational programme. The school has a policy in place that informs all students (including visiting students) about methods of prevention, the procedures for care and treatment to be followed after potential exposure BEFORE undertaking any educational activity that would place them at risk. The school also informs students who may have an infectious/environmental disease or disability of any implications for their educational activities. |

**PLEASE ANSWER RE:** **10.2 STUDENT HEALTH AND PSYCHOLOGICAL SUPPORT**

* + 1. Describe how the school provides access to preventive, diagnostic and therapeutic medical services for its students at all sites and ensures leave from studies where medically necessary. Describe how students are informed about the availability of these programmes. If there is a student health center, comment on its location, staffing, and hours of operation. If there is no student health center, describe how the school assists students in finding health services.

|  |
| --- |
|  |

* + 1. Describe how the school supports students in their adjustment to medical education.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that the students have access to confidential professional psychological counselling and psychiatric services where necessary and indicate how **(10.2.4.)** the school ensures that health professionals who provide medical/psychological/psychiatric services to a student are not involved in the student’s academic assessment or promotion. If health and/or psychiatric/psychological services are provided by university or medical school service providers, describe where these student health records are stored and how the confidentiality of these records is maintained. Note if any medical school personnel have access to these records.

|  |
| --- |
|  |

* + 1. Describe how the school ensures that health insurance and disability insurance are available and publicised to students and their dependents.

|  |
| --- |
|  |

* + 1. Describe the immunization programme for students and how the school monitors compliance with the programme. Do the immunization requirements for students follow national and/or regional recommendations (e.g., from the Centers for Disease Control and Prevention, state agencies, etc.).

|  |
| --- |
|  |

* + 1. Describe the school policy for informing all students about prevention and treatment of potential exposure to infectious and/or environmental hazards. Describe the process in place to inform students who may have an infectious/environmental disease or disability of any implications for their educational activities. When do students receive this information in relation to the timing of any educational activities that would place them at risk?

|  |
| --- |
|  |

**10.3. FINANCIAL GUIDANCE**

|  |
| --- |
| **10.3.1.** The school provides prospective students with a detailed summary of the estimated financial cost of the tuition and personal living expenses necessary to complete the entire programme of study.  **10.3.2.** The school counsels students on their student loan indebtedness, provides advice on the options for financial aid and debt management and their responsibility for repayment as needed during the programme of study.  **10.3.3.** The school complies with all government regulations with respect to its administration and management of student aid programmes and seeks to ensure a low student loan default rate. |

**PLEASE ANSWER RE**: **10.3 FINANCIAL GUIDANCE**

* + 1. Describe how and when information is provided to applicants regarding the estimated financial cost of the tuition and personal living expenses for completion of the entire programme of study.

|  |
| --- |
|  |

* + 1. Describe how the school counsels students on debt management and on the options for financial aid including their responsibility for repayment as needed throughout the programme of study. Outline current scholarship or grant support that the school provides for students. Describe other mechanisms that are being used by the school to limit student debt.

|  |
| --- |
|  |

* + 1. Describe how the school ensures compliance with all government regulations with respect to its administration and management of student aid programmes and seeks to ensure a low student loan default rate.

Does the school participate in the William D. Ford Student Loan Programme? If yes, please indicate how many current students are enroled and describe the process in place to ensure the return of federal funds if a student is dismissed or withdraws from the school.

|  |
| --- |
|  |

**10.4. TUITION REFUND POLICY**

|  |
| --- |
| **10.4.1.** The school publishes clear policies for the refund of a student’s tuition, fees, and other allowable payments e.g. those made for health, disability insurance, parking, housing and other services for which a student may not be eligible following withdrawal. The policy defines the procedure and formula used to calculate the amount of refund.  The a |

**PLEASE ANSWER RE:** **10.4. TUITION REFUND POLICY**

* + 1. Describe where the school publishes policies for the refund of a medical student’s tuition, fees, and other allowable payments. Briefly describe the tuition and fee refund policy and describe the procedure and formula used to calculate the amount of refund.

