**2016-2017 DATA COLLECTION INSTRUMENT
FOR FULL ACCREDITATION SURVEYS**

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AY 2016-2017 Data Collection Instrument for Full Accreditation Surveys

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STANDARD 1: MISSION, PLANNING, ORGANIZATION, AND INTEGRITY

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

STANDARD 1 OVERVIEW DATA

Table 1.0-1 | Faculty and Enrollment   Source: School-reported

	AY of Previous Self-study	AY
Provide the requested faculty and enrollment data from the academic year (AY) of the program's previous full survey self-study, and for the AY used to prepare for the current full survey.		
Entering class size		
Total medical student enrollment		
Number of residents and fellows		
Number of full-time basic science faculty		
Number of full-time clinical faculty		

Table 1.0-2 | Financial Overview   Source: LCME Part I-A Annual Financial Questionnaire (AFQ)

	FY of Previous Full Survey	FY 14	FY 15
Provide data from the fiscal year (FY) during which the previous full survey took place and for the listed FYs used to prepare for the current full survey. Note that availability of current data will depend on survey visit dates.			
Total tuition and fees revenues			
Total grants and contracts direct expenditures			
Total practice plan net revenues			
Total expenditures and transfers from hospital funds			
Total revenues reported			

STANDARD 1 NARRATIVE RESPONSE

a. Provide the academic year during which the program conducted the self-study for its previous full LCME survey visit.

b. Provide the month range of the fiscal year used by the medical school (e.g., July-June).

c. Provide a brief history of the medical school, noting key points in its development.

SUPPORTING DOCUMENTATION REQUIRED FOR STANDARD 1

1. Provide maps illustrating the location of affiliated hospitals and any geographically distributed campuses.

1.1 STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT

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

1.1 NARRATIVE RESPONSE

a. Provide the mission and vision statements of the medical school.

b. Describe the process used by the medical school to establish its most recent strategic plan, including the school's mission, vision, goals, and associated outcomes. How often is the strategic plan reviewed and/or revised?

c. Describe how and by whom the outcomes of the school's strategic plan are monitored.

d. Describe the process used and resources available for quality improvement activities related to the medical education program. For example, is there an office or dedicated staff to support quality improvement activities at the levels of the medical school or university?

e. Describe how the medical school monitors ongoing compliance with LCME accreditation standards. The response should address the following questions:

    1. Which standards are monitored (e.g., all standards, a subset of standards)?
    2. How often is compliance with standards reviewed (mid-cycle, yearly, at some other interval)?
    3. What data sources are used to monitor compliance?
    4. What individuals or groups receive the results?

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.1

1. The strategic goals and objectives of the medical school.

2. An executive summary of the most recent medical school strategic plan.

3. Two examples of outcomes based on recent strategic goals/objectives, and a description of the actions or activities undertaken to achieve the outcomes.

1.2 CONFLICT OF INTEREST POLICIES

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

1.2 NARRATIVE RESPONSE

a. Place a "√" next to each unit for which the primary institutional governing board is directly responsible:

	University system
	Parent university
	Health science center
	Medical school
	Other (describe):

b. Provide the size of the primary institutional governing board and describe the process for initial appointment and renewal of appointment of governing board members.

c. If the institutional primary board is responsible for any units in addition to the medical school (e.g., other colleges), is there a separate/subsidiary board for the medical school?

d. Is the medical school part of a for-profit, investor-owned entity? If so, identify any board members, administrators, or faculty members who are shareholders/investors/administrators in the holding company for the medical school.

e. Place a "√" next to each area in which the medical school or university has a faculty conflict of interest policy:

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

f. Describe the strategies for managing actual or perceived conflicts of interest as they arise for the following groups:

  1. Governing board members
  2. University and medical school administrators
  3. Medical school faculty

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.2

1. Policies and procedures intended to prevent or address financial or other conflicts of interest among governing board members, administrators, and faculty (including recusal from discussions or decisions if a potential conflict occurs).

2. Documentation illustrating that conflict of interest policies are being followed.

1.3 MECHANISMS FOR FACULTY PARTICIPATION

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

1.3 SUPPORTING DATA

Table 1.3-1 | Standing Committees   Source: School-reported

List all major standing committees of the medical school and provide the requested information for each, including whether members are *all appointed* (A), *all elected* (E), or whether the committee has *both appointed and elected members* (B), and whether the committee is charged with making r*ecommendations* (R), is *empowered to take action* (A), or *both* (B).

Committee	Reports to	Total Voting Members	Total *Faculty* Voting Members	Membership Selection (A/E/B)	Authority (R/A/B)

1.3 NARRATIVE RESPONSE

a. Summarize how the selection process for faculty committees ensures that there is broad faculty input into the governance process. How are individuals whose perspectives are independent from that of departmental leadership or from that of central administration included? Note whether committees include elected members or members nominated or selected through a faculty-administered process (e.g., through a "committee on committees").

b. Describe how faculty are made aware of policy and other types of changes that require faculty comment and how such input from faculty is obtained. Describe some recent opportunities for faculty to provide such input.

c. List the number and type of general faculty meetings held during the past academic year. Indicate whether these meetings were held "virtually" or in-person. Describe the means by which faculty were made aware of meeting agendas and outcomes.

d. Describe any mechanisms other than faculty meetings (such as written or electronic communications) that are used to inform faculty about issues of importance at the medical school.

1.4 AFFILIATION AGREEMENTS

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

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

1.4 SUPPORTING DATA

Table 1.4-1 | Affiliation Agreements   Source: School-reported

For each inpatient clinical teaching site used for required clinical clerkships, provide the page number in the current affiliation agreement where passages containing the following information appear. Add rows as needed.

1. Assurance of medical student and faculty access to appropriate resources for medical student education.
2. Primacy of the medical education program's authority over academic affairs and the education/assessment of medical students.
3. Role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching.
4. Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.
5. **Shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment.**

		Page Number(s)				
Clinical teaching site	Date agreement signed	(1) Access to resources	(2) Primacy of program	(3) Faculty appointments	(4) Environment al hazard	(5) Learning environment

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.4

1. The signed/executed affiliation agreement for each clinical teaching site at which students complete the inpatient portions of required (core) clinical clerkships and/or integrated longitudinal clerkships. This does not include clinical teaching sites only used for electives or selectives or those used for ambulatory teaching.

Note: Each affiliation agreement should be saved (associated in ASSET) as a separate document and named according to the following convention: 1.4._AA_Site Name.

1.5 BYLAWS

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

1.5 NARRATIVE RESPONSE

   a.   Provide the date of the most recent revision of the bylaws that apply to the medical school.

   b.   Describe the process for changing bylaws, including the individuals and groups that must approve changes.

   c.   Briefly describe how the bylaws are made available to the faculty.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.5

   1.   The table of contents of the faculty bylaws that apply to the medical school.

Note: the full bylaws that apply to the medical school should be available in the survey team's home room during the survey visit or available online.

1.6 ELIGIBILITY REQUIREMENTS

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

1.6 SUPPORTING DATA

a. Provide the state in which the institution is chartered/legally authorized to offer the MD degree.

b. Place a "Y" next to the institutional (regional) accrediting body that accredits the medical school or parent institution:

	Middle States Association of Colleges and Schools
	New England Association of Schools and Colleges
	North Central Association of Colleges and Schools
	Northwest Commission on Colleges and Universities
	Southern Association of Colleges and Schools
	Western Association of Colleges and Schools

c. Provide the current institutional accreditation status.

d. Provide the year of the next institutional accreditation survey.

STANDARD 2: LEADERSHIP AND ADMINISTRATION

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

2.1 ADMINISTRATIVE OFFICER AND FACULTY APPOINTMENTS

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

2.1 NARRATIVE RESPONSE

a. Briefly describe the role of the primary institutional governing board in the appointment of members of the medical school administration, including the dean, the dean's staff, and members of the faculty. Note if the governing board has delegated the responsibility for some or all of these appointments to another individual (e.g., the university president, provost, medical school dean).

2.2 DEAN'S QUALIFICATIONS

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

2.2 NARRATIVE RESPONSE

a. Provide a brief summary of the dean's experience and qualifications to provide leadership in each area of the medical school's mission.

b. Indicate whether the dean has ultimate responsibility for all missions of the medical school or if some of these (e.g., patient care) are under the authority of another administrator.

c. Describe the process used to evaluate the dean, including the interval at which this evaluation takes place.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.2

1. Dean's abbreviated curriculum vitae.

2.3 ACCESS AND AUTHORITY OF THE DEAN

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

2.3 NARRATIVE RESPONSE

a. Summarize the dean's access to university and health system administrators. Provide examples to illustrate how the dean's access to these administrators has ensured that the needs of the medical education program are included in planning activities at these levels.

b. Describe the dean's authority and responsibility for the medical education program based on the position description provided in the supporting documentation.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.3

1. Organizational chart illustrating the relationship of the medical school dean to university administration, to the deans of other schools and colleges, and to the administrators of the health science center and affiliated teaching hospitals (if relevant). If the medical school is part of a larger non-academic entity (not-for-profit or for-profit/investor-owned), the chart should include the relationship of the dean or other senior academic officer to the board of directors or officers of that entity.

2. Dean's position description. If the dean has an additional role (e.g., vice president for health/academic affairs, provost), include that position description, as well.

3. Relevant excerpts from the faculty bylaws or related documents describing the dean's role and/or authority regarding the medical education program.

2.4 SUFFICIENCY OF ADMINISTRATIVE STAFF

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

2.4 SUPPORTING DATA

Table 2.4-1 | Office of the Associate Dean of/for Students   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students who were *satisfied/very satisfied* (aggregated) with the Office of the Associate Dean of/for Students.

	GQ 2014		GQ 2015	
	School %	National %	School %	National %
Accessibility				
Awareness of student concerns				
Responsiveness to student problems				

Table 2.4-2 | Office of the Associate Dean of/for Students   Source: Independent Student Analysis

Provide data from the Independent Student Analysis (ISA), by curriculum year, on the percentage of students who were *satisfied/very satisfied* (aggregated) with the Office of the Associate Dean of/for Students. If requested ISA data are not available, enter N/A as appropriate. Add rows as needed for additional survey questions relevant to the topic.

	Year 1	Year 2	Year 3	Year 4
Accessibility				
Awareness of student concerns				
Responsiveness to student problems				

Table 2.4-3 | Office of the Associate Dean for Educational Programs/Medical Education   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students who were satisfied/very satisfied (aggregated) with the Office of the Associate Dean for Educational Programs/Medical Education.

	GQ 2015		GQ 2016	
	School %	National %	School %	National %
Accessibility				
Awareness of student concerns				
Responsiveness to student problems				

2.4 SUPPORTING DATA (CONTINUED)

Table 2.4-4 | Office of the Associate Dean for Educational Programs/Medical Ed.   Source: Independent Student Analysis

Provide data from the Independent Student Analysis (ISA), by curriculum year, on the percentage of students who were *satisfied/very satisfied* (aggregated) with the Office of the Associate Dean for Educational Programs/Medical Education. If requested ISA data are not available, enter N/A as appropriate. Add rows as needed for additional ISA survey questions relevant to the topic.

	Year 1	Year 2	Year 3	Year 4
Accessibility				
Awareness of student concerns				
Responsiveness to student problems				

Table 2.4-5 | Department Chair Staffing   Source: School-reported

Provide the requested information regarding current department chairs. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed.

Name of Department	Name of Incumbent	Date appointed	For acting/interim chairs, date previous incumbent left

Table 2.4-6 | Dean's Office Administrative Staffing   Source: School-reported

Provide the requested information regarding members of the dean's office staff. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed.

Name of Incumbent	Title	% Effort dedicated to administrative role	Date appointed	For acting/interim staff, date previous incumbent left

Table 2.4-7 | Number of Department Chair Vacancies   Source: School-reported

Indicate the number of *vacant/interim* department chair positions for each of the listed academic years (as available). Use January 1st of the given academic year.

AY 2014-15	AY 2015-16	AY 2016-17

2.4 NARRATIVE RESPONSE

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

b. If there are any department chair vacancies, describe the status of recruitment efforts to fill the position(s).

c. Briefly describe how, how often, and by whom the performance of dean's office staff and department chairs is reviewed.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.4

1. Organizational chart of the dean's office.

2.5 RESPONSIBILITY OF AND TO THE DEAN

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

Note: Only schools operating one or more geographically distributed campus(es) should respond to element 2.5.

2.5 SUPPORTING DATA

Table 2.5-1 | Geographically Distributed Campus(es)　　　　　　　　　　　　Source: School-reported

Provide the requested information for each geographically distributed campus. Add rows as needed.		
Campus	Location	Name and Title of Principal Academic Officer

2.5 NARRATIVE RESPONSE

a.　Describe the role of the medical school dean/designated chief academic officer in overseeing the conduct and quality of the medical education program at all geographically distributed campuses. Provide examples of how this individual monitors the adequacy of faculty at distributed campus(es) and works with the principal academic officer(s) at each campus to remedy any deficiencies.

b.　Using the organizational chart requested in the supporting documentation, describe the reporting relationship between the medical school dean/chief academic officer and the principal academic officer at each geographically distributed campus. Also include a description of the reporting relationship(s) of other campus administrators.

c.　Describe the ways in which the principal academic officer(s) at geographically distributed campus(es) are integrated into the administrative and governance structures of the medical school.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.5

1.　Organizational chart illustrating the reporting relationship of each campus(es) principal academic officer and other campus administrators to the medical school dean/chief academic officer and/or other members of the central medical school administration.

2.　Position description for the role of principal academic officer at a geographically distributed campus.

2.6 FUNCTIONAL INTEGRATION OF THE FACULTY

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

Note: Only schools operating one or more geographically distributed campus(es) should respond to element 2.6.

2.6 NARRATIVE RESPONSE

a. Describe the means by which faculty members in each discipline are functionally integrated across geographically distributed campuses, including activities such as faculty meetings/retreats and visits by departmental leadership. Provide examples of the occurrence of such activities in the past two years.

b. Describe how institutional policies and/or faculty bylaws support the participation of faculty based at geographically distributed campuses in medical school governance (e.g., committee membership).

c. Provide examples of faculty or senior administrative staff based at geographically distributed campuses serving on the medical school's *curriculum* committee.

d. Provide examples of faculty or senior administrative staff based at geographically distributed campuses serving on the medical school's *admission* committee.

e. Provide examples of faculty or senior administrative staff based at geographically distributed campuses serving on the medical school's *executive* committee.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.6

1. Organizational chart(s) illustrating the relationship of preclerkship course site directors to course directors.

2. Organizational chart(s) illustrating the relationship of clerkship site directors to clerkship directors.

STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

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

3.1 RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION

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

3.1 SUPPORTING DATA

Table 3.1-1 | Resident Involvement in Core Clinical Clerkships   Source: School-reported

List each clinical facility at which one or more medical students take a required core clinical clerkship (other than ambulatory, community-based sites). For each clerkship, place a "Y" to indicate that residents in an ACGME-accredited program are involved in medical student education, or an "N" to indicate that residents are not involved in medical student education. Add rows as needed.						
Facility Name	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery

3.1 NARRATIVE RESPONSE

a. If residents are not present at any of the sites where core clinical clerkships are conducted for some or all students (e.g., at a longitudinal integrated clerkship site, a rural clerkship site, or a geographically distributed campus), describe how medical students learn about the expectations and requirements of the next phase of their training.

b. Provide the percentage of medical students in the current academic year who will complete at least one third-year/third-academic period clerkship at a site where residents participate in medical student teaching/supervision. For schools with geographically distributed campuses, provide these data by campus.

