



Data Collection Instrument for Full Accreditation Surveys

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**Published April 2022
For Medical Education Programs with
Full Accreditation Surveys in the 2023-24 Academic Year**

LCME® *Data Collection Instrument* for Full Accreditation Surveys in the 2023-24 Academic Year

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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.

Supporting Documentation

1. Provide maps illustrating the locations of affiliated hospitals and of any regional campuses.

1.1 Strategic Planning and Continuous Quality Improvement

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

Narrative Response

- a. Provide the mission statement of the medical school.
- b. Describe the process used by the medical school to develop its most recent strategic plan, whether that plan is stand-alone or in conjunction with the sponsoring organization (e.g., university, health system). How often and by whom is the strategic plan reviewed and/or revised?
- c. Describe how, when, and by whom or what group(s) the outcomes of the school’s strategic plan are monitored and acted upon. Provide two examples of outcomes from the most recent strategic goals/objectives and a description of the actions or activities undertaken to evaluate and act on the outcomes.
- d. Describe the personnel and other resources available for continuous quality improvement (CQI) activities related to the medical education program, including those supporting monitoring of LCME elements.
- e. How and when was the school’s CQI process for monitoring accreditation elements developed? How and by whom were the elements currently selected for monitoring identified and approved, and how and by whom was the periodicity for monitoring these elements determined? Indicate if the process to identify elements was a one-time event or is an ongoing process and, if ongoing, how and by whom changes in the monitored elements and/or the periodicity of their monitoring are made and approved. Identify who has core responsibility for and authority to manage the CQI effort and to ensure the effort’s effectiveness.
- f. Complete the following table that illustrates the monitoring process for each selected element (add rows as needed):

Element Monitored	Timing of Monitoring of the Element	Data Source(s) Used to Monitor the Element	Individuals/Groups Receiving the Results	Individual/Group Responsible for Taking Action

- g. Provide two examples of actions taken in response to the school’s CQI monitoring of accreditation elements, including how the success of the actions taken are being reviewed/monitored.

Supporting Documentation

1. The current strategic plan of the medical school or the plan of the sponsoring organization that includes the medical school.

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.

Narrative Response

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

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

- b. If the primary institutional governing board is responsible for any units in addition to the medical school (e.g., other colleges), is there a separate/subsidiary board or board committee for the medical school?
- c. 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.
- d. Place an “X” next to each area in which the medical school or sponsoring organization 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

- e. Describe the strategies for identifying and managing actual or perceived conflicts of interest for the following groups:
1. Governing board members
 2. Sponsoring organization administrators
 3. Medical school administrators
 4. Medical school faculty
- f. What mechanisms are used to ensure and monitor that the requirements of the conflict-of-interest policies are being followed?

Supporting Documentation

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

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.

Supporting Data

Table 1.3-1 Standing Committees					
List all major standing committees of the medical school and provide the requested information for each, including whether members are <i>all appointed</i> (A), <i>all self-nominated/peer-nominated/peer-selected</i> (S), or <i>both appointed and self-nominated/peer-nominated/peer-selected</i> (B), and whether the committee is charged with making <i>recommendations</i> (R), is <i>empowered to take action</i> (A), or <i>both</i> (B).					
Committee	Reports to	Total Voting Members	Total Faculty Voting Members*	Membership Selection (A/S/B)	Authority (R/A/B)

* This excludes individuals with administrative titles.

Narrative Response

- a. Summarize how the selection process for faculty committees ensures that there is input from and participation by the general faculty in the governance process.

- b. Describe how the medical school obtains input from faculty on proposed changes to policy and on other issues of importance. Describe one recent specific opportunity for faculty to provide such input, and how and by which individuals/groups that input was considered.