|  |
| --- |
|  |

**10.5. MEDICAL STUDENT MISTREATMENT**

|  |
| --- |
| **10.5.1.** The school defines and publicises its code of professional conduct for the relationships between medical students, including visiting medical students and those individuals with whom students interact during the medical education programme.  **10.5.2**. The school develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behaviour.  **10.5.3.** Mechanisms for reporting violations of the code of professional conduct are understood by medical students, including visiting medical students and ensure that any violations can be registered and investigated without fear of retaliation. |

**PLEASE ANSWER RE:** **10.5. MEDICAL STUDENT MISTREATMENT**

* + 1. Describe how the school publicises its code of conduct for the relationships between students (including visiting students) and those individuals with whom students interact during the medical education programme.

|  |
| --- |
|  |

* + 1. Describe the school policy to address violations of the code and the mechanisms in place for a prompt response to any complaints. Describe recent educational activities for students, faculty and residents that were directed at preventing student mistreatment. If applicable, provide an example of a strategy used to enhance positive and mitigate negative aspects of the learning environment.

|  |
| --- |
|  |

* + 1. Summarize the procedures used by students, faculty, or residents to report incidents of unprofessional behavior. Describe how the school ensures that allegations of unprofessional behavior can be made and investigated without fear of retaliation. Describe the process(es) in place to follow-up reports of unprofessional behavior.

|  |
| --- |
|  |

**10.6. STUDENT COMPLAINTS**

|  |
| --- |
| **10.6.1** The school ensures that its procedure for student complaints to the medical school is published in the student handbook and a faculty advisor is available to counsel students on filing a grievance. The procedure outlines how the complaint must be made, the committee structure which will process the complaint, the estimated timeline for the investigation process and, if upheld, the resolution. The procedure ensures that there is timely notification to the complainant of the result of the investigation, regardless of the outcome.  **10.6.2.** The school maintains a log of complaints which have been submitted and processed, along with the actions taken to resolve them.  **10.6.3**. The school has written policies for addressing student complaints related to non-compliance in the areas covered by the *ACCM Standards for the Accreditation of Medical Schools.* ACCM can only investigate complaints from students which relate to non-compliance with these Standards that have not been resolved at the school level.  **10.6.4**. The school provides students with the name and contact information to which students may submit complaints to ACCM not resolved at the school level. ACCM will maintain a log of complaints which have been submitted, together with the action and time taken to process any such complaints. |

**PLEASE ANSWER RE:** **10.6. STUDENT COMPLAINTS**

* + 1. Describe the school policies for addressing student complaints about the school and indicate how this information is made available to students. Summarizethe information provided. Describe how the school ensures that a faculty advisor is available to counsel students on filing a grievance.

|  |
| --- |
|  |

* + 1. Describe the process in place to maintain a log of complaints which have been submitted and processed, along with the actions taken to resolve them.

|  |
| --- |
|  |

* + 1. Describe how students are made aware of the option for addressing complaints related to non-compliance in the areas covered by the accreditation standards of the ACCM, if not resolved by the school. **10.6.4.** Indicate where this information is provided.

|  |
| --- |
|  |

**10.7. STUDENT RECORDS**

|  |
| --- |
| **10.7.1.** The school has robust procedures in place to safeguard the confidentiality of student records and to permit students to review their records.  **10.7.2.** Medical student educational records are made available only to relevant faculty and administrative staff on a need to know basis and /or in circumstances where a student has given permission for records to be released.  **10.7.3.** Each student has a right to review and challenge his/her academic record including the MSPE or alternative letter of recommendation, if they believe the information contained may be inaccurate, misleading or inappropriate.  **10.7.4.** Theschool ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality and accessibility. |

**PLEASE ANSWER RE:** **10.7. STUDENT RECORDS**

* + 1. Describe the procedures in place to ensure the confidentiality of student academic records **10.7.2.** Indicate the process in place by which a student can waive this right to confidentiality and give permission for records to be released.

|  |
| --- |
|  |

**10.7.3.** Describethe process by which a student can review or challenge his/her academic record including the MSPE or alternative letter(s) of recommendation. What is the process for and typical time for a student to gain access to their records or to the MSPE? Note if there are any components of students’ educational records that students are not permitted to review.