3.2 COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES

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

3.2 SUPPORTING DATA

Table 3.2-1 | Student/Faculty Collaborative Research   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students reporting participation in a research project with a faculty member.							
GQ 2013		GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %	School %	National %

Table 3.2-2 | Research Opportunities   Source: School-reported

Provide the total number and percentage of medical students involved in each type of research opportunity for the indicated academic years.		
	AY 2014-15	AY 2015-16
MD/PhD program		
Summer research program		
Year-out for research		
Research elective		
Other: (describe)		

3.2 NARRATIVE RESPONSE

a. Are medical students required to complete a scholarly/research project at some point in the curriculum? If yes, please describe. If students are not required to complete a research project, briefly describe the opportunities for medical students to participate in research, including how medical students are informed about research opportunities.

b. Describe the funding and other resources available to support medical student participation in research.

c. Describe how faculty scholarship is fostered in the medical school. Is there a formal mentorship program to assist faculty in their development as scholars? Describe the infrastructure and resources available to support faculty scholarship (e.g., a research office, support for grant development, seed funding for research project development).

3.3 DIVERSITY/PIPELINE PROGRAMS AND PARTNERSHIPS

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

3.3 SUPPORTING DATA

Table 3.3-1 | Diversity Categories and Definitions   Source: School-reported

Provide definitions for the diversity categories identified in medical school policies that guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Note that the medical school may use different diversity categories for each of these groups. If different diversity categories apply to any of these groups, provide each relevant definition.		
Medical Students	Faculty	Senior Administrative Staff

Table 3.3-2 | Offers Made to Applicants to the Medical School   Source: School-reported

	2015 Entering Class			2016 Entering Class		
Provide the total number of offers of admission to the medical school made to individuals in the school's identified diversity categories for the indicated academic years. Add rows as needed for each diversity category.						
School-identified Diversity Category	# of Declined Offers	# of Enrolled Students	Total Offers	# of Declined Offers	# of Enrolled Students	Total Offers

Table 3.3-3 | Offers Made for Faculty Positions   Source: School-reported

	AY 2014-15			AY 2015-16		
Provide the total number of offers of employment made to individuals in the school's identified diversity categories for faculty positions. Add rows as needed for each diversity category.						
School-identified Diversity Category	# of Declined Offers	# of Faculty Hired	Total Offers	# of Declined Offers	# of Faculty Hired	Total Offers

Table 3.3-4 | Offers Made for Senior Administrative Staff Positions   Source: School-reported

	AY 2014-15			AY 2015-16		
Provide the total number of offers of employment made to individuals in the school's identified diversity categories for senior administrative staff positions. Add rows as needed for each diversity category.						
School-identified Diversity Category	# of Declined Offers	# of Staff Hired	Total Offers	# of Declined Offers	# of Staff Hired	Total Offers

3.3 SUPPORTING DATA (CONTINUED)

Table 3.3-5 | Pipeline Programs and Partnerships   Source: School-reported

List each current program aimed at broadening diversity among qualified medical school applicants. Provide the average enrollment (by year or cohort), target participant group(s) (e.g., college, high school, other students), and a description of any partners/partnerships, if applicable. Add rows as needed.

Program	Year Initiated	Target Participants	Average Enrollment	Partners

Table 3.3-6 | Students, Faculty and Senior Administrative Staff   Source: School-reported

Provide the requested information on the number and percentage of enrolled students, employed faculty, and senior administrative staff in each of the school-identified diversity categories (as defined in table 3.3-1 above).

School-identified Diversity Category	First-Year Students	All Students	Employed/ Full-time Faculty	Senior Administrative Staff

3.3 NARRATIVE RESPONSE

a. Describe preparation, recruitment, and retention programs/activities that exist to enhance diversity (as defined by the school) among the following groups:

1. Medical students
2. Faculty
3. Senior administrative staff

b. Describe the following for activities related to the administration and delivery of programs aimed at developing a diverse pool of medical school applicants, both locally and nationally:

1. The funding sources that the medical school has available
2. The individual personnel dedicated to these activities
3. The time commitment of these individuals
4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean's office, a university office)

c. Describe the following for programs related to the preparation, recruitment, and retention of medical school applicants, medical students, faculty, and senior administrative leadership from school-defined diversity categories:

1. The funding sources that the medical school has available
2. The individual personnel dedicated to these activities
3. The time commitment of these individuals
4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean's office, a university office)

d. Describe the means by which the medical school monitors and evaluates the effectiveness of its pipeline programs and of its other programs to support school-defined diversity among its student body, faculty, and senior administrative staff. Provide evidence of program effectiveness in terms of program outcomes.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.3

1. Formal institutional policies specifically aimed at insuring a diverse student body, faculty, and senior administrative staff.

3.4 ANTI-DISCRIMINATION POLICY

A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.

3.4 NARRATIVE RESPONSE

a.   Describe how the medical school's anti-discrimination policy is made available to members of the medical education community.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.4

1.   The medical school's anti-discrimination policy (or the university policy that applies to the medical school).

3.5 LEARNING ENVIRONMENT/PROFESSIONALISM

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

3.5 SUPPORTING DATA

Table 3.5-1 | Professional Attributes   Source: School-reported

List the professional attributes (behaviors and attitudes) that medical students are expected to develop, the location in the curriculum where formal learning experiences related to these attributes occur, and the methods used to assess student attainment of each attribute. Add rows as needed.		
Attribute	Location(s) in Curriculum	Assessment Method(s)

3.5 NARRATIVE RESPONSE

a. Describe how these professional attributes are made known to faculty, residents, and others in the medical education learning environment.

b. Describe the methods used to evaluate the learning environment in order to identify positive and negative influences on the development of medical students' professional attributes, especially in the clinical setting. Include the timing of these evaluations and the individuals or groups that are provided with the results.

c. Provide examples of strategies used to enhance positive elements and mitigate negative elements identified through this evaluation process.

d. Identify the individual(s) responsible for and empowered to ensure that there is an appropriate learning environment in all settings used for medical student education.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.5

1. Examples of the instrument(s) used to evaluate the learning environment.

3.6 STUDENT MISTREATMENT

A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical education program, 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 behavior. Mechanisms for reporting violations of the code of professional conduct (e.g., incidents of harassment or abuse) are well understood by students and ensure that any violations can be registered and investigated without fear of retaliation.

3.6 SUPPORTING DATA

Table 3.6-1 | Awareness of Mistreatment *Procedures* Among Students   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of medical students that reported *knowing school procedures for reporting the mistreatment of medical students* for each listed year.			
GQ 2015		GQ 2016	
School %	National %	School %	National %

Table 3.6-2 | Awareness of Mistreatment *Policies* Among Students   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of medical students that reported *awareness of school policies regarding the mistreatment of medical students* for each listed year.			
GQ 2015		GQ 2016	
School %	National %	School %	National %

3.6 SUPPORTING DATA (CONTINUED)

Table 3.6-3.a | Student Mistreatment Experiences   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) for the listed year on respondents' experiences with each of the following behaviors during medical school.

	GQ 2015							
	Never		Once		Occasionally		Frequently	
	School %	National %	School %	National %	School %	National %	School %	National %
Publicly embarrassed								
Publicly humiliated								
Threatened with physical harm								
Physically harmed								
Required to perform personal services								
Subjected to unwanted sexual advances								
Asked to exchange sexual favors for grades or other rewards								
Denied opportunities for training or rewards based on gender								
Subjected to offensive, sexist remarks/names								
Received lower evaluations/grades based on gender								
Denied opportunities for training or rewards based on race or ethnicity								
Subjected to racially or ethnically offensive remarks/names								
Received lower evaluations or grades solely because of race or ethnicity rather than performance								
Denied opportunities for training or rewards based on sexual orientation								
Subjected to offensive remarks, names related to sexual orientation								
Received lower evaluations or grades solely because of sexual orientation rather than performance								

3.6 SUPPORTING DATA (CONTINUED)

Table 3.6-3.b | Student Mistreatment Experiences   Data Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) for the listed year on respondents' experiences with each of the following behaviors during medical school.

	GQ 2016							
	Never		Once		Occasionally		Frequently	
	School %	National %	School %	National %	School %	National %	School %	National %
Publically embarrassed								
Publicly humiliated								
Threatened with physical harm								
Physically harmed								
Required to perform personal services								
Subjected to unwanted sexual advances								
Asked to exchange sexual favors for grades or other rewards								
Denied opportunities for training or rewards based on gender								
Subjected to offensive, sexist remarks/names								
Received lower evaluations/grades based on gender								
Denied opportunities for training or rewards based on race or ethnicity								
Subjected to racially or ethnically offensive remarks/names								
Received lower evaluations or grades solely because of race or ethnicity rather than performance								
Denied opportunities for training or rewards based on sexual orientation								
Subjected to offensive remarks, names related to sexual orientation								
Received lower evaluations or grades solely because of sexual orientation rather than performance								

Table 3.6-4 | Student Mistreatment Experiences by Curriculum Year   Source: Independent Student Analysis

Provide data on student mistreatment from the independent student analysis by curriculum year. Add rows for each relevant question area on the student survey.

Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4

3.6 NARRATIVE RESPONSE

a. Summarize the procedures used by medical students, faculty, or residents to report observed incidents of mistreatment and unprofessional behavior in the learning environment. Describe how reports are made and identify the individuals to whom reports can be directed. Describe the way in which the medical school ensures that allegations of mistreatment can be made and investigated without fear of retaliation. Describe the process(es) used for follow-up when reports of unprofessional behavior have been made.

b. Describe how medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff are informed about the medical school's standard of conduct in the faculty-student relationship and about medical student mistreatment policies.

c. How, by whom, and how often are data regarding the frequency of medical students experiencing negative behaviors (mistreatment) collected? How, by whom, and how often are the data on medical student mistreatment reviewed? How are these data used in efforts to reduce medical student mistreatment? Note recent actions that have been taken in response to the data from the AAMC GQ or student surveys related to the incidence of mistreatment.

d. If data from the independent student analysis address the issue of student mistreatment, summarize areas of concern by class. Compare the findings from the independent student analysis with those from the AAMC GQ, illustrating any areas of consistency or inconsistency.

e. Describe recent educational activities for medical students, faculty, and residents that were directed at preventing student mistreatment.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.6

1. Formal medical school or university policies addressing the standards of conduct in the faculty-student relationship, including student mistreatment policies.

2. Formal policies and/or procedures for responding to allegations of medical student mistreatment, including the avenues for reporting and mechanisms for investigating reported incidents.

3. For medical education programs with geographically distributed campuses, provide data for each campus and comment on any differences among campuses.

STANDARD 4: FACULTY PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES

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

4.1 SUFFICIENCY OF FACULTY

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

4.1 SUPPORTING DATA

Table 4.1-1 | Total Faculty   Source: School-reported

Provide the total number of full-time, part-time, and volunteer faculty in the basic science and clinical departments for each listed academic year (as available).

Academic Year	Full-Time Faculty		Part-Time Faculty		Volunteer Faculty	
	Basic Science	Clinical	Basic Science	Clinical	Basic Science	Clinical
2012-13						
2013-14						
2014-15						
2015-16						
2016-17						

Table 4.1-2 | Basic Science Faculty   Source: School-reported

List each of the medical school's *basic science (pre-clerkship)* departments and provide the number of faculty in each. Only list those departments (e.g., pathology) included in the faculty counts in table 4.1-1. Schools with one or more geographically distributed campus(es) should also provide the campus name. Add rows as needed.

Campus	Department	Full-Time Faculty					Part-Time Faculty
		Professor	Associate Professor	Assistant Professor	Instructor/ Other	Vacant	

Table 4.1-3 | Basic Science Teaching Responsibilities   Source: School-reported

List each of the medical school's *basic science (pre-clerkship)* departments and indicate whether required courses are taught for each listed student-type (Y for yes, N for no). Only list courses for which departmental faculty have primary and ongoing responsibilities (e.g., reporting final grades to the registrar). Only include interdisciplinary courses once per department. Add rows as needed.

Campus	Department	Student Type					
		Medical	Graduate	Dental	Nursing	Allied Health	Undergraduate

4.1 SUPPORTING DATA (CONTINUED)

Table 4.1-4 | Clinical Faculty   Source: School-reported

List each of the medical school's *clinical departments* and provide the number of faculty in each. Only list departments included in the faculty counts in table 4.1-1. Schools with one or more geographically distributed campus should provide the campus name in each row. Add rows as needed.

		Full-Time Faculty					Other / Not Full-Time	
Campus	Department	Professor	Associate Professor	Assistant Professor	Instructor/ Other	Vacant	Part-Time Faculty	Volunteer

Table 4.1-5 | Clinical Teaching Responsibilities   Source: School-reported

List each of the medical school's *clinical* departments and indicate whether required courses are taught for each listed student-type (Y for yes, N for no). Only list courses for which departmental faculty have primary and ongoing effort (e.g., reporting final grades to the registrar). Only include interdisciplinary courses once per department. Only report Pathology data if Pathology is included as a clinical department in table 4.1-1. Add rows as needed.

		Student Type					
Campus	Department	Medical	Dental	Nursing	Allied Health	Public Health	Other (specify)

Table 4.1-6 | Protected Faculty Time   Source: School-reported

Provide the amount of protected time (i.e., time with salary support) that the following individuals have for their educational responsibilities (include a range if not consistent within each group). Add rows as needed.

Faculty Type	Amount
Preclerkship/preclinical course directors, including directors of clinical skills courses	
Clerkship directors	
Chair of the curriculum committee	

4.1 NARRATIVE RESPONSE

a. List all faculty with substantial teaching responsibilities who are on-site at their teaching location for fewer than three months during the academic year.

b. Describe anticipated faculty attrition over the next three years, including faculty retirement.

c. Describe faculty recruitment activities, by discipline, planned over the next three academic years and provide the anticipated timing of these activities.

4.2 SCHOLARLY PRODUCTIVITY

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

4.2 SUPPORTING DATA

Table 4.2-1 | Scholarly Productivity   Source: School-reported

Provide the total number of each type of scholarly work, by department (basic science and clinical), from the most recently completed year (academic or calendar year, whichever is used in the medical school's accounting of faculty scholarly efforts).				
Department	Articles in peer-review journals	Published books/ book chapters	Faculty co-investigators or PI's on extramural grants	Other peer-reviewed scholarship*
*Provide a definition of "other peer-reviewed scholarship", if this category is used:				
Provide the year used for these data:				

4.2 NARRATIVE RESPONSE

a. Describe the institution's expectations for faculty scholarship, including whether scholarly activities are required for promotion and retention of some or all faculty.

4.3 FACULTY APPOINTMENT POLICIES

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

4.3 NARRATIVE RESPONSE

a.   Provide a brief description of each faculty employment track, including the qualifications required for each. Describe how faculty members are notified about and assigned to a specific track.

b.   Describe how and when faculty members are notified of the following:

   1.   Terms and conditions of employment, including privileges
   2.   Benefits
   3.   Compensation, including policies on practice earnings

c.   Describe how and when faculty members are initially notified about their responsibilities in teaching, research and, where relevant, patient care and whether such notification occurs on an ongoing basis.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 4.3

1.   Medical school or university policies for initial faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal. Note when these policies were last reviewed and approved.

4.4 FEEDBACK TO FACULTY

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

4.4 NARRATIVE RESPONSE

a. Describe how and when faculty members receive formal feedback from departmental leaders (i.e., the department chair or division/section chief) on their academic performance, progress toward promotion and, if relevant, tenure.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 4.4

1. Medical school or university policies that require faculty to receive regular formal feedback on their performance and their progress toward promotion and, if relevant, tenure. Note when these policies were last reviewed and approved.

4.5 FACULTY PROFESSIONAL DEVELOPMENT

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

4.5 NARRATIVE RESPONSE

a. Describe the availability of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Describe the organizational placement of such individuals (e.g., faculty development office, medical school dean's office, university office) and the amount of time they have available for faculty development efforts.

b. Describe how the medical school identifies faculty development programming needs.

c. Describe how faculty are informed about the availability of faculty development programming and the steps that are taken to ensure that faculty development is accessible at all instructional sites, including geographically distributed campuses.

d. Describe the means by which problems identified with an individual faculty member's teaching and assessment skills are remediated.

e. Describe the availability of funding to support faculty participation in professional development activities related to their respective disciplines (e.g., attendance at professional meetings) and to their roles as teachers (e.g., attendance at regional/national medical education meetings).

f. Provide examples of formal activities at the departmental, medical school, and/or university level used to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement. List the personnel available to assist faculty in acquiring and enhancing such skills.

g. Describe the specific programs or activities offered to assist faculty in preparing for promotion.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 4.5

1. Provide a list of the faculty development programs (e.g., workshops, lectures, seminars) that were provided during the most recent academic year, including general topic and attendance, and the locations where these programs were offered.