- c. List any mechanisms other than faculty meetings (e.g., written or electronic communications) that are used to inform faculty about policies and 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:

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

Supporting Data

Table 1.4-1 | Affiliation Agreements

For each clinical teaching site used for the inpatient portion of required clinical clerkships, including hospitals in the medical school’s/university’s own health system, provide the page number(s) in the current affiliation agreement or, in cases in which the medical school and the health system are one and the same, in an executed letter of commitment 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

Clinical teaching site	Date agreement last signed	Page Number(s) in Agreement				
		1. Access to resources	2. Primacy of program	3. Faculty appointments	4. Environmental hazard	5. Learning environment

Supporting Documentation

1. The signed/executed affiliation agreement for each clinical teaching site at which students complete the inpatient portions of required (core) clinical clerkships/experiences and/or integrated longitudinal clerkships/experiences. This does not include inpatient clinical sites only used for electives or selectives. *Note: Each affiliation agreement should be saved as a separate document.*

2. For ambulatory sites (e.g., clinics, group practices) that have a significant role in required clinical

clerkships/experiences, provide a copy of the memoranda/letters of understanding or other formal agreements by which the medical school ensures the primacy of the medical education program in the areas included in the element.

3. For individual physicians who have a significant role in required clinical clerkships/experiences, provide a copy of the letter of agreement or of faculty appointment by which the medical school ensures the primacy of the medical education program in the areas included in the element.

1.5 Bylaws

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

Narrative Response

- a. Provide the page number(s) in formally approved documents (e.g., bylaws or other policy documents) where each of the following is described, and note when and by whom each of these documents was last reviewed and approved:
 1. responsibilities and privileges of the dean and other administrative officers
 2. responsibilities and privileges of the faculty
 3. charges to major standing committees

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

Supporting Documentation

1. Formally approved document(s) as noted above.

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 of either the medical school or its sponsoring organization.

Narrative Response

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

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

- c. Provide the current institutional accreditation status and the year of the next 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.

Supporting Data

Table 2.1-1 Administrative Officer and Faculty Appointments		
Complete this table for each category of appointee. Use “A” if the category is <i>directly and solely appointed</i> by the Board of Trustees or “D” if the Board of Trustees has <i>delegated the appointment to another appointing authority</i> (e.g., the president, provost, or dean). If the Board of Trustees has no role in the appointment of individuals in that category, leave the cell blank.		
Medical School Dean	Medical School Administrators	Medical School Faculty

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.

Narrative Response

- a. List the missions of the medical school (e.g., education, research) for which the dean has formal leadership responsibility.

- b. Provide a brief summary of the dean's experience and qualifications to provide leadership in each of the medical school's missions for which the dean has responsibility.

Supporting Documentation

1. Dean's 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 decanal responsibilities; there is a clear definition of the dean's authority and responsibility for the medical education program.

Narrative Response

- a. Summarize the dean's formal (organizational) and informal interactions with and access to sponsoring organization and health system administrators. Provide examples to illustrate that the dean interacts with these administrators in discussions of and planning related to the needs of the medical education program.
- b. Through what formal mechanisms does the dean exercise authority over faculty who participate in the medical education program but are not employed by the medical school?

Supporting Documentation

1. Organizational chart(s) illustrating the relationship of the medical school dean to sponsoring organization administration and to the administrators of the health system, health science center and/or affiliated teaching hospitals (if relevant).
2. Dean's position description from bylaws or other policy document. If the dean has an additional role (e.g., vice president for health/academic affairs, provost), include that position description as well.

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 effectively the missions of the medical school.

Supporting Data

Table 2.4-1a Satisfaction with the Accessibility of the Office of the Associate Dean of/for Students/Student Affairs								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 2.4-1b Satisfaction with Awareness of Student Concerns of the Office of the Associate Dean of/for Students/Student Affairs								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 2.4-1c Satisfaction with Responsiveness to Student Problems of the Office of the Associate Dean of/for Students/Student Affairs								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 2.4-2a Satisfaction with the Accessibility of the Office of the Associate Dean for Educational Programs/Medical Education								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 2.4-2b Satisfaction with Awareness of Student Concerns of the Office of the Associate Dean for Educational Programs/Medical Education								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 2.4-2c Satisfaction with Responsiveness to Student Problems of the Office of the Associate Dean for Educational Programs/Medical Education								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 2.4-3 Department Chair Staffing			
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 2.4-4 Number of Department Chair Vacancies		
Indicate the number of <i>vacant/interim</i> department chair positions for each of the listed academic years (as available).		
AY 2021-22	AY 2022-23	AY 2023-24

