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**Revised July 2020**

**Approved 27th July 2020**

**Published 1st August 2020**

**Effective for schools seeking accreditation in the 2021-2022 academic year and thereafter.**

# INDEPENDENT STUDENT QUESTIONNAIRE

The Independent Student Analysis (ISA) process consists of the dissemination of an independent student questionnaire and the development of a report that includes the questionnaire results and an analysis and interpretation of the responses.

The process for creating the questionnaire and analysing the data should be coordinated by the ISA committee. The ISA committee should disseminate an independent student questionnaire to each medical student class, using the required items in the questionnaire (below) and adding items relevant to the school. The questionnaire should include questions that directly relate to ACCM accreditation standards and should have space for students to add comments.

In addition to conducting a survey, the ISA committee may also choose to hold one or more class meetings or focus groups to discuss student concerns, or request that each class submit reports delineating areas that require attention.

Once the committee has collected its data, the committee or a subgroup of members should analyse and summarize the data and prepare the report to be submitted to ACCM as part of the self-study packet.

ACCM requires the independent student questionnaire to include, at a minimum, the items below.

The medical school must include the collated responses to these items together with the submission of the database and self-study questionnaire prior to the inspection.

# INDEPENDENT STUDENT QUESTIONNAIRE1

Please check the appropriate box below indicating your level of satisfaction: 1=Very Satisfied, 2=Satisfied, 3=Dissatisfied, 4=Very Dissatisfied, N/A =Not Applicable.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS** | | 1 | 2 | 3 | 4 | N/A |
| **Dean’s Office** | | | | | | |
| 1 | Accessibility |  |  |  |  |  |
| 2 | Awareness of student concerns |  |  |  |  |  |
| 3 | Responsiveness to student problems |  |  |  |  |  |
| 4 | Accessibility of medical school faculty |  |  |  |  |  |
| 5 | Participation of students on key medical school committees |  |  |  |  |  |
| **LEARNING ENVIRONMENT AND FACILITIES** | | | | | | |
| 6 | Adequacy of medical school’s student mistreatment policy |  |  |  |  |  |
| 7 | Adequacy of mechanisms to report mistreatment |  |  |  |  |  |
| 8 | Adequacy of medical school activities to prevent mistreatment |  |  |  |  |  |
| 9 | Adequacy of medical school actions on reports of mistreatment |  |  |  |  |  |
| 10 | Adequacy of safety and security at medical school campus |  |  |  |  |  |
| 11 | Adequacy of safety and security at clinical sites |  |  |  |  |  |
| 12 | Adequacy of lecture halls, large group classroom facilities |  |  |  |  |  |
| 13 | Adequacy of small group teaching spaces on campus |  |  |  |  |  |
| 14 | Adequacy of educational/teaching spaces at hospitals |  |  |  |  |  |
| 15 | Adequacy of student relaxation space at the medical school campus |  |  |  |  |  |

1 Modified from the LCME Independent Student Analysis Questionnaire

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| --- | --- | --- | --- | --- | --- | --- |
| 16 | Adequacy of student study space at the medical school campus |  |  |  |  |  |
| 17 | Adequacy of student study space at hospitals/clinical sites |  |  |  |  |  |
| 18 | Access to secure storage space for personal belongings at the medical school campus |  |  |  |  |  |
| 19 | Access to secure storage space for personal belongings at the hospital/clinical sites |  |  |  |  |  |
| 20 | Administration and faculty diversity |  |  |  |  |  |
| 21 | Student diversity |  |  |  |  |  |
| 22 | Ease of access to research opportunities |  |  |  |  |  |
| 23 | Support for participation in research |  |  |  |  |  |
| 24 | Access to service learning/community service opportunities |  |  |  |  |  |
| **LIBRARY AND INFORMATION RESOURCES** | | | | | | |
| 25 | Ease of access to library resources and holdings |  |  |  |  |  |
| 26 | Quality of library support and services |  |  |  |  |  |
| 27 | Access to technology support |  |  |  |  |  |
| 28 | Access to online learning resources |  |  |  |  |  |
| 29 | Accessibility of computer support |  |  |  |  |  |
| **STUDENT SERVICES** | | | | | | |
| 30 | Accessibility of student health services |  |  |  |  |  |
| 31 | Availability of mental health services |  |  |  |  |  |
| 32 | Confidentiality of mental health services |  |  |  |  |  |
| 33 | Availability of student well-being programmes |  |  |  |  |  |
| 34 | Adequacy of career counseling |  |  |  |  |  |
| 35 | Adequacy of counseling about elective choices |  |  |  |  |  |
| 36 | Quality of financial aid administrative services |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 37 | Adequacy of debt management counselling |  |  |  |  |  |
| 38 | Availability of academic counselling |  |  |  |  |  |
| 39 | Availability of tutorial help |  |  |  |  |  |
| 40 | Adequacy of education about prevention and exposure to infectious and environmental hazards |  |  |  |  |  |
| 41 | Adequacy of education about procedures for care and treatment after exposure to infectious and environmental hazards |  |  |  |  |  |
| **MEDICAL EDUCATION PROGRAMME** | | | | | | |
| 42 | Utility of the medical education programme objectives to support learning |  |  |  |  |  |
| 43 | Quality of the pre-clerkship (first year/second year) |  |  |  |  |  |
| 44 | Clinical skills instruction in the pre-clerkship (first/second year) |  |  |  |  |  |
| 45 | Amount of formative feedback in the pre-clerkship (first/second years) |  |  |  |  |  |
| 46 | Quality of formative feedback in the pre-clerkship (first/second years) |  |  |  |  |  |
| 47 | Opportunities for self-directed learning in the pre- clerkship (first/second years) |  |  |  |  |  |
| 48 | Adequacy of unscheduled time for self-directed learning |  |  |  |  |  |
| 49 | Overall workload in the pre-clerkship (first/second years) |  |  |  |  |  |
| 50 | Coordination/integration of content in the pre clerkship (first/second years) |  |  |  |  |  |
| 51 | Utility of the pre-clerkship first and second years as preparation for clinical clerkships |  |  |  |  |  |
| 52 | Quality of the third-year clerkships |  |  |  |  |  |
| 53 | Access to patients during the third-year clerkships |  |  |  |  |  |
| 54 | Workload in the third-year clerkships |  |  |  |  |  |
| 55 | Supervision in third-year clerkships |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 56 | Amount of formative feedback in the third/fourth years |  |  |  |  |  |
| 57 | Quality of formative feedback in the third/fourth years |  |  |  |  |  |
| 58 | Quality of the fourth-year required clerkships |  |  |  |  |  |
| 59 | Clarity of policies for advancement/graduation |  |  |  |  |  |
| 60 | Access to student academic records |  |  |  |  |  |
| 61 | Clinical skills assessment in the third/fourth years |  |  |  |  |  |
| 62 | Medical school responsiveness to student feedback on courses/clerkships |  |  |  |  |  |
| 63 | Adequacy of education to diagnose disease |  |  |  |  |  |
| 64 | Adequacy of education to manage disease |  |  |  |  |  |
| 65 | Adequacy of education in disease prevention |  |  |  |  |  |
| 66 | Adequacy of education in health maintenance |  |  |  |  |  |
| 67 | Adequacy of education in caring for patients from different backgrounds |  |  |  |  |  |
| 68 | Adequacy of interprofessional education experiences |  |  |  |  |  |