4.6 RESPONSIBILITY FOR EDUCATIONAL PROGRAM POLICIES

At a medical school, the dean and a committee of the faculty determine the governance and policymaking processes of the program.

4.6 NARRATIVE RESPONSE

a. If there is an executive committee or other similar medical school leadership group responsible for working with the dean to determine medical school policies, describe its membership and how often it meets. Provide examples of the committee's priority areas during the most recent academic year.

STANDARD 5: EDUCATIONAL RESOURCES AND INFRASTRUCTURE

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

STANDARD 5 OVERVIEW DATA

Table 5.0-1 | Medical School Revenue Sources   Source: LCME Part I-A Annual Financial Questionnaire

Provide the requested revenue totals from the LCME Part I-A Annual Financial Questionnaire (AFQ) for each indicated fiscal year (FY) and the *percentage of total revenues* represented by each amount. Use the "total revenues" from the AFQ (line 274) for this calculation.				
	FY 2014		FY 2015	
	$	% of Total Revenues	$	% of Total Revenues
Total tuition and fees				
Medical students				
Other students				
Revenues from T&F assessed to grad. students in medical sch. programs Revenues from continuing medical education programs Other tuition and fees revenues)				
Total government and parent support				
Federal appropriations				
Adjusted state and parent support				
Local appropriations				
Total grants and contracts				
Federal direct				
State and local direct				
Other direct				
Total facilities and administration (indirect)				
Practice plans/Other medical services				
Total hospital revenues				
University-owned				
Department of Veterans Affairs				
Other affiliated hospitals				
Total gifts				
Restricted gift funds Revenues from unrestricted gift funds				
Endowment income				
Restricted endowment funds Income from unrestricted endowment funds				
Other revenues				
Total revenues				
Total expenses and transfers				

5.1 ADEQUACY OF FINANCIAL RESOURCES

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

5.1 NARRATIVE RESPONSE

a. Summarize trends in the funding sources available to the medical school, including an analysis of their stability. Describe any substantive changes to the medical school during the three fiscal years prior to the date of the upcoming full survey visit in the following areas:

    1. Total revenues
    2. Operating margin
    3. Revenue mix
    4. Market value of endowments
    5. Medical school reserves
    6. Debt service
    7. Outstanding debt
    8. Departmental reserves

b. Describe any substantive changes anticipated by the medical school in the following areas during the three fiscal years following the upcoming full survey visit, and explain the reasons for any anticipated changes.

    1. Total revenues
    2. Revenue mix
    3. Obligations and commitments (e.g., ongoing commitments based on prior chair searches)
    4. Reserves (amount and sources)

c. Describe the medical school's annual budget process and the budgetary authority of the medical school dean.

d. Describe the ways in which the medical school's governance, through its board of directors and its organizational structure, supports the effective management of its financial resources. Describe how lines of authority are defined, the internal controls that are in place, the degree of oversight provided by the state/parent/governing board in managing medical school resources, and the relationship between the medical school dean and department chairs in managing departmental resources.

e. Describe the ways that current and projected capital needs for the missions of the medical school are being addressed. Describe the medical school's policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

f. Describe the extent to which financial reserves have been used to balance the operating budget in recent years.

g. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 5.1

1. The school's responses to the most recent LCME Part I-A Annual Financial Questionnaire, consisting of the following:

    a. Signature Page
    b. Current Funds Revenues, Expenditures and Transfers - Data Entry Sheet
    c. Schedules A-E inclusive
    d. Revenues and Expenditures History

2. The school's responses to the web-based companion survey to the LCME Part I-A Annual Financial Questionnaire, the "Overview of Organization and Financial Characteristics Survey."

3. A revenue and expenditures summary for the fiscal year in which the full survey takes place (based on budget projections) and for each of the prior three fiscal years. Use the format and row labels from the "Revenues and Expenditures History" from the school's completed LCME Part I-A Annual Financial Questionnaire (it is the last page of the AFQ).

4. A copy of the most recent audited financial statements for the medical school and/or the medical school's parent organization or company. For medical schools owned or operated by a parent organization or company, submit audited financial statements for the parent organization or company that are consolidated to include all related component units and entities controlled by the parent organization or company. Provide the most current information in the material submitted three months prior to the survey visit.

5.2 DEAN'S AUTHORITY/RESOURCES

The dean of a medical school has sufficient resources and budgetary authority to fulfill his or her responsibility for the management and evaluation of the medical curriculum.

5.2 NARRATIVE RESPONSE

a. Provide the name and title of the individual responsible for the education program for medical students, referred to here as the chief academic officer (CAO).

If the dean is *not* the CAO, and responsibility for the medical education program is delegated to an associate dean or other individual serving as CAO, provide the name and title of this individual, as well as the percentage of time they devote to this administrative responsibility.

Name	Title	% Time (if applicable)

b. Describe how the CAO participates in institution-level planning to ensure that the resource needs of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are considered.

c. Briefly describe the organizational locus (e.g., an office of medical education) of administrative and/or academic support for the planning, implementation, evaluation, and oversight of the curriculum and for the development and maintenance of the tools (such as a curriculum database) to support curriculum monitoring and management. Note the reporting relationships of the director(s) of any such office(s)/unit(s).

d. Provide the names and titles of the staff leadership (e.g., director of assessment, institutional computing) responsible for providing administrative or academic support for the planning, implementation, and evaluation of the curriculum and for student assessment. Include the percentage of time contributed by each individual to this effort. Add rows as needed.

Name of staff leader	Title	% Time (if applicable)	# of staff reporting to leader

e. Describe how and by whom the budget to support the medical education program is determined and allocated. Note if funding allocation to departments and other units with teaching responsibility is done according to a formula (e.g., based on the amount of teaching done by a department) or based on some other method (e.g., historical precedent).

5.3 PRESSURES FOR SELF-FINANCING

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

5.3 SUPPORTING DATA

Table 5.3-1 | Tuition and Fees   Source: LCME Part I-A Annual Financial Questionnaire

Percentage of total revenue from tuition and fees as reported on the LCME Part I-A Annual Financial Questionnaire (AFQ) for the indicated years. Note: This is derived using data from the AFQ section titled "Current Funds Revenues, Expenditures and Transfers – Data Entry Sheet". Please divide "TOTAL TUITION AND FEES REVENUES" (line 23, column K) by "TOTAL REVENUES REPORTED ABOVE" (line 274, column K).			
FY 2012	FY 2013	FY 2014	FY 2015

5.3 NARRATIVE RESPONSE

a. Describe how and at what institutional level (e.g., the medical school administration, the university administration, the board of trustees) the size of the medical school entering class is set. In making decisions about class size, describe how medical school resources, such as space, faculty numbers, and teaching responsibilities, are taken into account.

b. Describe how tuition and fees are set for the medical school.

c. If tuition and fees or any other revenue source comprises more than 50% of the medical school's total annual revenues, describe any plans to diversify revenue sources.

d. Describe any current institutional pressures for the medical school to generate revenue from tuition, clinical care, and/or research and how these pressures are being managed to ensure the ongoing quality of the medical education program.

5.4 SUFFICIENCY OF BUILDINGS AND EQUIPMENT

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

5.4 SUPPORTING DATA

Table 5.4-1 | Year 1 Classroom Space   Source: School-reported

Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching/ simulation space, small group discussion room, etc.) used for each instructional format during *year one* of the medical curriculum. Only include space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed.			
Room Type/Purpose	# of rooms of this size/type	Seating Capacity (provide a range if variable across rooms)	Building(s) where rooms are located

Table 5.4-2 | Year 2 Classroom Space   Source: School-reported

Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching/ simulation space, small group discussion room, etc.) used for each instructional format during *year two* of the medical curriculum. Only include space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed.			
Room Type/Purpose	# of rooms of this size/type	Seating Capacity (provide a range if variable across rooms)	Building(s) where rooms are located

Table 5.4-3 | Faculty Offices and Research Labs   Source: School-reported

Provide the number of faculty offices and research laboratories in each academic department of the medical school. Add rows as needed.			
Department name	# of full-time faculty	# of offices	# of research labs

5.4 NARRATIVE RESPONSE

a. If educational spaces used for required classes in years one and two of the medical curriculum (e.g., lecture halls, laboratories, small group rooms) are shared with other schools/programs provide the office or individual responsible for scheduling the spaces and note if the medical education program has priority in any scheduling decisions.

b. Describe any recent challenges in obtaining access to needed teaching space and how these have been resolved.

c. Describe any recent teaching space renovations or construction. If there has been a recent increase in class size, note whether teaching space has also expanded (e.g., increases in room size and/or number).

d. Describe the facilities used for teaching and assessment of students' clinical and procedural skills. Note if this space is also used for patient care or research. Identify if students from other health professions programs or residents also use these facilities and describe how scheduling conflicts are resolved.

e. Describe any substantive changes in facilities for education and/or research anticipated by the medical school over the *next three years.* Note if any renovation or new construction is planned.

5.5 RESOURCES FOR CLINICAL INSTRUCTION

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

5.5 SUPPORTING DATA

Table 5.5-1 | Clinical-site Patient Volume   Source: School-reported

Provide the requested information for each hospital used for the inpatient portion of one or more required clinical clerkships (or longitudinal integrated clinical clerkships). Schools with geographically distributed campuses should include the campus name for each facility. Add rows as needed.				
Facility Name/Campus (if applicable)	# of beds in use	Average daily occupancy	# of admissions per year	# of outpatient visits per year

Table 5.5-2 | Inpatient Teaching Facilities   Source: School-reported

Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship) taking place at an inpatient facility. Only provide information for services used for required clinical clerkships at each hospital. Schools with geographically distributed campuses should include the campus name for each facility. Add rows as needed.				
Facility Name/Campus (if applicable)	Clerkship	Average daily census	Average # of Students Per Clerkship (Range)	
			School's medical students	Medical students from other schools

Table 5.5-3 | Inpatient Teaching Sites by Clerkship   Source: School-reported

List all *inpatient teaching sites* where medical students take one or more required clerkships. Indicate the clerkship(s) offered at each site by placing a "√" in the appropriate column. List other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health). Schools with geographically distributed campuses should include the campus name for each facility. Add rows as needed.							
Facility Name/Campus (if applicable)	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other (list)

5.5 SUPPORTING DATA (CONTINUED)

Table 5.5-4 | Ambulatory Teaching Sites by
Clerkship   Source: School-reported

For each type of *ambulatory teaching site* where medical students take one or more required clerkships, indicate the clerkship(s) offered at this type of site by placing a "√" in the appropriate column. Add other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health Add rows and columns as needed.

Facility Type	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other (list)
University Hospital Clinic							
Community Hospital Clinic							
Health Center							
Private Physician Office							
Rural Clinic/AHEC							
Other Type of Site (list)							

5.5 NARRATIVE RESPONSE

a. Describe how the medical school determines that the mix of inpatient and ambulatory settings used for required clinical clerkships provides adequate numbers and types of patients in each discipline.

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

5.6 CLINICAL INSTRUCTIONAL FACILITIES/INFORMATION RESOURCES

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

5.6 SUPPORTING DATA

Table 5.6-1 | Inpatient Hospital Clerkship Resources   Source: School-reported

List each hospital used for the inpatient portion of one or more required clinical clerkships. Indicate whether the indicated resource is available for medical student use by placing a "√" in the appropriate column heading. Schools with geographically distributed campuses should include the campus name for each facility. Add rows as needed.					
Facility Name/ Campus (if applicable)	Lecture / Conf. Room	Study Area	Computers	Call Rooms	Lockers/ Secure Storage

Table 5.6-2 | Inpatient Hospital Clerkship Resources by Curriculum Year   Source: School-reported

As available, provide data from a single, recent academic year from either the independent student analysis, clerkship evaluations, or other source, on student satisfaction with the resources available at hospitals used for the inpatient and outpatient portions of required clinical clerkships, including resources pertaining to education. Add rows for each relevant question, and indicate the year and source of these data.		
Survey Question	YEAR 3	YEAR 4
Data year and source:		

5.6 NARRATIVE RESPONSE

a. Comment on the adequacy of resources to support medical student education at each inpatient site used for required core clinical clerkships, including space for clinical teaching (conferences/rounds), access to library resources, information technology (computers and internet access), and study space.

b. If problems with the availability of resources were identified at one or more sites, provide the data by site and describe the steps being taken to address any identified problems.

5.7 SECURITY, STUDENT SAFETY, AND DISASTER PREPAREDNESS

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

5.7 SUPPORTING DATA

Table 5.7-1 | Student Safety and Security by Curriculum Year   Source: Independent Student Analysis

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with safety and security at all instructional sites. Add rows for each relevant question on the student survey, and/or for instructional sites.

Instructional Site/Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4

5.7 NARRATIVE RESPONSE

a. Describe the security system(s) in place and the personnel available to provide a safe learning environment for medical students during the following times/situations. If the medical school has geographically distributed campuses, describe the security systems in place at each campus.

   1. During regular classroom hours on campus
   2. Outside of regular classroom hours on campus
   3. At clinical teaching sites

b. Describe the protections available to medical students at instructional sites that may pose special physical dangers (e.g., during interactions with patients in detention facilities).

c. Describe how medical students and faculty are informed of institutional emergency and disaster preparedness policies and plans.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 5.7

1. Copies of medical school or university emergency and disaster preparedness policies, procedures, and plans, as they relate to medical students, faculty, and staff.

5.8 LIBRARY RESOURCES/STAFF

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

5.8 SUPPORTING DATA

Table 5.8-1 | Student Satisfaction with the Library   Source: AAMC GQ - Student Affairs/Other Student Services

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied (*aggregated) with the library.					
GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %

Table 5.8-2 | Student Satisfaction with the Library by Curriculum Year   Source: Independent Student Analysis

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with the library and library resources. Add rows for each relevant question on the student survey.				
Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4

Table 5.8-3 | Medical School Library Resources and Space   Source: School-reported

Provide the following information for the most recent academic year. Schools with geographically distributed campuses may add rows for each additional library.					
Library/ Campus (as appropriate)	Total current journal subscriptions (all formats)	# of book titles (all formats)	# of databases	Total user seating	# of public workstations

Table 5.8-4 | Medical School Library Staffing   Source: School-reported

Provide the number of staff FTEs in the following areas, using the most recent academic year. Schools with geographically distributed campuses may add rows for each additional library/campus.		
Professional Staff	Technical and Paraprofessional Staff	Part-time Staff (e.g., student workers)

5.8 NARRATIVE RESPONSE

a. Provide the title and organizational locus of the individual to whom the library director reports.

b. Describe how the library supports medical education. Is the library staff involved in curriculum planning, curriculum governance (e.g., by participation in the curriculum committee or its subcommittees), or in the delivery of any part of the medical education program?

c. List any other schools and/or programs served by the main medical school library.

d. Describe medical student and faculty access to electronic and other library resources across all sites, including geographically distributed campuses. Are the library collections listed above available to medical students and faculty at sites separate from the medical school campus?

e. Briefly summarize any partnerships that extend the library's access to information resources. For example, does the library interact with other university and/or affiliated hospital libraries?

f. List the regular library hours. If there are additional hours during which medical students have access to all or part of the library for study, describe these as well.