Table 2.4-5 Dean’s Administrative Staff				
Provide the requested information regarding current members of the dean’s administrative staff. Include those individuals with dean and director titles. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed.				
Name of incumbent	Title	% Effort dedicated to administrative role	Date appointed	For acting/interim dean’s staff, date previous incumbent left

Narrative Response

- a. If any members of the dean’s administrative staff hold interim/acting appointments, describe the status and timeline of recruitment efforts to fill each of the position(s).
- b. If there are any department chair vacancies, including interim/acting chairs, describe the status and timeline of recruitment efforts to fill the position(s).
- c. Describe any processes used to evaluate department chairs and senior administrative staff.

Supporting Documentation

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 regional campuses is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus is administratively responsible to the dean.

Note: Only schools operating one or more regional campus(es) should respond to Element 2.5. See the Glossary of Terms for LCME Accreditation Standards and Elements at the end of this DCI for the LCME definition of regional campus.

Supporting Data

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

* Phases of the curriculum (pre-clerkship, clerkship/clinical)

Narrative Response

- a. Describe the reporting relationship between the medical school dean/CAO and the principal academic officer at each regional campus.

- b. Describe how the medical school dean/designated chief academic officer (CAO) oversees the following:
 1. the conduct and quality of the medical education program at all regional campuses
 2. the adequacy of campus faculty in terms of numbers and areas of expertise
 3. the adequacy of resources (e.g., patient volume and type, infrastructure, facilities)

Provide one example of how the dean/CAO was involved in addressing a problem related to campus educational program conduct and quality.

- c. Describe the reporting relationships of other campus administrators (e.g., student affairs) to administrators at the central (administrative) campus.

- d. Describe the ways in which the principal academic officer(s) at regional campus(es) are integrated into the administrative structures of the medical school (e.g., as a member of the Executive Committee/Dean’s Cabinet).

Supporting Documentation

1. Position description for the role of principal academic officer at the regional campus(es).

2.6 Functional Integration of the Faculty

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

Note: Only schools operating one or more regional campus(es) should respond to Element 2.6. See the Glossary of Terms for LCME Accreditation Standards and Elements at the end of this DCI for the LCME definition of regional campus.

Narrative Response

- a. Describe how faculty members in each discipline are functionally integrated across regional campuses at the department and medical school levels, including activities such as joint faculty meetings/retreats and visits by departmental and medical school (e.g., dean, dean's staff) leadership. Provide examples of the occurrence of such activities in the past two years.
- b. Describe how medical school policies and/or faculty bylaws support the participation of faculty based at regional campuses in medical school governance (e.g., committee membership).
- c. List the number of faculty member(s) and/or senior administrative staff member(s) based at the regional campus(es) currently serving on each of the major standing committees of the medical school as specified in institutional bylaws/policies.

Supporting Documentation

1. Organizational chart(s) illustrating the relationship of the site directors of pre-clerkship courses to course directors (if relevant).
2. Organizational chart(s) illustrating the relationship of clerkship site directors to clerkship directors (if relevant).

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.

Narrative Response

- a. Provide the percentage of medical students in the current graduating class who will complete one or more required clinical experiences or selectives at an inpatient or outpatient site where residents participate in medical student teaching/supervision. For schools with regional campuses, provide these data by campus.

- b. If residents are not present at any of the sites where all required clinical experiences are conducted for some or all students (e.g., at a longitudinal integrated clerkship site or a regional campus) or if some or all students do not have the opportunity to interact with residents prior to residency application, describe how medical students learn about the expectations and requirements of the next phase of their training.

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.