|  |
| --- |
|  |

**10.7.4.** Describe how the school ensures that student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

|  |
| --- |
|  |

**10.8. SECURITY, STUDENT SAFETY AND DISASTER PREPAREDNESS**

|  |
| --- |
| **10.8.1.** The school ensures that adequate security systems are in place at all locations at which students are present and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.  **10.8.2.** There is effective management and maintenance of physical facilities, janitorial services, upkeep of the campus grounds and adequate security to promote an environment that is safe and conducive to the learning process.  **10.8.3.** Budgetary allocation of funds for physical facilities is sufficient for their proper maintenance and operation. |

**PLEASE ANSWER RE:** **10.8. SECURITY, STUDENT SAFETY AND DISASTER PREPAREDNESS**

**10.8.1.** Describe the security system(s) in place and the personnel available to provide a safe learning environment for students during regular and outside hours on campus and at clinical teaching sites. Describe how students and faculty are informed of institutional emergency and disaster preparedness policies and plans and how they are notified in emergency situations.

|  |
| --- |
|  |

* + 1. Describe how the school ensures effective management of physical facilities, upkeep of the campus grounds and adequate security. Describe the protection available to medical students at instructional sites that may pose special physical dangers (e.g., during interactions with patients in detention facilities, in the emergency department).

|  |
| --- |
|  |

* + 1. Describe how the school ensures an adequate budgetary allocation for the proper maintenance and operation of its physical facilities.

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION: STANDARD 10: STUDENT SUPPORT SERVICES**

The following should be included in the Appendix:

* Outline of the orientation programme provided to new students.
* Career advising system
* Residency application guide
* Sample MSPE letter
* Student handbook or other informational source on student counseling, guidance and support.
* Tuition Refund Policy
* Code of Conduct for student-teacher relationships
* Policy to address violations of this code
* Policy for addressing student complaints
* Disaster preparedness policy.
* Letter of participation in the William D. Ford Student Loan Programme

**STANDARD 11: FINANCIAL MANAGEMENT**

The school possesses sufficient financial resources to carry out its mission and to cover the cost of maintaining the school and its educational programme for the size of its student body.

**11.1. REVENUE SOURCE(S)**

|  |
| --- |
| **11.1.1.** The school avoids enroling more students than existing resources are able to support in order to ensure that the educational programme is not adversely impacted.  **11.1.2.** The school has access to an unrestricted reserve of funds or line of credit sufficient to sustain operations for a period of three months.  **11.1.3.** The school obtains officially audited financial statements annually.  **11.1.4.** The school has appropriate business interruption insurance.  **11.1.5.** The school has appropriate contingency arrangements to minimize disruption to the teaching programme by catastrophic events and natural disasters. |

**PLEASE ANSWER RE:** **11.1. REVENUE SOURCE(S)**

* + 1. Describe the steps taken by the school to avoid enroling more students than existing resources are able to support. Indicate when and by whom decisions about student numbers are made. Describe how and by whom tuition and fees are set for the medical school.

|  |
| --- |
|  |

* + 1. Summarize trends in the funding sources available to the medical school. Describe any substantive changes during the preceding and the current fiscal year in total revenue, operating margin, revenue mix, market value of endowments, medical school reserves or outstanding debt.

Indicate the unrestricted reserve of funds or line of credit to which the school has access and the time period for which this will be sufficient to sustain operations. Describe whether and for what purpose(s) financial reserves have been used to balance the operating budget in recent years and provide details of Board discussions related to these reserves.

|  |
| --- |
|  |

* + 1. Summarize the key findings from the most recent audit of the medical school. How frequently does the school obtain an official audit? If the medical school is not audited separately, summarize the findings from any external financial audits of the university or health system of which the medical school is a part.

|  |
| --- |
|  |

* + 1. Describe the school’s business interruption insurance and **11.1.5** the contingency arrangements in place to minimize disruption to the teaching programme by catastrophic events and natural disasters.