5.9 INFORMATION TECHNOLOGY RESOURCES/STAFF

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

5.9 SUPPORTING DATA

Table 5.9-1 | Student Satisfaction with Computer Resource Center   Source: AAMC GQ –Student Affairs/Other Student Services

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on percentage of respondents who were *satisfied/very satisfied* (aggregated) with the computer resource center.					
GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %

Table 5.9-2 | Student Satisfaction with IT Resources by Curriculum Year   Source: Independent Student Analysis

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with computer/IT resources. Add rows for each relevant question area on the student survey. Schools with geographically distributed campuses should specify the campus in each row.				
Survey Question (Campus as applicable)	YEAR 1	YEAR 2	YEAR 3	YEAR 4

Table 5.9-3 | Medical School IT Resources   Source: School-reported

Provide the following information based on the most recent academic year. Schools with geographically distributed campuses should specify the campus in each row.					
Campus (if applicable)	How many computer classrooms are accessible to medical students?	How many computers or workstations are in each computer classroom?	Is there a wireless network on campus? (Y/N)	Is there a wireless network in classrooms and study spaces? (Y/N)	Are there sufficient electrical outlets in educational spaces to allow computer use? (Y/N)

Table 5.9-4 | Medical School IT Services Staffing   Source: School-reported

Provide the number of IT staff FTEs in the following areas, using the most recent academic year. Schools with geographically distributed campuses may add rows for each additional campus.			
Total # of IT Staff FTEs	Professional Staff	Technical and Support Staff	Part-time Staff (e.g., student workers)

5.9 NARRATIVE RESPONSE

a. If a wireless network is not available in classrooms and study spaces describe the adequacy of internet access points in educational spaces (e.g., in large classrooms, small classrooms, student study space).

b. Describe the availability of telecommunications technology that links all instructional sites/campuses and how Information Technology (IT) services support(s) the delivery of distributed education. Describe how medical students, residents, and faculty are able to access educational resources (e.g., curriculum materials) from off-campus sites.

c. Provide the title and organizational locus of the individual to whom the medical school IT director reports.

d. Describe the ways that staff members in the IT services unit are involved in curriculum planning and delivery. For example, do IT services staff assist faculty in developing instructional materials, assist in developing or maintaining the curriculum database or other curriculum management applications, or help faculty learn to use the technology for distance education?

e. List any other schools or programs served by the IT services unit(s).

5.10 RESOURCES USED BY TRANSFER/VISITING STUDENTS

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

5.10 SUPPORTING DATA

Table 5.10-1 | Transfer Students   Source: School-reported

Provide the number of visiting and transfer students for each indicated academic year.			
	AY 2013-14	AY 2014-15	AY 2015-16
Transfer students into the second year (or into the preclerkship phase for a three-year program)			
Transfer students into the third year (or into the beginning of the clerkship phase for a three-year program)			
Transfer students into the fourth year (or the third year of a three-year program)			
Visiting students completing required core clerkships			
Visiting students completing clinical electives and/or other courses			

5.10 NARRATIVE RESPONSE

a. Describe how and by whom the following decisions are made:

   1. The number of transfer students to be accepted into each year of the curriculum
   2. The number of visiting students accepted for electives by departments

b. Describe how the medical school ensures that resources are adequate to support the numbers of transfer and visiting students that are accepted.

c. Describe who is responsible for maintaining an accurate roster of visiting medical students and ensuring that the program's requirements for visiting medical students are being met.

5.11 STUDY/LOUNGE/STORAGE SPACE/CALL ROOMS

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

5.11 SUPPORTING DATA

Table 5.11-1 | Student Satisfaction with Study Space   Source: AAMC GQ – Student Affairs/Other Student Services

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with study space.					
GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %

Table 5.11-2 | Student Satisfaction with Study Space by Curriculum Year   Source: Independent Student Analysis

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with study space. Add rows for each relevant question area on the student survey.				
Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4

Table 5.11-3 | Student Satisfaction with Relaxation Space   Source: AAMC GQ –Student Affairs/Other Student Services

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with relaxation space.					
GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %

Table 5.11-4 | Student Satisfaction with Relaxation Space by Curriculum Year   Source: Independent Student Analysis

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with available relaxation space. Add rows for each relevant question on the student survey.				
Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4

5.11 SUPPORTING DATA (CONTINUED)

Table 5.11-5 | Study Space   Source: School-reported

Place a "√" under each type of study space available at the listed locations. If a type of study space is not available at all affiliated hospitals or geographically distributed campuses, describe the locations where study space is available for these students.				
	Library	Central Campus Classroom Building(s)	Affiliated Hospitals	Geographically Distributed Campus(es)
Small room used only for group study				
Classroom that may be used for study when free				
Individual study room				
Individual study carrel				
Individual open seating				

Table 5.11-6 | Call Room Availability   Source: School-reported

List each hospital used for a required clinical clerkship at all locations, including geographically distributed campuses. Place a "Y" under each column as appropriate.		
Hospital	Call in one or more clerkships?	Call rooms available for medical students?

5.11 NARRATIVE RESPONSE

a. Describe the locations of lounge/relaxation space, and personal lockers or other secure storage areas for student belongings on the central campus and on each geographically distributed campus (if applicable) for students in the preclerkship and clerkship portions of the curriculum. Note if the space is solely for medical student use or if it is shared with others.

b. Describe the availability and accessibility of secure call rooms, if needed for overnight call, at each site used for required clinical clerkships.

5.12 REQUIRED NOTIFICATIONS TO THE LCME

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

5.12 SUPPORTING DATA

Table 5.12-1 | New Medical Student Admissions   Source: School-reported

Provide the number of new medical students (not repeating students) admitted in each of the indicated academic years.				
AY 2012-13	AY 2013-14	AY 2014-15	AY 2015-16	AY 2016-17

5.12 NARRATIVE RESPONSE

a.   If the class size increased over any of the indicated thresholds, was the LCME notified?

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 5.12

1.   Examples of any notifications made to the LCME of changes in medical student enrollment, curriculum, finances, clinical affiliations, and/or other institutional resources.

STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN

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

STANDARD 6 OVERVIEW DATA

Table 6.0-1 | Year/Phase 1 Instructional Formats   Source: School-reported

Using the most recently completed academic year, list each course from <u>year one</u> of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that "small group" includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. If "other" is selected, describe the other format in the text. Add rows as needed.

Course	Number Of Formal Instructional Hours Per Course					
	Lecture	Lab	Small Group	Patient Contact	Other	Total
Total						

Table 6.0-2 | Year/Phase 2 Instructional Formats   Source: School-reported

Using the most recently-completed academic year, list each course from <u>year two</u> of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that "small group" includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. If "other" is selected, describe the other format in the text. Provide a definition of "other" if selected. Add rows as needed.

Course	Number Of Formal Instructional Hours Per Course					
	Lecture	Lab	Small Group	Patient Contact	Other	Total
Total						

Table 6.0-4 | Year/Phase 3-4 Weeks/Formal Instructional Hours per Clerkship   Source: School-reported

Provide data from the most recently-completed academic year on the total number of weeks and formal instructional hours (lectures, conferences, and teaching rounds) for each clerkship in <u>years three-four</u> of the curriculum. Provide a range of hours if there is significant variation across sites. Note that hours devoted to patient care activities should NOT be included.

Clerkship	Total Weeks	Typical Hours per Week of Formal Instruction

STANDARD 6 NARRATIVE RESPONSE

a.   Provide a separate, brief description of each parallel curriculum ("track"). Include the following information in each description, and highlight the difference(s) from the curriculum of the standard medical education program:

  1.   The location of the parallel curriculum (main campus or geographically distributed campus)
  2.   The year the parallel curriculum was first offered
  3.   The focus of the parallel curriculum, including the additional objectives that students must master
  4.   The general curriculum structure (including the sequence of courses/clerkships in each curriculum year/phase)
  5.   The number of students participating in each year of the parallel curriculum

6.1 PROGRAM AND LEARNING OBJECTIVES

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

6.1 SUPPORTING DATA

Table 6.1-1 | Competencies, Program Objectives, and Outcome Measures   Source: School-reported

List each general competency expected of graduates, the related medical education program objectives, and the outcome measure(s) specifically used to assess students' attainment of each related objective and competency. Add rows as needed.		
General Competency	Medical Education Program Objective(s)	Outcome Measure(s) for Objective

6.1 NARRATIVE RESPONSE

a. Provide the year in which the current medical education program objectives were last reviewed and approved.

b. Describe the process used to develop the medical education program objectives and to link them to relevant competencies. Identify the groups that were responsible for development, review, and approval of the most recent version of the medical education program objectives.

c. Describe how the medical school has identified outcome measures and linked them to each medical education program objective. How does the medical school ensure that the outcome measures selected are sufficiently specific to allow a judgment that each of the medical education program objectives have been met?

d. Describe how medical education program objectives are disseminated to each of the following groups:

   1. Medical students
   2. Faculty with responsibility for teaching, supervising, and/or assessing medical students
   3. Residents with responsibility for teaching, supervising, and/or assessing medical students

e. Describe how learning objectives for each required course and clerkship are disseminated to each of the following groups:

   1. Medical students
   2. Faculty with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship
   3. Residents with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship

6.2 REQUIRED CLINICAL EXPERIENCES

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

6.2 SUPPORTING DATA

Table 6.2-1 | Required Clinical Experiences   Source: School-reported

For each required clinical clerkship or discipline within a longitudinal integrated clerkship, list and describe each patient type/clinical condition, required procedure/skill, and clinical setting that medical students are required to encounter, along with the corresponding level(s) of student responsibility.				
Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting(s)	Level of Student Responsibility

6.2 NARRATIVE RESPONSE

a. Provide a definition for the terms used under "Levels of Student Responsibility" in table 6.2-1.

b. Describe how the list of required clinical encounters and procedural skills was initially developed.

c. Describe how and by which individuals and groups the list of required clinical encounters and skills was reviewed and approved. Note if the curriculum committee or other central oversight body (e.g., a clerkship directors committee) played a role in reviewing and approving the list of patient types/clinical conditions and skills across courses and clerkships.

d. Describe which individuals and/or groups developed the list of alternatives designed to remedy gaps when students are unable to access a required encounter or perform a required skill. How was the list developed? Which individuals and groups approved the list?

e. Describe how medical students, faculty, and residents are informed of the required clinical encounters and skills.

6.3 SELF-DIRECTED AND LIFE-LONG LEARNING

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

6.3 NARRATIVE RESPONSE

a. Describe the learning activities, and the courses in which these learning activities occur during the first two years (phases) of the curriculum, where students engage in <u>all</u> of the following components of self-directed learning as a unified sequence (use the names of relevant courses and clerkships from the Overview tables when answering):

1. Identify, analyze, and synthesize information relevant to their learning needs
2. Assess the credibility of information sources
3. Share the information with their peers and supervisors
4. Receive feedback on their information-seeking skills

b. Referring to the sample weekly schedules requested below, describe the amount of unscheduled time in an average week available for medical students to engage in self-directed learning and independent study in the first two years (phases) of the curriculum.

c. Note if medical students in the first two years (phases) of the curriculum have required activities outside of regularly-scheduled class time, such as assigned reading or online modules that include information to prepare them for in-class activities. Do not include time for regular study or review. Estimate the average amount of time students spend in such required activities and how this "out-of-class" time is accounted for in calculating student academic workload.

d. Describe the content of any policy covering the amount of time per week that students spend in required activities during the preclerkship phase of the curriculum. Note whether the policy addresses only in-class activities or also includes required activities assigned to be completed outside of scheduled class time. How is the effectiveness of the policy or policies evaluated?

e. Describe the frequency with which the curriculum committee and/or its relevant subcommittee(s) monitor the academic workload of medical students and their time for independent study in the preclerkship phase of the curriculum.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 6.3

1. Sample weekly schedules that illustrate the amount of time in the first and second years (phases) of the curriculum that medical students spend in scheduled activities.

2. Formal policies or guidelines addressing the amount of scheduled time during a given week during the pre-clerkship phase of the curriculum.

6.4 INPATIENT/OUTPATIENT EXPERIENCES

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

6.4 SUPPORTING DATA

Table 6.4-1 | Percent Total Clerkship Time   Source: School-reported

Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. If clerkship names differ from those in the table, substitute the name used by the medical school. If the amount of time spent in each setting varies across sites, provide a range.		
	Percentage of Total Clerkship Time	
	% Ambulatory	% Inpatient
Family medicine		
Internal medicine		
Ob-Gyn		
Pediatrics		
Psychiatry		
Surgery		
Other (list)		

6.4 NARRATIVE RESPONSE

a. Describe how the curriculum committee or other authority for the curriculum ensures that medical students spend sufficient time in inpatient and ambulatory settings to meet the objectives for clinical education.

6.5 ELECTIVE OPPORTUNITIES

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

6.5 SUPPORTING DATA

Table 6.5-1 | Required Elective Weeks   Source: School-reported

Provide the number of required weeks of elective time in each year of the curriculum.	
Year	Total Required Elective Weeks
1	
2	
3	
4	

6.5 NARRATIVE RESPONSE

a. Describe the policies or practices that require or encourage medical students to use electives to pursue a broad range of interests in addition to their chosen specialty.

6.6 SERVICE-LEARNING

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

6.6 SUPPORTING DATA

Table 6.6-1 | Service learning   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students indicating they participated in structured service-learning.							
GQ 2013		GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %	School %	National %

6.6 NARRATIVE RESPONSE

a. Summarize the opportunities for medical students to participate in required and voluntary service-learning and community service activities, including the general types of service-learning/community service activities that are available.

b. Describe how medical student participation in service-learning and community service activities is encouraged. How are students informed about the availability of these activities?

c. Describe how the medical school supports service-learning activities through the provision of funding or staff support.

6.7 ACADEMIC ENVIRONMENTS

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

6.7 SUPPORTING DATA

Table 6.7-1 | Master's and Doctoral Degree Students Taught by Medical School Faculty   Source: School-reported

List the number of students enrolled in master's and doctoral degree programs taught by medical school faculty. Include degree programs in the biomedical or biological sciences where students are taught by medical school faculty. Add rows as needed.		
Department or Program	# of Master's Students	# of Doctoral Students

Table 6.7-2 | Graduate Medical Students   Source: School-reported

Provide the total number of residents and clinical fellows on duty in ACGME-accredited programs that are the responsibility of the medical school faculty for the indicated academic years. If the medical school has one or more geographically distributed campuses, provide the campus in the first column. Also see the response to element 3.1.					
Campus (if more than one)		AY 2013-14	AY 2014-15	AY 2015-16	AY 2016-17
	Fellows:				
	Residents:				

Table 6.7-3 | Continuing Medical Education   Source: School-reported

If the medical school and/or its clinical affiliates are accredited by the ACGME to sponsor continuing medical education for physicians, use the table below, adding rows as needed, to indicate each sponsoring organization's current accreditation status, the length of accreditation granted, and the year of the next accreditation review.		
Program Sponsor	Accreditation Status	Length of Accreditation Term

6.7 NARRATIVE RESPONSE

a. List the health professions/professional degree programs located at the same campus as the medical school.

b. Describe formal and informal opportunities available for medical students to interact with students in graduate programs and how the medical school encourages such interactions.

c. Provide examples of opportunities for medical students to interact with students in other health profession education programs during both required and service-learning activities. *Also see the response to element 7.9.*

d. Describe how medical students are exposed to continuing medical education activities for physicians and note if student participation in any continuing medical education programs is expected or required.

6.8 EDUCATION PROGRAM DURATION

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

6.8 SUPPORTING DATA

Table 6.8-1 | Number of Scheduled Weeks per Year   Source: School-reported

Use the table below to report the number of scheduled weeks of instruction in each academic year/phase of the medical curriculum (do not include vacation time). Refer to the overview section if the medical school offers one or more parallel curricula (tracks).	
Curriculum Year/Phase	Number of Scheduled Weeks
Year/Phase One	
Year/Phase Two	
Year/Phase Three	
Year/Phase Four	
Total Weeks of Scheduled Instruction	

STANDARD 7: CURRICULAR CONTENT

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

SUPPORTING DOCUMENTATION REQUIRED FOR STANDARD 7

1. A schematic or diagram that illustrates the structure of the curriculum for the year of the self-study. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkships in each academic period of the curriculum.

2. If the structure of the curriculum has changed significantly since the DCI and self-study were completed (i.e., a new curriculum or curriculum year has been implemented), include a schematic of the new curriculum, labeled with the year it was first introduced.