Supporting Data

Table 3.2-1a Satisfaction with Access to Research Opportunities								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 3.2-1b Satisfaction with Support for Participation in Research								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Narrative Response

- a. Describe how faculty scholarship is fostered in the medical school. For example, 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).
- b. If participation in research is required, describe how students, including students at regional campuses, are assisted in identifying a research project and a mentor, and informed about project requirements.
- c. If students are not required to complete a research project, briefly describe the opportunities for interested

medical students to participate in research, including how medical students are informed about research opportunities. If the medical school has one or more regional campuses, note how students at each campus have access to research opportunities.

- d. Describe the funding, personnel, and other resources available to support medical student participation in research and/or other scholarly activities.

3.3 Diversity 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.

Supporting Data

Table 3.3-1 Diversity Categories		
Provide the specific diversity categories identified in medical school policies that guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Note that the medical school may use different diversity categories for each of these groups. If different diversity categories apply to any of these groups, provide each relevant definition. If the category requires a definition (e.g., the specific definition of “rural” or “socioeconomically disadvantaged”), provide that below.		
Medical Students	Faculty	Senior Administrative Staff*

*See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definition of senior administrative staff.

Table 3.3-2 Offers Made to Applicants to the Medical School						
Provide the total number of offers of admission to the medical school made to individuals in the school’s identified diversity categories for the indicated academic years. Add rows as needed for each diversity category.						
School-identified Diversity Category	2022 Entering Class			2023 Entering Class		
	# 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						
Provide the total number of faculty positions available for the given academic year and the total number of offers. Add rows as needed for each diversity category.						
Total # of Faculty Positions Available	AY 2021-22			AY 2022-23		
	# 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						
Provide the total number of senior administrative staff positions available for the given academic year and the total number of offers. Add rows as needed for each diversity category.						
Total # of Senior Administrative Staff Positions Available	AY 2021-22			AY 2022-23		
	# of Declined Offers	# of Staff Hired	Total Offers	# of Declined Offers	# of Staff Hired	Total Offers

Table 3.3-5 Students, Faculty, and Senior Administrative Staff				
Provide the requested information for the 2023-24 academic year 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). If the diversity categories differ among the groups, include the category for each group in a separate row and provide the data in the corresponding row.				
School-identified Diversity Category	First year Students Number (%)	All Students Number (%)	Employed/ Full-Time Faculty Number (%)	Senior Administrative Staff Number (%)

Table 3.3-6 Diversity Programs and Partnerships				
List each current program aimed at broadening the diversity of 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

Narrative Response

- a. Describe the programs related to the recruitment and retention of medical students from school-defined diversity categories. In the description, include the following:
 - 1. The funding sources that the medical school has available
 - 2. The individual personnel dedicated to these activities and the time commitment of each
 - 3. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean’s office, an office of the sponsoring organization)

- b. Describe the programs related to the recruitment and retention of faculty and of senior administrative staff from school-defined diversity categories. In the description, include the following:
 - 1. The funding sources that the medical school has available
 - 2. The individual personnel dedicated to these activities and the time commitment of each
 - 3. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean’s office, an office of the sponsoring organization)

- c. Describe the following for areas of support related to the administration and delivery of programs aimed at developing a diverse pool of medical school applicants, both locally and nationally. See the *Glossary of Terms for LCME Accreditation Standards* and Elements at the end of this DCI for the LCME definition of “programs aimed at developing a diverse pool of medical school applicants.”
 - 1. The funding sources that the medical school has available
 - 2. The individuals dedicated to support these activities and the time commitment of each
 - 3. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean’s office, an office of the sponsoring organization)

- d. Describe how the medical school monitors and evaluates the effectiveness of its programs aimed at developing a diverse pool of medical school applicants. Provide evidence of program effectiveness, such as the number of participants and data on program outcomes.

Supporting Documentation

1. Formal medical school policies that include the specific diversity categories that guide recruitment and retention activities for the student body, faculty, and senior administrative staff.

3.4 Anti-Discrimination Policy

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

Narrative Response

- a. Provide the language of the medical school's anti-discrimination policy.

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

Supporting Documentation

1. The medical school's formal anti-discrimination policy (or the sponsoring organization's 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. 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.