|  |
| --- |
|  |

**11.2. BUDGET PLANNING AND COMPLIANCE**

|  |
| --- |
| **11.2.1.** The school’s instructional budget is developed by the CAO and Chief Operating Officer (COO) in consultation with department heads, faculty representatives, and the chief financial officer.  **11.2.2.** The non-instructional budget for items such as student housing, food service, security, etc. is developed by the chief financial officer in consultation with appropriate department heads. S/he assembles the budget requests, estimates income, and assists the chief administrative officer in preparing a budgetary allocation plan.  **11.2.3.** The CEO presents the budget for final approval to and by the board.  The chief financial officer monitors departmental expenditures to ensure budgetary compliance. |

**PLEASE ANSWER RE:** **11.2 BUDGET PLANNING AND COMPLIANCE**

* + 1. Describe the role and authority of the CAO in instructional budget development and approval and the procedure(s) by which the CAO Can access funds from the medical school budget.

|  |
| --- |
|  |

**11.2.2.** Describe how the school’s non-instructional budget is developed. Describe any substantive changes anticipated by the medical school during the three fiscal years following the inspection fiscal year and explain the reasons for any anticipated changes.

|  |
| --- |
|  |

* + 1. Describe the role of the Board of Trustees and Chief Financial Officer (CFO)[[12]](#footnote-12) in budgetary approval and compliance monitoring. Describe the medical school’s policy with regard to the financing of urgent and unexpected maintenance of medical school facilities (e.g., roof replacement).

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION: STANDARD 11 FINANCIAL MANAGEMENT**

The following should be included in the Appendix:

* Audited Financial Statements
* Copy of Business Interruption Insurance Policy
* CV for Chief Financial Officer or equivalent

**STANDARD 12: FACILITIES AND INFORMATION SERVICES**

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.

**12.1. PRECLINICAL MEDICAL SCHOOL CAMPUS**

|  |
| --- |
| **12.1.1.** University facilities include auditoriums, classrooms, student laboratories, library, faculty offices, administrative offices, admissions office and offices for student services, research laboratories, animal care facilities, student dormitories, dining facilities and student activity and recreational facilities.  **12.1.2.** The school maintains a comprehensive master plan for its orderly growth and development.  **12.1.3.** The school ensures all medical students have access to adequate study space, lounges, personal lockers or other secure storage facilities and secure call rooms (particularly when students are required to participate in late night or overnight learning experiences) at each campus and affiliated clinical site.  **12.1.4.** Students, faculty and administration have access to sufficient information technology resources, including access to Wi-Fi, to support the achievement of the school’s goals. Information technology staff with appropriate expertise are available to assist students, faculty and administration.  **12.1.5.** The school provides ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions.  **12.1.6**. 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.  **12.1.7.** The library has opening hours sufficient for students to have ready access to its resources. |

**PLEASE ANSWER RE:** **12.1. PRECLINICAL MEDICAL SCHOOL CAMPUS**

* + 1. Describe the facilities at the pre-clinical campus. Include a campus map or diagram of key buildings.

|  |
| --- |
|  |

* + 1. Describe the school’s master plan for growth and development. Describe any recent or current teaching space renovations or construction. If there has been a recent increase in class size or a curriculum change that requires different teaching spaces, note how these changes have been accommodated (e.g., increases in room size, type, and/or number).

|  |
| --- |
|  |

* + 1. Describe how the school ensures all students have access to adequate study space, lounges, personal lockers or other secure storage facilities and secure call rooms at the pre-clinical campus and affiliated clinical sites.

|  |
| --- |
|  |

* + 1. Describe the informationtechnology (IT) resources, including access to Wi-Fi. Describe the role(s) and qualifications of the IT staff and indicate how students and faculty can avail of their expertise. Describe the availability of telecommunications technology to link instructional sites.

|  |
| --- |
|  |

* + 1. Describe how the school ensures access to library resources and how these are maintained and updated to support its educational mission.

|  |
| --- |
|  |

* + 1. Describe the role and qualifications of the library professional staff.

|  |
| --- |
|  |

* + 1. Indicate the opening hours for the library and hours during which the library staff are available.