3. A schematic of any parallel curricula (tracks).

7.1 BIOMEDICAL, BEHAVIORAL, SOCIAL SCIENCES

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

7.1 SUPPORTING DATA

Table 7.1-1 | Curricular Content   Source: School-reported

For each topic area, place a "√" in the appropriate column to indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course. Place a "√" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.

Topic Areas	Course Type		Years/Phases Topic Areas Are Taught And Assessed		
	Independent Course	Integrated Course(s)	Year/Phase One	Year/Phase Two	Year/Phase Three and/or Four
Biochemistry					
Biostatistics and epidemiology					
Genetics					
Gross Anatomy					
Immunology					
Microbiology					
Pathology					
Pharmacology					
Physiology					
Behavioral Science					
Pathophysiology					

7.1 SUPPORTING DATA (CONTINUED)

Table 7.1-2 | Basic Science Education   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who rated preparation for clinical clerkships and electives as *excellent or good* (aggregated) in the following sciences basic to medicine.						
	GQ 2014		GQ 2015		GQ 2016	
	School %	National %	School %	National %	School %	National %
Biochemistry						
Biostatistics and epidemiology						
Genetics						
Gross Anatomy						
Immunology						
Microbiology						
Pathology						
Pharmacology						
Physiology						
Behavioral Science						
Pathophysiology of disease						

Table 7.1-3 | Curricular Content   Source: School-reported

For each topic area, place a "√" in the appropriate column to indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course. Place a "√" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.					
	Course Type		Years/Phases Topic Areas are Taught and Assessed		
	Independent Course	Integrated Course(s)	Year/Phase One	Year/Phase Two	Year/Phase Three and/or Four
Biomedical informatics					
Complementary/alternative health care					
Evidence-based medicine					
Global health issues					
Health care financing					
Human development/life cycle					
Human sexuality					
Law and medicine					
Medication management/compliance					
Medical socioeconomics					
Nutrition					
Pain management					
Palliative care					
Patient safety					
Population-based medicine					

7.1 SUPPORTING DATA (CONTINUED)

Table 7.1-4 | General Medical Education - Preparation for Residency   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization and structure of the health care system).*

GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %

7.2 ORGAN SYSTEMS/LIFE CYCLE/PRIMARY CARE/PREVENTION/WELLNESS/SYMPTOMS/ SIGNS/DIFFERENTIAL DIAGNOSIS, TREATMENT PLANNING, IMPACT OF BEHAVIORAL AND SOCIAL FACTORS

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

- Recognize wellness, determinants of health, and opportunities for health promotion and disease prevention
- Recognize and interpret symptoms and signs of disease
- Develop differential diagnoses and treatment plans
- Recognize the potential health-related impact on patients of behavioral and socioeconomic factors
- Assist patients in addressing health-related issues involving all organ systems

7.2 SUPPORTING DATA

Table 7.2-1 | General Medical Education   Source: Independent Student Analysis

Provide data from the independent student analysis on the percentage of students in each class who were satisfied with the adequacy of their education in the following content areas.				
	Year/Phase One	Year/Phase Two	Year/Phase Three	Year/Phase Four
Education to diagnose disease				
Education to manage disease				
Education in disease prevention				
Education in health maintenance				

7.2 NARRATIVE RESPONSE

a. Describe the location(s) in the preclerkship and clinical curriculum in which objectives related to the subjects listed below are taught and assessed. Refer to the overview section in the responses.

1. Normal human development and the life cycle
2. Adolescent medicine
3. Geriatrics
4. Continuity of care
5. End of life care

7.3 SCIENTIFIC METHOD/CLINICAL/ TRANSLATIONAL RESEARCH

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care).

7.3 NARRATIVE RESPONSE

a. List the course(s) that include instruction in and assessment of content related to the scientific method. Include hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or to experimentally study biomedical phenomena. Do NOT include laboratory sessions where the main purpose is observation or description (such as gross anatomy or histology). For each listed experience, include the format used for the exercise (e.g., hands-on laboratory sessions, simulations).

b. List all required courses and clerkships that include formal learning objectives that address the basic scientific and ethical principles of clinical and translational research and the methods for conducting such research. Note the location(s) in the curriculum in which medical students learn how such research is conducted, evaluated, explained to patients, and applied to patient care and how students' acquisition of this knowledge is assessed.

7.4 CRITICAL JUDGMENT/PROBLEM-SOLVING SKILLS

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

7.4 SUPPORTING DATA

Table 7.4-1 | Critical Content and Problem Solving   Source: School-reported

For each topic area, place a "√" in the appropriate column to indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course. Place a "√" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.						
	Course Type		Years/Phases Topic Areas Are Taught/Assessed			
Topic Areas	Independent Course	Integrated Course(s)	One	Two	Three	Four
Skills of critical judgment based on evidence						
Skills of medical problem solving						

7.4 NARRATIVE RESPONSE

a. Provide two detailed examples of the way students are expected to demonstrate each of the following skills. In each description, include the courses/clerkships where this instruction and assessment occurs and provide the relevant learning objectives.

1. Skills of critical judgment based on evidence and experience
2. Skills of medical problem solving

7.5 SOCIETAL PROBLEMS

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

7.5 NARRATIVE RESPONSE

a. Describe the process used by faculty in the selection of societal problems included in the curriculum.

b.   Describe five common societal problems that are taught and assessed in the curriculum. For each of the five

1.   Describe where and how content related to the societal problem is taught in the curriculum.
2. Provide the relevant course and clerkship objectives that address the diagnosis, prevention, appropriate reporting (if relevant), and treatment of the medical consequences of the societal problem.

7.6 CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES

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

- The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments

- The basic principles of culturally competent health care

- The recognition and development of solutions for health care disparities

- The importance of meeting the health care needs of medically underserved populations

- The development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensional and diverse society

7.6 SUPPORTING DATA

Table 7.6-1 | Cultural competence   Source: School-reported

Provide the names of courses and clerkships that include objectives related to cultural competence in health care. For each, list the specific topic areas covered. Schools using the AAMC Tool for Assessing Cultural Competence Training (TACCT) may use the "Domains" table as a source for these data.	
Course/Clerkship	Topic Area(s) Covered

Table 7.6-2 | Health Disparities, Demographic Influences, and Medically Underserved Populations   Source: School-reported

	Provide the names of courses and clerkships that include explicit learning objectives related to the listed topics areas.		
	Topic Area(s) Covered		
Course/Clerkship	Identifying and Providing Solutions for Health Disparities	Identifying Demographic Influences on Health Care Quality and Effectiveness	Meeting the Health Care Needs of Medically Underserved Populations

Table 7.6-3 | General Medical Education - Preparation for Residency   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Prepared to care for patients from different backgrounds.*					
GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %

7.6 NARRATIVE RESPONSE

a. Describe how the curriculum prepares medical students to be aware of their own gender and cultural biases and those of their peers and teachers.

b. Provide data, by class, from the independent student analysis on the percentage of students who were satisfied with their education in caring for patients from different backgrounds.

7.7 MEDICAL ETHICS

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

7.7 SUPPORTING DATA

Table 7.7-1 │ Medical Ethics   Source: School-reported

For each topic area listed below, indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course and when this occurs by placing a "√" in the appropriate columns.						
	Course Type		Years/Phases Topic Areas Are Taught/Assessed			
	Independent Course	Integrated Course(s)	One	Two	Three	Four
Biomedical ethics						
Ethical decision-making						
Professionalism						

Table 7.7-2 │ General Medical Education - Preparation for Residency   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *I understand the ethical and professional values that are expected of the profession.*					
GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %

7.7 NARRATIVE RESPONSE

a. Describe the methods used to assess medical students' ethical behavior in the care of patients and to identify and remediate medical students' breaches of ethics in patient care.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 7.7

1. Examples of instruments used in the formative and/or summative assessment of medical students' ethical behavior during the preclerkship and clinical clerkship phases of the curriculum.

7.8 COMMUNICATION SKILLS

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

7.8 SUPPORTING DATA

Table 7.8-1 | Communication Skills   Source: School-reported

Under each heading, provide the names of courses and clerkships that include explicit learning objectives related to the listed topics areas.		
Topic Areas		
Communicating with Patients and Patient's Families	Communicating with Physicians (e.g., as part of the medical team)	Communicating with Non-physician Health Professionals (e.g., as part of the health care team)

Table 7.8-2 | General Medical Education - Preparation for Residency   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Communication skills necessary to interact with patients and health professionals.*					
GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %

7.8 NARRATIVE RESPONSE

a. Describe the specific educational activities and the relevant learning objectives included in the curriculum for each of the following topic areas:

  1. Communicating with patients and patients' families
  2. Communicating with physicians (e.g., as part of the medical team)
  3. Communicating with non-physician health professionals as members of the health care team

7.9 INTERPROFESSIONAL COLLABORATIVE SKILLS

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

7.9 SUPPORTING DATA

Table 7.9-1 | Collaborative Practice Skills in Learning and Program Objectives   Source: School-reported

Illustrate the linkage between course and clerkship learning objectives related to collaborative practice skills with medical education program objectives.	
Course/Clerkship Learning Objective(s)	Medical Education Program Objective(s)

Table 7.9-2 | Interprofessional Educational Activities   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students responding "yes" to the following question: *"Have you participated in any required curricular activities where you had the opportunity to learn with students from different health professions?"*			
GQ 2015		GQ 2016	
School %	National %	School %	National %

7.9 NARRATIVE RESPONSE

a. Provide three examples of required experiences where medical students are brought together with students or practitioners from other health professions to learn to function collaboratively on health care teams with the goal of providing coordinated services to patients. For each example, describe the following:

  1. The name and curriculum year of the course or clerkship in which the experience occurs
  2. The objectives of the experience related to the development of collaborative practice skills
  3. The setting where the experience occurs (e.g., clinic, simulation center)
  4. The other health profession students or practitioners involved
  5. The way(s) that the medical students' attainment of the objectives of the experience is assessed

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 7.9

1. Sample copies of any forms used in the assessment of medical students' collaborative practice skills. For each example, list the course or clerkship in which the form is used.

STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

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

STANDARD 8 OVERVIEW DATA

Table 8.0-1 | General Medical Education - Preparation for Residency   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following ways to begin a residency program.						
	GQ 2014		GQ 2015		GQ 2016	
	School %	National %	School %	National %	School %	National %
Acquired the clinical skills required to begin a residency program.						
Acquired an understanding of common conditions and their management.						
Acquired basic skills in clinical decision-making and application of evidence-based information.						

Table 8.0-2 | Overall Satisfaction   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) with the statement: "*Overall, I am satisfied with the quality of my medical education.*"											
GQ 2011		GQ 2012		GQ 2013		GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %	School %	National %	School %	National %	School %	National %

SUPPORTING DOCUMENTATION REQUIRED FOR STANDARD 8

1. A summary of student feedback for each required course and clerkship for the past two academic years. If a course or clerkship is new or has been significantly revised so that only one year of data are available, provide evaluation data for the new version only. Include in each summary the percentage of students providing feedback.

2. An organizational chart for the management of the curriculum that includes the curriculum committee and its subcommittees, other relevant committees, the chief academic officer, and the individuals or groups with involvement in curriculum design, implementation, and evaluation.

8.1 CURRICULAR MANAGEMENT

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

8.1 NARRATIVE RESPONSE

a.   Provide the name of the faculty committee with primary responsibility for the curriculum.

b.   Describe how the members and the chair of the curriculum committee are selected. Note if there are terms for committee members.

c.   If there are subcommittees of the curriculum committee, describe the charge/role of each, along with its membership and reporting relationship to the parent committee.

d.   Describe how the curriculum committee and its subcommittees participate in the following:

   1.   Developing and reviewing the educational program objectives
   2.   Ensuring that there is horizontal and vertical curriculum integration (i.e., that curriculum content is coordinated and integrated within and across academic years/phases)
   3.   Monitoring the overall quality and outcomes of individual courses and clerkships
   4.   Monitoring the outcomes of the curriculum as a whole

e.   Provide two recent examples of course or clerkship evaluation data (or other information sources) being used by the curriculum committee to identify problem areas related to course or curriculum structure, delivery, or outcomes. Describe the steps taken to address the identified problems and the outcomes that were achieved.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.1

1.   The charge to or the terms of reference of the curriculum committee and note the source of its authority (e.g., the faculty bylaws). If the subcommittees of the curriculum committee have formal charges, include those as well.

2.   A list of curriculum committee members, including their voting status and membership category (e.g., faculty, student, or administrator).

3.   The minutes of four curriculum committee meetings over the past year that illustrate the activities and priorities of the committee. *Note: Have available on-site for the survey team three years of curriculum committee minutes.*

8.2 USE OF MEDICAL EDUCATIONAL PROGRAM OBJECTIVES

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

8.2 NARRATIVE RESPONSE

a. Describe how the medical education program objectives are used to guide the following activities:

   1. The selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases.
   2. The evaluation of curriculum outcomes.

b.   Describe the roles and activities of course/clerkship faculty and the curriculum committee and its subcommittees in ensuring that course and clerkship learning objectives are linked to medical education program objectives.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.2

1. One example from a course and one example from a clerkship illustrating the way in which the learning objectives of the course and the clerkship are linked to the medical education program objectives.

8.3 CURRICULAR DESIGN, REVIEW, REVISION/CONTENT MONITORING

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

8.3 NARRATIVE RESPONSE

a. Describe the roles and activities of the course and clerkship directors and course and clerkship committees, the teaching faculty, the departments, and the chief academic officer/associate dean for the medical education program in the following areas. If other individuals or groups also play a role, include these in the description as well.

   1. Developing the objectives for individual courses and clerkships
   2. Identifying the appropriate teaching and assessment methods
   3. Identifying course and clerkship content and assessment methods that are appropriate for the course/clerkship learning objectives
   4. Evaluating the quality of individual faculty member teaching (e.g., through peer assessment of teaching or review of course content)
   5. Monitoring the quality of individual faculty member teaching (e.g., through the review of student evaluations of courses and clerkships)
   6. Evaluating the overall quality and outcomes of the course/clerkship

b. Describe the process of formal review for each of the following curriculum elements. Include in the description the frequency with which such reviews are conducted, the means by which they are conducted, the administrative support available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) receiving the results of the evaluation.

   1. Required courses in the preclerkship phase of the curriculum
   2. Required clerkships
   3. Individual years or phases of the curriculum
   4. The curriculum as a whole

c. Describe the means and the frequency of curricular content monitoring. Provide examples of how monitoring of curriculum content has been used to identify gaps and unwanted redundancies in topic areas.

d. Describe the tool(s) used for monitoring the content of the curriculum (i.e., the "curriculum database").

e. List the roles and titles of the individuals who have access to the curriculum database. List the roles and titles of the individuals who have responsibility for monitoring and updating its content. Note which individuals, committees, and units (e.g., departments) receive the results of the reviews of curriculum content.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.3

1. Copies of any standardized templates used for course and/or clerkship reviews.

2. A sample review of a course and a clerkship.

3. The results of a search of the curriculum database for curriculum content related to the topics of "patient safety" and "nutrition."

8.4 PROGRAM EVALUATION

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

8.4 SUPPORTING DATA

Table 8.4-1 | USMLE Requirements for Advancement/Graduation   Source: School-reported

Place a "√" in the appropriate columns to indicate if the school's medical students are required to take and/or pass USMLE Step 1, Step 2 CK, and Step 2 CS for advancement and/or graduation.		
	Take	Pass
Step 1		
Step 2 CK		
Step 2 CS		

Table 8.4-2 | Monitoring of Medical Education Program Outcomes   Source: School-reported

Provide the individuals and/or groups in the medical school that are responsible for monitoring each of the indicators that are used to evaluate medical education program quality and outcomes.	
Outcome Indicator	Individuals and Groups Receiving the Data
Results of USMLE or other national examinations	
Student scores on internally developed examinations	
Performance-based assessment of clinical skills (e.g., OSCEs)	
Student responses on the AAMC GQ	
Student advancement and graduation rates	
NRMP match results	
Specialty choices of graduates	
Assessment of residency performance of graduates	
Licensure rates of graduates	
Practice types of graduates	
Practice location of graduates	

8.4 SUPPORTING DATA (CONTINUED)

Source: School-reported from
Table 8.4-3 | STEP 1 USMLE Results of First-time Takers   National Board of Medical Examiners School Reports

	# Examined	Percent Passing	Mean Total Score and SD		National Mean Total Score and SD	
Year			Score	SD	Score	SD

Table 8.4-4 | STEP 2 CK USMLE Results of First-time Takers   Source: School-reported from NBME Reports

			Mean Total Score and SD		National Mean Total Score and SD	
Academic Year	# Examined	Percent Passing	Score	SD	Score	SD

Table 8.4-5 | STEP 2 CS USMLE Results of First-time Takers   Source: School-reported from NBME School Reports

Provide the requested *Step 2 CS USMLE results* of <u>first-time takers</u> during the three most recently completed academic years.