Supporting Data

Table 3.5-1 Professional Behaviors		
List the professional behaviors that medical students are expected to develop, the location in the curriculum where formal learning experiences related to the development of these behaviors occur and/or are assessed, and the methods used to assess student attainment of each behavior. Add rows as needed.		
Behavior	Location(s) in Curriculum	Assessment Method(s)

Narrative Response

- a. Describe how the required professional behaviors are made known to students, faculty, residents, and others in the medical education learning environment.
- b. Summarize the procedures used by medical students, faculty, or residents to report observed incidents of unprofessional behavior as defined by the school's list of professional behaviors. Describe the way in which the medical school ensures that allegations of unprofessional behavior 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.
- c. Describe the methods and tools used to evaluate the learning environment in order to identify positive and negative influences on the development of medical students' professional behaviors, especially in the clinical setting. Include the timing of these evaluations, what specifically is being evaluated, and the individuals or groups who are provided with the results.
- d. Provide examples of strategies used to enhance positive and mitigate negative aspects of the learning environment identified through this evaluation process.
- e. Identify the individual(s) responsible for and empowered to ensure that there is an appropriate learning environment in each of the settings used for medical student education.

Supporting Documentation

1. Examples of the types of instruments used to evaluate the learning environment.

3.6 Student Mistreatment

A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

Supporting Data

For medical education programs with regional campuses, provide data for each campus.

Table 3.6-1a Student Mistreatment Experiences								
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) for the listed year on the percentage of respondents reporting experiences with each of the following behaviors during medical school.								
	AAMC GQ 2022							
	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								
Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation								

Table 3.6-1b Student Mistreatment Experiences								
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) for the listed year on the percentage of respondents reporting experiences with each of the following behaviors during medical school.								
	AAMC GQ 2023							
	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								
Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation								

Table 3.6-2a Satisfaction with the Clarity of the Student Mistreatment Policy								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 3.6-2b Satisfaction with the Processes to Report Student Mistreatment								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 3.6-2c Satisfaction with Student Mistreatment Prevention Activities								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 3.6-2d Satisfaction with the Adequacy of the School’s Actions on Reports of Student Mistreatment								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Narrative Response

- a. Describe how, when, and by whom medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff are informed about medical student mistreatment policies.

- b. Describe how and when medical students, including visiting students, are informed about the procedures for reporting incidents of mistreatment.
- c. Summarize the procedures used by medical students, faculty, or residents to report individual or observed incidents of alleged mistreatment in the learning environment. Describe how reports can be 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 alleged mistreatment have been made.
- d. How, by whom, and how often are summative data on the frequency of medical students experiencing mistreatment collected and reviewed? How and by whom 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.
- e. Describe recent educational activities for medical students, faculty, and residents that were directed at preventing student mistreatment.

Supporting Documentation

- 1. Formal medical school or sponsoring organization policies on student mistreatment, including the formal policies and/or procedures for responding to allegations of medical student mistreatment and the avenues for reporting and mechanisms for investigating reported incidents.

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.

Supporting Data

Table 4.1-1 Total Faculty				
Provide the total number of full-time, part-time, and volunteer faculty in the basic science and clinical departments for each listed academic year (as available).				
Academic Year	Full-Time Faculty Employed by the Medical School or Clinical Affiliate*		Part-Time or Volunteer Faculty Involved in Teaching Medical Students	
	Basic Science*	Clinical	Basic Science	Clinical
2021-22				
2022-23				
2023-24				

* Full-time basic science faculty may be based in either basic science or clinical departments

Table 4.1-2 Basic Science Faculty					
List each of the medical school's <i>basic science</i> disciplines and the department where the faculty are based (basic science or clinical department) and provide the number of faculty in that discipline and department <u>who are teaching medical students</u> . Do not include faculty in basic science disciplines who have no role in medical student education (e.g., have a full-time research role). Only list those disciplines (e.g., pathology) included in the basic science faculty counts in Table 4.1-1. Schools with one or more regional campus(es) should also provide the campus name. Add rows as needed.					
Campus	Discipline	Department	Full-Time Faculty	Full-Time Vacant	Part-Time and Volunteer Faculty