|  |
| --- |
|  |

**12.2. CLINICAL SITES**

|  |
| --- |
| **12.2.1.** The school’s affiliated clinical teaching facilities and information resources are of sufficient size, quality and accessibility to serve the needs of the school to fulfil its mission.  **12.2.2**. Clinical teaching facilities offer classroom facilities as well as clean and quiet sleeping quarters for on-call students during their clerkships. |

**PLEASE ANSWER RE:** **12.2 CLINICAL SITES**

* + 1. Describe the school’s affiliated clinical teaching facilities and information resources and describe how medical students and faculty can access educational resources (e.g., curriculum materials) from off site.

|  |
| --- |
|  |

* + 1. Describe how the school ensures clinical teaching sites offer classroom facilities and adequate sleeping quarters for on-call students during their clerkships. If problems with the availability of resources were identified at one or more inpatient or outpatient sites, describe the steps being taken to address these.

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION: STANDARD 12: FACILITIES AND INFORMATION SERVICES**

The following should be included in the Appendix:

* Pre-clinical campus map
* Resume/CV for the pre-clinical librarian
* Resume/CV for the principle Information Technology director

**STANDARD 13: POSTGRADUATE PROGRESSION**

Medical schools collect outcome data on student performance during and after medical school in order to document and report on the achievement of the school’s educational program objectives.

|  |
| --- |
| **13.1.** The school commits adequate resources to the collection of data on the postgraduate progression of its graduates. This information will be documented as part of the Annual Database submission to ACCM.  **13.2.** Postgraduate progression can be measured by the percentage of graduates accepted into residency training programs, the percentage of eligible graduates passing professional licensing examinations, follow up of graduates in employment and any other measures that are appropriate and valid in light of the school’s mission and objectives.  **13.3.** Applications from graduates to the school seeking verification documents for licensing, residency, or academic/clinical promotion purposes will be logged by the school as an important component of this tracking mechanism. In addition, questionnaire surveys emailed to graduates will provide supplementary information regarding career development. |

**PLEASE ANSWER RE:** **13: POSTGRADUATE PROGRESSION**

**13.1.1.** Describe the resources available for the collection of data on the postgraduate progression of the graduates of the school.

|  |
| --- |
|  |

* + 1. Provide examples of how the school tracks postgraduate progression.

|  |
| --- |
|  |

* + 1. Describe the process in place to log applications from graduates to the school seeking verification documents for licensing, residency, or academic/clinical promotion purposes. Describe how the school uses graduate questionnaires or surveys to obtain supplementary information regarding career development.

|  |
| --- |
|  |

**SUPPORTING DOCUMENTATION: STANDARD 13: POSTGRADUATE PROGRESSION**

The following should be included in the Appendix:

* Residency placement data
* Graduate surveys or questionnaires

###### SUMMARY

Summarize the school's present strengths and problem areas and briefly list major recommendations or actions for the future. If there has been a previous site visit, please describe changes that have occurred since the last visit and how previous areas of concern have been addressed.

|  |
| --- |
|  |

**APPENDIX**

Please use the following format to organize the supporting documentation. Documents on the website or in faculty or student handbooks may be referenced by page number.