Academic Year	# Examined	Percent Passing

8.4 NARRATIVE RESPONSE

a. Select three current educational program objectives as contained in the response to Element 6.1. Examples should come from the domains of knowledge, skills, and behaviors. For each objective, describe how the attainment of the objective was evaluated and provide specific data illustrating the extent to which the objective is being met.

b. Describe any efforts to address outcome measures that illustrate suboptimal performance by medical students/graduates in one or more of the educational program objectives. Provide two examples of the steps taken to address the gaps between desired and actual outcomes.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.4

1. Copies of printouts and graphs provided by the National Board of Medical Examiners that compare the performance of national and medical school first-time takers for USMLE Step 1, Step 2 CS, and Step 2 CK for the past three years/academic years.

2. Feedback from residency program directors on graduates' demonstration of the school's competencies or from the ACGME on the 6-month status of graduates on the milestones for each specialty (as available).

8.5 MEDICAL STUDENT FEEDBACK

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

8.5 NARRATIVE RESPONSE

a.   Describe how and by whom evaluation data are collected from medical students on course and clerkship quality.

b.   Provide three recent examples of how student feedback has led to changes in the medical curriculum.

c.   Describe whether medical students provide evaluation data on individual faculty, residents, and others who teach and supervise them in required courses and clerkship rotations.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.5

1.   A copy of any standardized forms used by students in the evaluation of courses and/or clerkships. If there are no standardized forms, provide sample forms for individual courses and clerkships. Note if the forms are completed online or on paper.

2.   The response rates to questionnaires completed by students during the most recently-completed academic year for each course and clerkship where student evaluation data are collected.

8.6 MONITORING OF COMPLETION OF REQUIRED CLINICAL EXPERIENCES

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

8.6 SUPPORTING DATA

Table 8.6-1 | Alternative Clinical Experiences   Source: School-reported

	Campus	Clinical Encounters/Skills where Alternative Methods were Used by 25% or More Students	Alternative Methods Used for Remedying Clinical Encounter Gaps
Provide all required clinical encounters/skills for each listed clerkship that were satisfied with alternative methods by 25% or more of students in the most recently-completed academic year, and describe what the alternative methods were (e.g., simulations, computer cases). Add rows as needed. Only schools with geographically distributed campuses need to specify the campus for each clerkship. Refer to element 6.2 for the list of required clinical encounters/skills.			
Family medicine			
Internal medicine			
Ob-Gyn			
Pediatrics			
Psychiatry			
Surgery			

8.6 NARRATIVE RESPONSE

a. Describe the process(es) 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?

b. Summarize when and how each student's completion of clerkship-specific required clinical encounters and skills is monitored by the following individuals, including whether the results of monitoring are discussed with the students as part of a mid-clerkship review:

1. The student's attending physician, supervising resident, preceptor
2. The clerkship director

c. Summarize when, how, and by whom aggregate data on students' completion of clerkship-specific required clinical encounters and skills is monitored. Describe how data on completion rates are used by clerkship directors and the curriculum committee and/or a relevant curriculum subcommittee.

8.7 COMPARABILITY OF EDUCATION/ASSESSMENT

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

8.7 NARRATIVE RESPONSE

a. Describe the following for each course or clerkship offered at more than one instructional site, including geographically distributed campus(es), (*also see the response to element* 2.6).

      1. The means by which faculty members at each instructional site are informed of and oriented to the core objectives, required clinical encounters and skills, assessment methods, and grading system for the course or clerkship.

      2. How and how often the individuals responsible for the course or clerkship communicate with faculty at each instructional site regarding course or clerkship planning and implementation, student assessment, and course evaluation.

      3. The mechanisms used for the review and dissemination of student evaluations of their educational experience, data regarding students' completion of required clinical experiences and grades, and any other data reflecting the comparability of learning experiences across instructional sites. Describe the specific types of data reviewed and how the reviews are conducted.

b. Describe the individuals (e.g., site director, clerkship director, department chair) and/or groups (curriculum committee or a curriculum committee subcommittee) responsible for reviewing and acting on information related to comparability across instructional sites.

c. Provide examples of the mechanisms employed to address inconsistencies across instructional sites in such areas as student satisfaction and student grades.

8.8 MONITORING STUDENT TIME

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

8.8 NARRATIVE RESPONSE

a. Describe how policies relating to duty hours were developed and by what individuals and/or groups they were approved.

b. Describe how policies relating to duty hours are disseminated to medical students, residents, and faculty.

c. Describe how data on medical student duty hours are collected during the clerkship phase of the curriculum and to whom the data are reported.

d. Describe the mechanisms that exist for students to report violations of duty hours policies. How and to whom can students report violations? Describe the steps that can be taken if duty hour limits are exceeded.

e. Describe the frequency with which the curriculum committee or its relevant subcommittee(s) monitor the academic and clinical workload of medical students, in the context of formal policies and/or guidelines. How is the effectiveness of policies determined?

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.8

1. The formal policy relating to duty hours for medical students during the clerkship phase of the curriculum, including on-call requirements for clinical rotations.

STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY

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

STANDARD 9 OVERVIEW DATA

Table 9.0-1 | Methods of Assessment – *Year/Phase One*   Source: School-reported

List all courses in the <u>first year/phase of the curriculum</u>, adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing a "√" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of "Other." Number each entry (G1, G2, etc.) and provide the corresponding number in the table.

Course Name	Number	Grade							Narrative Assessment
	# of Exams	Internal Exam	Lab or Practical Exam	NBME Subject Exam	OSCE/SP Exam	Faculty/ Resident Rating	Paper or Oral Pres.	Other* (specify)	Narrative Assessment

*Other:

Table 9.0-2 | Methods of Assessment – *Year/Phase 2*   Source: School-reported

List all courses in the <u>second year/phase of the curriculum</u>, adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing a "√" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of "Other." Number each entry (G1, G2, etc.) and provide the corresponding number in the table.

Course Name	Number	Grade							Narrative Assessment
	# of Exams	Internal Exam	Lab or Practical Exam	NBME Subject Exam	OSCE/SP Exam	Faculty/ Resident Rating	Paper or Oral Pres.	Other* (specify)	Narrative Assessment

*Other:

Table 9.0-3 | Methods of Assessment – *Year/Phase 3-4*   Source: School-reported

List all courses in the <u>third and fourth years/third and fourth phases of the curriculum</u>, adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing a "√" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of "Other." Number each entry (G1, G2, etc.) and provide the corresponding number in the table.

Course or Clerkship Name	Grade					
	NBME Subject Exam	Internal Written Exams	Oral Exam or Pres.	Faculty/Resident Rating	OSCE/SP Exams	Other* (specify)

*Other:

9.1 PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS

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

9.1 SUPPORTING DATA

Table 9.1-1 | Provision of Objectives and Orientation   Source: School-reported

List each course or clerkship where residents, graduate students, postdoctoral fellows, and/or other non-faculty instructors teach medical students. Describe how the relevant department or the central medical school administration ensures that the objectives and orientation to the methods of assessment have been provided and that this information has been received and reviewed.		
Course or Clerkship	Types of Trainees Who Provide Teaching/Supervision	How Objectives Are Provided and Teachers Oriented

Table 9.1-2 | Resident Preparation to Teach   Source: School-reported

Briefly summarize the preparation program(s) available to residents to prepare for their roles teaching and assessing medical students in required clinical clerkships. For each program, note whether it is sponsored by the department or the institution, whether the program is required or optional (R/O), and whether resident participation is centrally monitored (Y/N), and if so, by whom. Add rows as needed.				
	Program Name/Brief Summary	Sponsorship (D/I)	Required/ Optional (R/O)	Centrally Monitored? (Y/N)	By Whom?
Family medicine					
Internal medicine					
Ob/Gyn					
Pediatrics					
Psychiatry					
Surgery					
Other (list):					

9.1 NARRATIVE RESPONSE

a. Describe any institution-level (e.g., curriculum committee, GME office) policies that require the participation of residents and others (e.g., graduate students, postdoctoral fellows) in orientation or faculty development programs related to teaching and/or assessing medical students.

b. Describe how data provided by medical students on the quality of resident teaching are used to improve the quality of resident teaching and/or supervision.

c. Describe any institution-level and department-level programs that prepare graduate students or postdoctoral fellows to teach or assess medical students.

9.2 FACULTY APPOINTMENTS

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

9.2 NARRATIVE RESPONSE

a. Describe how, by whom, and how often the faculty appointment status of physicians who teach and assess medical students during required clerkships is monitored.

b. List any required core clinical clerkships where students are being supervised, assessed, or graded by physicians who are not medical school faculty members (do not include residents/fellows). Describe the steps being taken to provide faculty appointments to these physicians.

c. Where teaching and assessment of students is carried out by individuals who do not hold faculty appointments at the medical school, describe how the teaching and assessment activities of these individuals are supervised by medical school faculty members.

9.3 CLINICAL SUPERVISION OF MEDICAL STUDENTS

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

9.3 NARRATIVE RESPONSE

a.   Describe how departments and the central medical school administration ensure that medical students are appropriately supervised during required clinical clerkships and other required clinical experiences so as to ensure student and patient safety.

b.   What mechanisms exist for students to express concern about the adequacy and availability of supervision and how and by whom are these concerns acted upon?

c.   What mechanisms are used during required clinical experiences to ensure that the level of responsibility delegated to a medical student is appropriate to the student's level of training and experience?

d.   Provide examples of how the clerkship director or the student's attending physician ensure that health professionals who teach or supervise medical students and do not hold a medical school faculty appointment are acting within their scope of practice.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.3

1.   Copy of any policies or guidelines related to medical student supervision during required clinical activities that ensure student and patient safety (e.g., policies about timely access to, and in-house availability of, attending physicians and/or residents)

9.4 ASSESSMENT SYSTEM

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

9.4 SUPPORTING DATA

Table 9.4-1 | Observation of Clinical Skills   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who indicated they were observed performing the following clerkship activities..												
	GQ 2014				GQ 2015				GQ 2016			
	History		Physical Exam		History		Physical Exam		History		Physical Exam	
	School %	Natl. %	School %	Natl. %	School %	Natl. %	School %	Natl. %	School %	Natl. %	School %	Natl. %
Family Medicine												
Internal Medicine												
Ob-Gyn/ Women's Health												
Pediatrics												
Psychiatry												
Surgery												

9.4 NARRATIVE RESPONSE

a. For each comprehensive clinical assessment (e.g., OSCE or standardized patient assessment) that occurs independent of individual courses or clerkships, describe when in the curriculum it is offered, the general content areas covered by each, and whether the purpose of the assessment is formative (to provide feedback to the student) or summative (to inform decision-making about grades, academic progression, or graduation).

b. Identify the courses and clerkships that include a formal assessment (either for formative or summative purposes) of the following areas:

     1. Problem solving
     2. Clinical reasoning
     3. Communication skills

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.4

1. As available, provide data from school-specific sources (e.g., clerkship evaluations) on student perceptions that they were observed performing core clinical skills.

2. Samples of course/clerkship-specific or standardized forms that are used in the assessment of the following clinical and cognitive skills. Indicate the course or clerkship where each form is used and whether the results are used for formative (feedback) or summative (grading) purposes.

   a. History taking
   b. Physical examination
   c. Problem solving
   d. Clinical reasoning

9.5 NARRATIVE ASSESSMENT

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

9.5 NARRATIVE RESPONSE

a. Describe any institutional policies that include the requirement for a narrative description of medical student performance.

b. List the courses in the preclinical phase of the curriculum that include narrative descriptions as part of a medical student's final assessment where the narratives are:

    1.   Provided only to students as formative feedback
    2.   Used as part of the final grade (summative assessment) in the course

c. List the clinical clerkships that include a narrative description as part of a medical student's final assessment where the narratives are:

    1.   Provided only to students as formative feedback
    2.   Used as part of the final grade in the clerkship

d. If a narrative assessment is not provided in a course or clerkship where teacher-student interaction could permit it to occur (e.g., there is small group learning), describe the reason(s).

9.6 SETTING STANDARDS OF ACHIEVEMENT

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

9.6 NARRATIVE RESPONSE

a. Describe the roles, as relevant, of the body with responsibility for central management of the curriculum (i.e., the curriculum committee), other medical school committees, the chief academic officer, and departments, and course/clerkship leadership in setting the standards of achievement for the following:

1. Courses
2. Clerkships
3. The curriculum as a whole (i.e., graduation requirements)

b. Describe how the medical school ensures that faculty members with appropriate knowledge and expertise set the standards of achievement for courses and clerkships and for the curriculum as a whole.

9.7 FORMATIVE ASSESSMENT AND FEEDBACK

A medical school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which a medical student can measure his or her progress in learning.

9.7 SUPPORTING DATA

Table 9.7-1 | Mid-clerkship Feedback   Source: AAMC GQ – Clinical Education

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who indicated they received mid-clerkship feedback in the following clerkships."				
	GQ 2015		GQ 2016	
	School %	National %	School %	National %
Family Medicine				
Internal Medicine				
Ob-Gyn/Women's Health				
Pediatrics				
Psychiatry				
Surgery				

Table 9.7-2 | Mid-clerkship Feedback   Source: School-reported

As available, provide information from clerkship evaluations for the most recently-completed academic year and/or the independent student analysis on the percentage of respondents who *agreed/strongly agreed* (aggregated) that they received mid-clerkship feedback for each listed clerkship. Specify the data source.	
Family Medicine	
Internal Medicine	
Ob-Gyn/Women's Health	
Pediatrics	
Psychiatry	
Surgery	
Data Source:	

9.7 SUPPORTING DATA (CONTINUED)

Table 9.7-3 | Preclerkship Formative Feedback   Source: School-reported

Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) used to provide formative feedback during each course in the pre-clerkship phase of the curriculum (typically years/phases one and two).		
Course Name	Length of Course (in weeks)	Type(s) of Formative Feedback Provided

9.7 NARRATIVE RESPONSE

a. Describe how and by whom the provision of mid-course/clerkship feedback is monitored within individual departments and at the curriculum management level.

b. For courses and clerkships of less than four weeks duration, describe how students are provided with timely feedback on their knowledge and skills related to the course/clerkship objectives.

c. Describe information from the independent student analysis, course/clerkship evaluations, or other measures regarding medical students' perceptions of the utility of mid-course/mid-clerkship feedback and its relationship to the criteria used for summative grading in courses/clerkships.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.7

1. Any institutional policy or directive requiring that medical students receive formative feedback by at least the mid-point of courses and clerkships of four weeks (or longer) duration.

9.8 FAIR AND TIMELY SUMMATIVE ASSESSMENT

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

9.8 SUPPORTING DATA

Table 9.8-1 | Availability of Final Grades   Source: School-reported

For each required core clinical clerkship, provide the average and the minimum/maximum number of weeks it took for students to receive grades during the most-recently completed academic year. Also provide the percentage of students that did not receive grades within 6 weeks. Add rows as needed.												
	AY 2013-14				AY 2014-15				AY 2015-16			
Core Clerkship	Avg.	Min	Max	%	Avg.	Min	Max	%	Avg.	Min	Max	%

9.8 NARRATIVE RESPONSE

a. List any courses in the pre-clerkship phase of the curriculum where all students did not receive their grades within six weeks during the most recently-completed academic year.

b. List any specific clerkship sites that are not complying with the school's guidelines for the timeliness of grade reporting.

c. Describe how and by whom the timing of course and clerkship grades is monitored and the steps taken if grades are not submitted in a timely manner. How does the medical school ensure that course and clerkship grades are reported to students on schedule?