Table 4.1-3 Clinical Faculty				
For each campus, list the medical school's <i>clinical departments</i> and provide the number of clinical (MD/DO) faculty in each department. Only list departments included in the faculty counts in Table 4.1-1. Schools with one or more regional campus(es) should provide the campus name in each row. Add rows as needed.				
Campus	Department	Full-Time Faculty	Full-Time Vacant	Part-Time and Volunteer Faculty

Narrative Response

- Provide general definitions, as used by the school, for the categories of full-time, part-time, and volunteer faculty.
- How does the school ensure that course and clerkship directors have adequate protected time to fulfill their respective administrative responsibilities for course/clerkship leadership? Summarize how the allotted amount of protected time has been determined and its sufficiency evaluated.

- c. Describe any situations where there have been recent problems identifying sufficient faculty with the appropriate expertise and time to teach medical students (e.g., to provide lectures in a specific content area, to serve as small group facilitators, to serve as clinical skills teachers). Note how and by whom these problems have been/are being addressed.
- d. Describe anticipated attrition in the basic science and clinical faculty who participate in the medical education program over the next three years, including faculty retirements.
- e. Describe faculty recruitments, by discipline, planned over the next three academic years. Provide the anticipated timing of these activities and whether these recruitments are included in the budget for the relevant year(s). Note if these are new recruitments or to replace faculty who have retired/left the institution.
- f. List the disciplines in which basic science faculty have primary and ongoing teaching responsibilities for students other than medical students. Only include interdisciplinary courses once per department.
- g. List the departments in which clinical faculty have primary and ongoing teaching responsibilities for students other than medical students and for medical students from other medical schools. Do not include responsibility for teaching residents.

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.

Supporting Data

Table 4.2-1 Scholarly Productivity				
Provide the total number of each type of scholarly work, by department (basic science and clinical), from the most recently completed year (academic or calendar year, whichever is used in the medical school’s accounting of faculty scholarly efforts). Only count each article/book chapter once per department.				
Department	Articles 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:				

Narrative Response

- a. Describe the medical school’s expectations for faculty scholarship, including whether scholarly activities are required for retention, promotion, and the granting of tenure for 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 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.

Narrative Response

- a. 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
 4. Assignment to a faculty track

- b. Describe how and when faculty members are initially notified about their responsibilities in teaching, research and, where relevant, patient care and indicate whether such notification occurs on a regularly scheduled basis.

Supporting Documentation

1. Medical school or sponsoring organization's policies describing each faculty track, including the qualifications required for the track. Note when and by whom these policies were last reviewed and approved.

2. Procedures for initial faculty appointment, renewal of appointment, promotion, granting of tenure (if relevant), and dismissal. Note when and by whom these procedures 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 academic performance and progress toward promotion and, when applicable, tenure.

Narrative Response

- a. Describe how and when faculty members receive formal feedback from departmental (i.e., the department chair or division/section chief) or other programmatic or institutional (e.g., center directors, program leaders, senior administrators) leaders on their academic performance, progress toward promotion and, if relevant, tenure.
- b. Summarize which categories of faculty are required to receive such feedback.

Supporting Documentation

1. Medical school or sponsoring organization policies that require faculty to receive regular formal feedback on their performance and their progress toward promotion and, if relevant, tenure, including when and by whom 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 research to enhance his or her skills and leadership abilities in these areas.

Narrative Response

- a. Describe the availability and organizational placement (e.g., faculty development office, medical school dean's office, university office) of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Provide the percent of effort allocated by each of these individuals to faculty development activities.
- b. Describe how faculty members are informed about the availability of in-person or virtual faculty development programming. How does the medical school ensure that faculty development can be accessed by faculty at all instructional sites, including clinical affiliates and regional campuses?
- c. Describe how problems with an individual faculty member's teaching and assessment skills are identified and remediated.
- d. Describe the availability of funding to support faculty members' participation in professional development activities related to their own discipline/specialty (e.g., attendance at professional meetings) and to their teaching role (e.g., attendance at regional/national medical education meetings).
- e. Provide examples of formal activities at the departmental, medical school, and/or sponsoring organization level to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement. List the categories of personnel (e.g., biostatisticians, grant reviewers) available to assist faculty in acquiring and enhancing such skills.
- f. Describe the specific programs or activities offered to assist faculty in preparing for promotion.