1. Members (with institutional titles/positions) of the self-study group
2. University and Administrative Documents
   1. University Charter
   2. Strategic Plan
   3. Government letter of Agreement
   4. Members of the Board of Trustees
   5. Bylaws of the Board of Trustees
   6. Bylaws for the Medical School
   7. Minutes of meetings of the Board of Trustees
   8. Organizational chart for the medical school
   9. Affiliation agreements for all clinical sites
3. Personnel
   1. Curricula Vitae for CAO, CFO, and key administrative personnel
   2. Position description for CAO. If applicable include a position description for any additional role held by the CAO.
   3. Annual Performance Review for CAO
   4. List of Clinical Deans and Department Chairs.
   5. List of all Pre-clinical faculty
   6. CVs of all faculty hired since the last ACCM inspection.
   7. CV or resume for the pre-clinical librarian.
   8. Panel of external examiners with bios.
4. Course Summaries and Syllabi
   1. Pre-clinical Course Syllabus
   2. Clinical Course Syllabus
   3. Clinical Medicine Handbook
   4. New student orientation outline or summary.
   5. School Brochure, prospectus or catalogue
   6. Career advising programme
   7. Outline of Diversity or Pipeline Programme.
   8. Allied Health Programme details, if applicable
   9. English language curriculum and remediation plan, if applicable
5. Pre-Clinical Medicine Programme
   1. Pre-clinical weekly schedule
   2. Formative Assessment Form (mid-course)
   3. Course Competency Evaluation Form
   4. Assessment tools
6. Clinical Medicine Programme
   1. Year 3 and 4 Schedule
   2. Sample Clinical Schedule
   3. Clinical Site Inspection Reports by the School
   4. Student logs
   5. Rotation Approval Form
   6. Information provided to students re away electives
   7. Formative Assessment Form (mid-rotation)
   8. Clerkship Evaluation of Student Form
   9. Course Competency Evaluation Form
   10. Clinical Skills Checklist
   11. Assessment tools
   12. Examples of narrative assessment reports.
7. Policy Documents
   1. Anti-discrimination policy.
   2. Policy on Promotion and tenure.
   3. Code of conduct (students and faculty) Policy & Policy to address violations.
   4. School Attendance Policy
   5. Admissions Policy
   6. Student Readmission Policy
   7. Transfer Student Policy
   8. Visiting Student Policy
   9. Policy for student evaluation and promotion.
   10. Graduation Policy
   11. Student Dismissal Policy
   12. Tuition Refund Policy
   13. Policy for addressing student complaints
   14. Disaster preparedness policy.
   15. Business Disruption Insurance Policy
8. Financial and Facilities Documents
   1. Audited Financial Statements
   2. Pre-clinical campus map
   3. Letter of participation in the William D. Ford Federal Loans Programme.
9. Committee Documents
   1. Committee Bylaws
   2. Curriculum Committee Membership
   3. Curriculum Committee Minutes
   4. Curriculum Committee Action Plan
   5. Admission Committee Membership
   6. Admission Committee Minutes
   7. Student Promotion and Evaluation Committee Membership
   8. Student Promotion and Evaluation Committee Minutes
10. Faculty Documents
    1. Faculty handbook
    2. Sample faculty contract.
    3. Resources provided to faculty / non-faculty instructors to enhance their teaching and assessment skills.
    4. Faculty Development Curriculum
11. Student Support
    1. Student Handbook.
    2. Residency application guide
    3. Sample MSPE letter
    4. Orientation Curriculum for new students.
12. School, Programme and Curricular Evaluation
    1. Peer reviewed publications, presentations and other scholarly activities produced by faculty, students and or staff.
    2. ECFMG aggregate report for USMLE Step 1, and Steps 2 Clinical Knowledge and Clinical Skills
    3. Residency placement data
    4. Graduate surveys or questionnaires
    5. Student Evaluations of each Course and Rotation
    6. Student Evaluations of Faculty
    7. Plan for Quality Assurance

1. Please number all pages prior to submission. The preceding overview can be deleted from the final report [↑](#footnote-ref-1)
2. “School” refers to the medical school. [↑](#footnote-ref-2)
3. Hereafter referred to as the Board [↑](#footnote-ref-3)
4. CEO is Chief Executive Officer or Equivalent [↑](#footnote-ref-4)
5. CAO is Chief Academic Officer or Equivalent [↑](#footnote-ref-5)
6. Student refers to medical students unless otherwise specified [↑](#footnote-ref-6)
7. Medical Degree in this instance includes MD equivalent including DO. [↑](#footnote-ref-7)
8. Unless stated otherwise “Curriculum” refers to the preclinical and clinical curricula. [↑](#footnote-ref-8)
9. Unless otherwise stated, the principles of teaching and assessment apply to the preclinical and clinical years. [↑](#footnote-ref-9)
10. Admission Criteria will vary for schools that have a 5-6-year direct entry programmes. [↑](#footnote-ref-10)
11. Unless otherwise stated, the principles outlined under Standard 9 apply to both the preclinical and clinical years. [↑](#footnote-ref-11)
12. Chief Financial officer or equivalent [↑](#footnote-ref-12)