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.8

1. Policy or directive that specifies the time frame for the reporting of grades.

2. If the medical school has geographically distributed campus(es) that offer the clinical years of the curriculum, provide the data requested in table 9.8-1 for each distributed campus.

9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS

A medical school ensures that the medical education program has a single standard for the advancement and graduation of medical students across all locations and a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

9.9 NARRATIVE RESPONSE

a. Describe the means by which the medical education program ensures that a single set of policies for promotion and graduation is applied across all instructional sites, including geographically distributed campuses.

b. Summarize the due process protections in place at the medical school when there is the possibility of the school's taking an adverse action against a medical student for academic or professionalism reasons. Include a description of the process for appeal of an adverse action, including the groups or individuals involved at each step in the process.

c. Describe the means by which the due process policy and process are made known to medical students.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.9

1. The policy that specifies that there is a single standard for promotion and graduation.

2. The due process policy and procedure.

STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

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

STANDARD 10 OVERVIEW DATA

Table 10.0-1 | Applicants and Matriculants   Source: AMCAS

Provide data for the indicated entering classes on the total number of initial applications received in the admissions office, completed applications, applicants interviewed, acceptances issued, and new medical students matriculated for the first year of the medical curriculum. Do not include first year students repeating the year.				
	AY 2011-12	AY 2012-13	AY 2013-14	AY 2014-15	AY 2015-16
Initial applications					
Completed applications					
Applicants interviewed					
Acceptances issued					
New students matriculated					

Table 10.0-2 | Entering Student MCAT Scores   Source: AMCAS

If applicable, use the table below to provide *mean* MCAT scores, for new (not repeating) first-year medical students in the indicated entering classes.				
	AY 2011-12	AY 2012-13	AY 2013-14	AY 2014-15	AY 2015-16
Verbal Reasoning					
Physical Sciences					
Biological Sciences					

Table 10.0-3 | Entering Student Mean GPA   Source: AMCAS

Provide the *mean overall premedical GPA for new (not repeating) first-year medical students* in the indicated entering classes. If using a weighted GPA, please explain how the weighted GPA is calculated in the last row of the table.				
	AY 2011-12	AY 2012-13	AY 2013-14	AY 2014-15	AY 2015-16
Overall GPA					
Weighted GPA calculation (if applicable):					

Table 10.0-4 | Medical School Enrollment   Source: AMCAS

Provide the total number of enrolled *first-year medical students* (include students repeating the academic year) and the total number of medical students enrolled at the school for the indicated academic years. For students in dual-degree programs, only include those participating in the medical curriculum.				
	AY 2011-12	AY 2012-13	AY 2013-14	AY 2014-15	AY 2015-16
First-year					
Total enrollment					

10.1 PREMEDICAL EDUCATION/REQUIRED COURSEWORK

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

10.1 NARRATIVE RESPONSE

a. List all the college courses or subjects, including associated laboratories, that are required as prerequisites for admission to the medical school.

b. List any courses or subjects that the medical school recommends, but does not require, as prerequisites for admission.

c. Describe how the current premedical course requirements were established and by which individuals and/or groups they were approved.

d. Describe how often and by whom premedical course requirements are reviewed. Note if there are data or other information (e.g., about medical student performance) used to make decisions about changes to premedical course requirements.

10.2 FINAL AUTHORITY OF ADMISSION COMMITTEE

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

10.2 NARRATIVE RESPONSE

a. Describe the size and composition of the medical school admission committee, including the categories of membership (e.g., faculty, students, medical school administrators, community members) and the specified number of members from each category. If there are subcommittees of the admission committee, describe their composition, role, and authority.

b. Describe the process for selection of admission committee members and the length of their initial appointment. Note if members can be reappointed and if there is a maximum term of service.

c. Identify the current chair of the admission committee, including his or her faculty and/or administrative title(s).

d. Describe how admission committee members are oriented to the admission committee policies and to the admissions process.

e. Describe whether the admission committee as a whole, or a subset of the admission committee, has the final authority for making all admission decisions. Note the circumstances, reasons, and final outcome surrounding any admission committee decision that has been challenged, overruled, or rejected during the past three admission cycles.

f. Describe how the medical school ensures that there are no conflicts of interest in the admission process and that no admission decisions are influenced by political or financial factors.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.2

1. An excerpt from the medical school bylaws or other formal document that specifies the charge to and composition of the admission committee and its subcommittees (if any) and the rules for its operation, including voting membership and definition of a quorum at meetings.

2. Provide a list of current admission committee members, including each member's faculty and/or administrative title, student status, or other status (e.g., graduate of the medical school, community physician) and year of appointment to the committee.

10.3 POLICIES REGARDING STUDENT SELECTION/PROGRESS AND THEIR DISSEMINATION

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

10.3 NARRATIVE RESPONSE

a. Describe how the policies, procedures, and criteria for medical student selection were developed and approved, and how they are disseminated to potential and actual applicants and their advisors.

b. Describe the steps in the admissions process, beginning with the receipt of the initial application. For each of the following steps, as applicable, describe the procedures and criteria used to make the relevant decision and the individuals and groups (e.g., admission committee or subcommittee, interview committee) involved in the decision-making process:

1. Preliminary screening for applicants to receive the secondary/supplementary application
2. Selection for the interview
3. The interview
4. The acceptance decision
5. The offer of admission

c. If there is a joint baccalaureate-MD program(s) or dual degree program(s) (e.g., MD-PhD), describe whether and how the procedures for the selection and admission of students to the MD-granting portion of the program differs from the procedures described in item "b" above.

d. Describe the composition of the medical student promotions committee (or the promotions committees, if more than one).

e. Describe how the policies for the assessment, advancement, and graduation of medical students, and the policies for disciplinary action are made available to medical students and to faculty.

f. Describe how and by which individual(s) or group(s) the following decisions are made:

1. The advancement of a medical student to the next academic period
2. A medical student's graduation

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.3

1. Policies and procedures for the selection, assessment, advancement, graduation, and dismissal of medical students, and the policies and procedures for disciplinary action.

2. The charge to or the terms of reference of the medical student promotions committee(s).

10.4 CHARACTERISTICS OF ACCEPTED APPLICANTS

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

10.4 NARRATIVE RESPONSE

a. Describe the personal attributes of applicants considered during the admission process. How was this list of personal attributes developed? By which individuals and groups was the list reviewed and approved?

b. Describe the methods used during the admission process to evaluate and document the personal attributes of applicants. Refer to the admission procedures as outlined in element 10.3 to illustrate where and how these attributes are assessed.

c. Describe how the members of the admission committee and the individuals who interview applicants (if different than members of the admission committee) are prepared and trained to assess applicants' personal attributes.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.4

1. Copies of any standard form(s) used to guide and/or to evaluate the results of applicant interviews.

10.5 TECHNICAL STANDARDS

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

10.5 NARRATIVE RESPONSE

a.   Describe how and by whom the technical standards were developed and approved. Note if the technical standards are reviewed on a regular basis

b.   Describe how the technical standards for admission, retention, and graduation are disseminated to potential and actual applicants, enrolled medical students, faculty, and others.

c.   Describe how medical school applicants and/or students are expected to document that they are familiar with and capable of meeting the technical standards with or without accommodation (e.g., by formally indicating that they have received and reviewed the standards).

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.5

1.   The medical school's technical standards for the admission, retention, and graduation of applicants and students.

10.6 CONTENT OF INFORMATIONAL MATERIALS

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

10.6 NARRATIVE RESPONSE

a. Describe how and how often informational materials about the medical education program are developed. How does the leadership of the medical education program ensure that the materials are accurate and timely?

b. Describe how recruitment materials about the medical education program are made available (e.g., online, in the media, in hard-copy) to potential and actual applicants, career advisors, and/or the public.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.6

1. Samples of any recruitment materials related to the medical school

2. Copy of the current medical school academic bulletin or catalog. Indicate where in the bulletin/catalog, or other informational materials available to the public, the following information can be accessed:

   a. Medical education program mission and objectives
   b. Requirements (academic and other) for the MD degree and joint degree programs
   c. Academic calendar for each curricular option
   d. Required course and clerkship descriptions

10.7 TRANSFER STUDENTS

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

10.7 SUPPORTING DATA

Table 10.7-1 | Transfer/Advanced Standing Admissions   Source: School-reported

Provide the number of transfer students and students with advanced standing admitted from the program types listed below into the first, second, third, and fourth-year curriculum during the indicated academic years.								
	YEAR 1		YEAR 2		YEAR 3		YEAR 4	
	AY 2014-15	AY 2015-16	AY 2014-15	AY 2015-16	AY 2014-15	AY 2015-16	AY 2014-15	AY 2015-16
LCME-accredited, MD-granting medical school								
AOA-accredited, DO-granting medical school								
Non-LCME or AOA-accredited international medical school								
Non-MD-granting graduate or professional degree program								

10.7 NARRATIVE RESPONSE

a. Describe the procedures used for selecting applicants for transfer or for admission with advanced standing, including the procedures by which the medical school determines the comparability of the applicant's educational program and prior academic achievement to those of medical students in the class that they would join. List the criteria (e.g., GPA, USMLE scores, MCAT scores) that are considered in making the determination of comparability.

b. Describe the role of the admission committee and members of the medical school administration: (1) in determining if space and resources are available to accept transfers and (2) in making the decision to accept applicants for transfer or for admission with advanced standing.

c. Describe how policies and procedures related to transfer/admission with advanced standing are made available to potential applicants for transfer and advanced standing and their advisors.

d. If the medical school admitted one or more transfer students to the final year of the curriculum during any year since the previous full survey visit, describe the circumstances surrounding that admission decision.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.7

1. Medical school policies and procedures related to transfer and admission with advanced standing.

10.8 VISITING STUDENTS

A medical school does all of the following:

- Verifies the credentials of each visiting medical student
- Ensures that each visiting medical students demonstrates qualifications comparable to those of the medical students he or she would join in educational experiences
- Maintains a complete roster of visiting medical students
- Approves each visiting medical student's assignments
- Provides a performance assessment for each visiting medical student
- Establishes health-related protocols for such visiting medical students
- Identifies the administrative office that fulfills these responsibilities

10.8 NARRATIVE RESPONSE

a. Describe the procedures and criteria used by the medical school to determine if a potential visiting medical student has qualifications comparable to those of the medical students he or she would join in a clinical experience.   Qualifications includes comparable educational experiences. Identify the medical school, university, or other office that is responsible.

b. Describe the procedures by which the medical school grants approval for medical students from other medical schools to take electives at the institution. Include the following information in the description:

1. How the academic credentials and immunization status of visiting students are verified
2. How the medical school approves the assignments of visiting students to ensure that there are adequate resources (including clinical resources) and appropriate supervision at the site for both the visiting student and any of the medical school's own students
3. How the medical school ensures that a performance assessment is provided for each visiting student

c. Identify the medical school or university staff member(s) who is/are responsible for maintaining an accurate and up-to-date roster of visiting medical students and describe how the roster is used.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.8

1. List the types of information included in the roster of visiting medical students (if there is a standardized template for the roster, provide a copy).

10.9 STUDENT ASSIGNMENT

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

10.9 NARRATIVE RESPONSE

a. Describe the process for medical student assignment to an instructional site or parallel curriculum in the following circumstances, as relevant. In the description, include when, how, and by whom the final decision about assignment is made. Note the ability of students to select or rank options.

    1. A clinical clerkship site (e.g., a hospital) for an individual clerkship
    2. A geographically distributed campus that includes only the clerkship (clinical years) phase of the curriculum
    3. A geographically distributed campus that includes the preclerkship phase of the curriculum or all years of the curriculum
    4. A parallel curriculum ("track") located on the central medical school campus or at a distributed site

b. Describe if, in any of the circumstances above, medical students have the opportunity to negotiate with their peers to switch assignment sites or tracks after an initial assignment has been made but before the experience has begun.

c. Describe the procedures whereby a student with a rationale can formally request an alternative assignment through a medical school administrative mechanism either before or during his or her attendance at the site / in the track. Describe the criteria used to evaluate the request for the change and the individuals tasked with making the decision. Describe how medical students are informed of the opportunity to request an alternative assignment.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.9

1. Medical school policy/procedure allowing a medical student to formally request an alternative educational site or curriculum assignment.

STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND EDUCATIONAL RECORDS

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

STANDARD 11 OVERVIEW DATA

Table 11.0-1 | Attrition and Academic Difficulty   Source: School-reported

	AY 2012-13	AY 2013-14	AY 2014-15	AY 2015-16
Provide the percentage of *first-year medical students* and the percentage of *all medical students* who withdrew or were dismissed from the medical school in the indicated academic years.				
First-year students				
All medical students				

Table 11.0-2 | Attrition and Academic Difficulty by Curriculum Year   Source: School-reported

Provide the number of medical students who fell into one of the following categories during the listed academic years. *Count each student only once.*

	AY 2014-15					AY 2015-16				
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL
Withdrew or were dismissed										
Transferred to another medical school										
Were required to repeat the entire academic year										
Were required to repeat one or more required courses or clerkships										
Moved to a decelerated curriculum										
Took a leave of absence as a result of academic problems										
Took a leave of absence for academic enrichment (including research or a joint degree program)										
Took a leave of absence for personal reasons										

Table 11.0-3 | Average Graduation Rates Over Five Years   Source: School-reported

Provide the overall graduation rate, and the percentage of medical students that graduated in four years *averaged over the past five years*. *Note: these data should be updated immediately prior to submission of the DCI.*

Four-Year Graduation Rate	Overall Graduation Rate

STANDARD 11 OVERVIEW DATA (CONTINUED)

Table 11.0-4 | Residency Match Rates   Source: School-reported

Provide the percentage of participating medical students that initially matched to PGY-1 programs in the National Resident Matching Program without entering the Supplemental Offer and Acceptance Program (SOAP), as well as the percentage of participating students that remained unmatched at the end of the SOAP.				
	AY 2012-13	AY 2013-14	AY 2014-15	AY 2015-16
Percent initially matched (prior to SOAP)				
Percent unmatched (after SOAP)				

Table 11.0-5 | Graduates Not Entering Residency   Source: School-reported

Provide the number of medical school graduates who did not enter residency training in the following two graduating classes for each of the listed reasons (provide a brief description of the reason for students counted under "other"). Provide the total number of students and the percentage of students who did not enter residency in each graduating class. Count each graduate only once and do not include students that graduated late.		
Reason	Class of 2015	Class of 2016
Family responsibilities/maternity/child care		
Change of careers		
Did not gain acceptance to a residency position		
Preparation for the USMLE		
Research/pursuing additional degree or training		
Other: (add rows as required)		
Describe "other":		
Total number of students in each graduating class who did not enter residency training.		
Percent of students in each graduating class who did not enter residency training.		

Table 11.0-6 | Academic/Career Advising at Geographically Distributed Campuses   Source: School-reported

Indicate how the following services are made available to students at each distributed campus by placing a "√" in the appropriate columns(s). Add additional rows for each service/campus. *Note: this question only applies to schools with geographically distributed campus(es).*					
		Available to Students Via			
Services	Campus	Personnel located on campus	Visits from central campus personnel	E-mail or Tele/ Videoconference	Student travel to central campus
Academic counseling					
Tutoring					
Career advising					

11.1 ACADEMIC ADVISING

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

11.1 SUPPORTING DATA

Table 11.1-1 | Academic Advising/Counseling   Source: AAMC GQ – Student Affairs/Student Support

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with academic advising/counseling.			
GQ 2015		GQ 2016	
School %	National %	School %	National %

Table 11.1-2 | Academic Advising/Counseling by Curriculum Year   Source: Independent Student Analysis

Provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with academic advising/counseling and tutoring services. Add rows for each relevant question on the student survey. Schools with geographically distributed campuses should also specify campus.				
Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4

11.1 NARRATIVE RESPONSE

a. Describe how and when medical students experiencing academic difficulty are identified.

b. Describe the types of academic assistance available to medical students (e.g., tutoring, academic advising, study skills/time management workshops). For each type of assistance provided to students, summarize the role and organizational locus (e.g., medical school, university) of the individual(s) who provide this support and how medical students can gain access to each of the resources.

c. Describe how the medical school provides an option for medical students to obtain academic counseling from individuals who have no role in assessment or advancement decisions about them.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.1

1. Schools with geographically distributed campus(es) may provide data from the AAMC Graduation Questionnaire or independent student analysis (as available).