Supporting Documentation

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, attendance, and the locations where these programs were offered or if they were offered virtually.

4.6 Responsibility for Medical School Policies

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

Narrative Response

- a. Is there a standing or other committee, such as an executive committee, in which the dean, relevant medical school administrators, and faculty representatives determine the governance and policy-making processes of the medical school? Describe the committee's membership, charge or purpose, scope of authority, and how often it meets.

- b. Briefly describe how the faculty have input to this committee.

- c. Provide examples of concerns addressed by the committee and actions taken by the committee to address those concerns 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.

Supporting Data

Table 5.0-1 Medical School Revenue Sources				
Provide the requested revenue totals from the LCME Part I-A Annual Financial Questionnaire (AFQ) for each indicated fiscal year (FY) and the <i>percentage of total revenues</i> represented by each amount. Use the “total revenues” from the AFQ for this calculation.				
	FY 2021		FY 2022	
	\$	% of Total Revenues	\$	% of Total Revenues
Total tuition and fees revenues				
Revenues from tuition and fees (T&F) assessed to medical students				
Revenues from T&F assessed to grad students in med school programs				
Revenues from continuing medical education programs				
Other tuition and fees revenues				
Total expenditures and transfers from government and parent support				
Total federal appropriations				
Total adjusted state and parent support				
Total local appropriations				
Total grants and contracts				
Total direct costs - federal government				
State and local government grants and contracts				
Other grants and contracts direct expenditures				
Total facilities and administration costs expenditures				
Practice plans total revenues				
Total expenditures and transfers from hospital funds				
Total expenditures and transfers from university hospital funds				
Total expenditures and transfers from VA hospital funds				
Total expenditures and transfers from other affiliated hospital funds				
Restricted gift funds expended				
Unrestricted gift funds expended				
Expenditure of income from restricted endowment funds				
Expenditure of income from unrestricted endowment funds				
Total other revenues				
Total revenues				
Total expenses and transfers				

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.

Narrative Response

- a. Summarize trends in each of the funding sources available to the medical school, including an analysis of their stability. Describe any substantive changes in the following areas during fiscal years 2021, 2022, 2023, and 2024 (based on current projections).
 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 fiscal year in which your full survey visit will take place 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 role and authority of the medical school dean in budget development and approval.

- d. Describe the ways in which the medical school's governance, through its organizational structure, supports the effective management of its financial resources.

- e. Describe the ways that funding for the current and projected capital needs of the medical school is being addressed.

- f. Describe the medical school's policy and practice with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

- g. Describe whether and for what purpose(s) financial reserves, or other sources, have been used to balance the operating budget over the past three fiscal years.

- h. Summarize the key findings resulting from the most recent external financial audits of the medical school

(including medical school departments) and/or its sponsoring organization.

Supporting Documentation

1. The medical school's responses to the most recent LCME Part I-A Annual Financial Questionnaire (AFQ), consisting of the items below.
 - a. Signed Signature Page
 - b. Current Funds Revenues, Expenditures, and Transfers - Data Entry Sheet
 - c. Schedules A-E
 - d. Revenues and Expenditures History

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

3. A revenue and expenditures summary for fiscal years 2021, 2022, 2023 and 2024 (based on current projections). Use the format and row labels from the "Revenues and Expenditures History" page of the LCME Part I-A AFQ (i.e., from the last page of the AFQ).

4. A copy of the most recent audited financial statements for the medical school and/or its sponsoring institution.

5.2 Dean’s Authority/Resources

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

Narrative Response

- a. Provide the name and title of the individual with formal responsibility for the management and evaluation of the medical education program, 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, and the percentage of time he or she devotes to this administrative responsibility.