11.2 CAREER ADVISING

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

11.2 SUPPORTING DATA

Table 11.2-1 | Career Planning Services   Source: AAMC GQ – Student Affairs/Student Support

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied (aggregated)* in the following areas.								
	GQ 2013		GQ 2014		GQ 2015		GQ 2016	
	School %	National %	School %	National %	School %	National %	School %	National %
Overall satisfaction with career planning services								
Information about specialties								

Table 11.2-2 | Career Planning Services by Curriculum Year   Source: Independent Student Analysis

Provide data from the independent student analysis, by curriculum year, on the percentage of respondents that were *satisfied/very satisfied* (aggregated) with career advising. Add rows for each relevant question on the student survey. Schools with geographically distributed campuses should also specify campus.				
Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4

Table 11.2-3 | Optional and Required Career Advising Activities   Source: School-reported

Provide a brief description of each career information session and advising activity available to medical students during the most recently completed academic year. Indicate whether the session was optional or required for students in each year of the curriculum.				
Advising Activity/Info Session	YEAR 1	YEAR 2	YEAR 3	YEAR 4

11.2 NARRATIVE RESPONSE

a. Summarize the system of career advising for medical students.

b. Provide an overview of the personnel from the medical school administration, faculty (e.g., career advisors), and other sites (e.g., a university career office, outside consultants) available to support the medical student career advising system. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management of the career advising system.

c. Provide a description of the print and/or online resources available to medical students to support their career investigations. Note if students are required to use some or all of these materials (e.g., as part of career advising sessions).

d. Identify the individual(s) who are primarily responsible for providing guidance to medical students on their choice of intramural and extramural electives during each year of the curriculum. Note the role(s) or title(s) (e.g., student affairs dean, college advisor, departmental faculty advisor) of the individual(s) who are responsible for the formal approval of medical students' elective choices. Describe any formal (required) sessions where counseling on electives occurs.

e. List the individual(s) primarily responsible for the preparation of the Medical Student Performance Evaluation (MSPE). Describe the opportunities for medical students to request another MSPE writer.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.2

1. A sample MSPE for a recent graduate with good academic credentials and a sample MSPE for a student who has experienced academic difficulty. Personally identifiable information should be redacted.

2. Schools with geographically distributed campus(es) may provide the supporting data requested above for each distributed campus (as available).

11.3 OVERSIGHT OF EXTRAMURAL ELECTIVES

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

- Potential risks to the health and safety of patients, students, and the community

- The availability of emergency care

- The possibility of natural disasters, political instability, and exposure to disease

- The need for additional preparation prior to, support during, and follow-up after the elective

- The level and quality of supervision

- Any potential challenges to the code of medical ethics adopted by the home school

11.3 NARRATIVE RESPONSE

a. Describe how and by whom extramural electives are reviewed and approved prior to being made available for student enrollment.

b. Describe how the medical school evaluates each of the following areas in its review of electives in which there is a potential risk to medical student and patient safety:

   1. The availability of emergency care
   2. The possibility of natural disasters, political instability, and exposure to disease
   3. The need for additional preparation prior to, support during, and follow-up after the elective
   4. The level and quality of supervision
   5. Potential challenges to the code of medical ethics adopted by the home school

c. Provide an example of how medical students were prepared and supported before and during electives in which there is a risk to student and patient safety.

d. Describe the system for collecting performance assessments of medical students and evaluations of electives from medical students completing extramural electives.

e. Describe how the evaluation data on extramural electives provided by medical students is used by the school. For example, how are these data made available to medical students considering their elective options?

11.4 PROVISION OF MSPE

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

11.4 NARRATIVE RESPONSE

a.   Provide the earliest date for release by the medical school of the MSPE.

11.5 CONFIDENTIALITY OF STUDENT EDUCATIONAL RECORDS

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

11.5 NARRATIVE RESPONSE

a. Describe the general content of the medical student's academic file and non-academic file. How does the medical school differentiate between academic records and other relevant records (e.g., health information) to maintain appropriate separation and assurance of confidentiality?

b. Describe how the medical school determines which individuals have permission to review a medical student's file. Identify the institution officials (i.e., administrators, faculty) who are permitted to review medical student records. How does the medical school ensure that student educational records are available only to those individuals who are permitted to review them?

c. Describe the location(s) where medical student academic records are kept.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.5

1. Policy and procedure for a member of the faculty/administration to gain access to a medical student's file.

11.6 STUDENT ACCESS TO EDUCATIONAL RECORDS

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

11.6 NARRATIVE RESPONSE

a. Describe the procedure that medical students must follow in order to review or challenge their records. Can students gain access to their records in a timely manner? Note if there are any components of students' records that students are not permitted to review.

b. Indicate whether medical students are permitted to review and potentially challenge the following records. If review and challenge are possible, describe the procedures used.

    1. Content of the MSPE
    2. Course and clerkship data (e.g., examination performance, narrative assessments)
    3. Course and clerkship grades

c. Describe how the medical school's policies and procedures related to students' ability to review and challenge their records are made known to students and faculty.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.6

1. Formal medical school policies and procedures related to medical student ability to review and challenge their records, including the length of time it takes for students to gain access to their records.

STANDARD 12: MEDICAL STUDENT HEALTH SERVICES, PERSONAL COUNSELING, AND FINANCIAL AID SERVICES

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

STANDARD 12 OVERVIEW DATA

Table 12.0-1 | Tuition and Fees   Source: School-reported

Provide the *total tuition and fees* assessed to first-year medical students (both for in-state residents and out-of-state non-residents) for the indicated academic years. Include the medical school's health insurance fee, even if that fee is waived for a student with proof of existing coverage.

	AY 2012-13	AY 2013-14	AY 2014-15	AY 2015-16	AY 2016-17
In-state					
Out-of-state					

Table 12.0-2 | Average Medical School Educational Debt   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the average reported medical school educational indebtedness of all medical student graduates with medical school debt and the percentage of graduates with indebtedness in excess of $200,000.

	GQ 2013		GQ 2014		GQ 2015		GQ 2016	
	School %	National %	School %	National %	School %	National %	School %	National %
Average medical school debt								
Percent of graduates with debt greater than $200,000								

Table 12.0-3 | Average Overall Educational Debt   Source: AAMC GQ

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the *average overall educational debt (*including undergraduate college/university debt) of all medical school graduates with educational debt and the percentage of graduates with debt in excess of $200,000.

	GQ 2013		GQ 2014		GQ 2015		GQ 2016	
	School %	National %	School %	National %	School %	National %	School %	National %
Average overall educational debt								
Percent of graduates with debt greater than $200,000								

STANDARD 12 OVERVIEW DATA (CONTINUED)

Table 12.0-4 | Support Services at Geographically Distributed Campuses   Source: School-reported

Indicate how the following services are made available to students at each distributed campus by placing a "√" in the appropriate columns(s). Add additional rows for each service/campus. *Note: this question only applies to schools with geographically distributed campus(es).*					
		Services			
Available to Students via	Campus	Personal counseling	Student health services	Student well-being programs	Financial aid management
Personnel located on campus					
Visits from central campus personnel					
E-mail or Tele/Videoconference					
Student travel to central campus					

12.1 FINANCIAL AID/DEBT MANAGEMENT COUNSELING/STUDENT EDUCATIONAL DEBT

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

12.1 SUPPORTING DATA

Table 12.1-1 | Financial Aid and Debt Counseling Services.   Source: AAMC GQ – Student Affairs/Student Support

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) in the following areas.								
	GQ 2013		GQ 2014		GQ 2015		GQ 2016	
	School %	National %	School %	National %	School %	National %	School %	National %
Financial aid administrative services								
Overall educational debt management counseling								

Table 12.1-2 | Financial Aid and Debt Counseling Services.   Source: Independent Student Analysis

Provide data from the independent student analysis, by curriculum year, on the percentage of respondents that were *satisfied/very satisfied* (aggregated) with financial aid services and debt management counseling. Add rows for each relevant question area on the student survey.				
Survey Question	Year 1	Year 2	Year 3	Year 4

Table 12.1-3 | Financial Aid/Debt Management Activities   Source: School-reported

Describe financial aid and debt management counseling/advising activities (including one-on-one sessions) that were available for medical students in each year of the curriculum during the most recently completed academic year. Note whether they were required (R) or optional (O).			
Financial Aid/Debt Management Activities (specify R or O for Required or Optional)			
Year 1	Year 2	Year 3	Year 4

12.1 NARRATIVE RESPONSE

a. Describe the staffing of the financial aid office used by medical students and the reporting relationship(s) of the director of financial aid.

   1. Note if the financial aid office resides organizationally within the medical school or at the university level. If the latter, list the other schools/programs supported by financial aid office staff.
   2. Indicate the number of financial aid staff who are available to specifically assist medical students.
   3. Describe how the medical school determines and evaluates the adequacy of financial aid staffing.

b. If the medical school has one or more geographically distributed campuses, describe which of the required and optional advising sessions were available at each campus during the most recently completed academic year.

c. Provide a description of the types of print and/or online debt management information available to medical students. Note if students are required to use some or all of these materials (e.g., as part of financial aid/debt management sessions).

d. Describe current activities at the medical school or university to increase the amount and availability of scholarship and grant support for medical students (e.g., a current fund-raising campaign devoted to increasing scholarship resources). Describe the goals of these activities, their current levels of success, and the timeframe for their completion.

e. Describe other mechanisms that are being used by the medical school and the university to limit medical student debt, such as limiting tuition increases.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.1

1. The school's responses to the most recent LCME Part I-B Financial Aid Questionnaire.

12.2 TUITION REFUND POLICY

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

12.2 NARRATIVE RESPONSE

a. Briefly describe the tuition and fee refund policy. Describe how the policy is disseminated to medical students.

b. If not included in the tuition refund policy, describe policies related to the refund of payments made for health and disability insurance and for other fees.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.2

1. Policy for refunding tuition and fee payments to medical students who withdraw or are dismissed from the medical education program.

12.3 PERSONAL COUNSELING/WELL-BEING PROGRAMS

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

12.3 SUPPORTING DATA

Table 12.3-1 | Personal Counseling   Source: AAMC GQ – Student Affairs/Student Support

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with personal counseling.							
GQ 2013		GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %	School %	National %

Table 12.3-2 | Mental Health Services   Source: AAMC GQ – Student Affairs/Student Health

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with student mental health services.							
GQ 2013		GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %	School %	National %

Table 12.3-3 | Well-being   Source: AAMC GQ – Student Affairs/Wellness

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with programs and activities that promote effective stress management, a balanced lifestyle, and overall well-being.							
GQ 2013		GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %	School %	National %

Table 12.3-4 | Student Support Services by Curriculum Year   Source: Independent Student Analysis

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with the listed student support services. Add rows for additional relevant student survey questions.				
Survey Question	Year 1	Year 2	Year 3	Year 4
Personal counseling				
Mental health				
Well-being				

12.3 NARRATIVE RESPONSE

a. Describe the system for personal counseling for medical students, including how, by whom (i.e., roles and titles), and where services are provided. Describe how students are informed about the availability of personal counseling services.

b. Comment on how the medical school ensures that personal counseling services are accessible and confidential.

c. Summarize medical school programs or other programs designed to facilitate students' ongoing adjustment to the physical and emotional demands of medical school. Describe how students are informed about the availability of these programs/activities.

12.4 STUDENT ACCESS TO HEALTH CARE SERVICES

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

12.4 SUPPORTING DATA

Table 12.4-1 | Student Satisfaction with Health Services   Source: AAMC GQ – Student Affairs

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with student health services.							
GQ 2013		GQ 2014		GQ 2015		GQ 2016	
School %	National %	School %	National %	School %	National %	School %	National %

Table 12.4-2 | Student Satisfaction with Health Services by Curriculum Year   Source: Independent Student Analysis

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with health care services. Add rows for each relevant student survey question.				
Survey Question	Year 1	Year 2	Year 3	Year 4

12.4 NARRATIVE RESPONSE

a. Describe the current system for providing medical students with access to diagnostic, preventive, and therapeutic health services, including where and by whom (i.e., roles and titles) services are provided. For example, if there is a student health center, comment on its location, staffing, and hours of operation.

b. Describe how medical students at all instructional sites/campuses with required educational activities are informed about availability and access to health services.

c. Describe how medical students, faculty, and residents are informed of policies that allow students to be excused from classes or clinical activities in order to access health services.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.4

1. Policy or guidance document that specifies that medical students may be excused from classes or clinical activities in order to access health services.

2. Schools with geographically distributed campuses may provide the supporting data requested above for each campus (as available).

12.5 NON-INVOLVEMENT OF PROVIDERS OF STUDENT HEALTH SERVICES IN STUDENT ASSESSMENT/ LOCATION OF STUDENT HEALTH RECORDS

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

12.5 NARRATIVE RESPONSE

a.   Describe how the medical school ensures that a provider of health and/or psychiatric/psychological services to a medical student has no current or future involvement in the academic assessment of, or in decisions about, the promotion of that student. Describe how medical students, residents, and faculty are informed of this requirement.

b.   If health and/or psychiatric/psychological services are provided by university or medical school service providers, describe where these student health records are stored. Note if any medical school personnel have access to these records.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.5

1.   Policies and/or procedures that specify that providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student.

12.6 STUDENT HEALTH AND DISABILITY INSURANCE

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

12.6 NARRATIVE RESPONSE

a. Indicate whether health insurance is available to all medical students and their dependents and briefly describe the scope of benefits and premium costs.

b. Indicate whether and when (e.g., at enrollment, at the beginning of the third year) disability insurance is made available to medical students. Describe when (e.g., during orientation) and by what means medical students are informed of its availability.

12.7 IMMUNIZATION GUIDELINES

A medical school follows accepted guidelines in determining immunization requirements for its medical students.

12.7 NARRATIVE RESPONSE

a. Summarize the immunization requirements for medical students and note if the guidelines follow national and regional recommendations (e.g., from the Centers for Disease Control and Prevention, state agencies, etc.). Summarize the rationale for any school requirements that differ from national/regional guidelines.

b. Note if immunizations are available on campus (e.g., at the student health center) and how the costs of immunizations are covered.

c. Describe how and by whom the immunization status of medical students is monitored.

12.8 STUDENT EXPOSURE POLICIES/PROCEDURES

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

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

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

12.8 NARRATIVE RESPONSE

a. Describe institutional policies in the following areas related to medical student exposure to infectious and environmental hazards:

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

b. Describe when and in what way(s) the school's own medical students and visiting medical students are informed of the medical school's policies and procedures related to exposure to infectious and environmental hazards at all instructional sites.

c. Briefly summarize any protocols that must be followed by medical students regarding exposure to contaminated body fluids, infectious disease screening and follow-up, hepatitis-B vaccination, and HIV testing. Describe when and how students, including visiting students, learn about the procedures to be followed in the event of exposure to blood-borne or air-borne pathogens (e.g., a needle-stick injury).

d. Describe when in the course of their education medical students learn how to prevent exposure to infectious diseases, especially from contaminated body fluids.

e. Provide data on the percentage of medical students who report being familiar with the protocol following exposure to infectious and environmental hazards. For programs with geographically separated campuses, provide data by campus.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.8

1. Relevant policies on medical student exposure to infections and environmental hazards.

2. Policies related to the implications of infectious and/or environmental disease or disability on medical student educational activities.