Name	Title	% Effort in the CAO Role

- b. Describe how the CAO participates in institution-level/system-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. Describe the budgetary authority of the medical school dean in accessing funds from the medical school budget.
- d. Describe how and by whom the budget to support the planning and delivery of the school’s medical education program is developed and approved, and how it is allocated to departments and administrative units.
- e. Provide the names and titles of the staff leadership (e.g., director of assessment, director of institutional computing) of groups/units 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	To Whom Does the Staff Leaders Report (e.g., Associate Dean for Medical Education)	% Effort to Support the Medical Education Program	# of Staff Reporting to Leader

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.

Supporting Data

Table 5.3-1 Tuition and Fees			
Percentage of total revenue from tuition and fees as reported on the LCME Part I-A Annual Financial Questionnaire (AFQ) section titled “Current Funds Revenues, Expenditures and Transfers – Data Entry Sheet” for the indicated years. Please calculate each percentage by dividing “Total Tuition and Fees Revenues” by “Total Revenues Reported.”			
FY 2019	FY 2020	FY 2021	FY 2022

Narrative Response

- a. Describe how and at what administrative level (e.g., the medical school, the sponsoring organization administration, the board of trustees, the legislature) the size of the medical school entering class is set. How does the school/institutional leadership ensure that the number of medical students does not exceed available resources (i.e., faculty and educational facilities)?
- b. Describe the process for setting tuition and fees for the medical school.
- c. Describe how and by whom pressures to generate funding from clinical care, research, and/or tuition are being managed to prevent negative effects on 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.

Supporting Data

Table 5.4-1 Pre-clerkship Classroom Space			
Provide the requested information on the types of classroom space (lecture hall, laboratory, clinical skills teaching/simulation space, small group discussion room, etc.) used for each instructional format during <i>the pre-clerkship</i> medical curriculum. Only include space used for regularly scheduled medical school classes, including laboratories and clinical teaching/assessment activities. Add rows as needed.			
Room Type/Purpose	# of Rooms of this Size/Type	Seating Capacity (provide a range if variable across rooms)	Building(s) in Which Rooms are Located

Table 5.4-2 Satisfaction with the Adequacy of Lecture Halls, Large Group Classroom Facilities								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 5.4-3 Satisfaction with the Adequacy of Small Group Teaching Spaces on Campus								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Narrative Response

- a. If educational spaces used for required classes in the pre-clerkship 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. If classrooms or lecture halls are shared by students in different years of the curriculum, describe how and by whom the spaces are scheduled and allocation is managed.
- c. Describe any recent challenges in obtaining access to needed teaching space and how these have been/are being resolved.
- d. Describe any recent or current campus teaching space renovations or construction. If there has been a recent increase in class size or a curriculum change that requires different teaching spaces, note how these changes have been accommodated (e.g., increases in room size, type, and/or number).
- e. Describe the facilities used for teaching and assessment of students' clinical and procedural skills and their location(s). Note if this space is also used for other purposes or programs. If so, describe how scheduling is managed to avoid potential conflicts.
- f. Describe how research space is organized within the medical school. Describe how the medical school determines if the available research space is adequate.
- g. Describe any substantive changes in facilities for education and/or research anticipated by the medical school over the *next three academic 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 that have adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

Supporting Data

Table 5.5-1 Inpatient Teaching Sites by Clerkship							
List all <i>inpatient teaching sites</i> at which medical students take one or more required clerkships. List the required clerkships as column headings. Indicate the clerkship(s) offered at each site by placing an “X” in the appropriate column. Schools with regional campuses should include the campus name for each facility. Add columns and rows as needed.							
Facility Name/ Campus (if applicable)							

Table 5.5-2 Inpatient Teaching Facilities				
Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship) taking place at an inpatient facility. Only provide information for clinical services used for required clinical clerkships at each hospital. Schools with regional campuses should include the campus name for each facility. Add rows as needed.				
Facility Name/Campus (if applicable)	Clerkship	Average Daily Inpatient Census	Average # of Students per Rotation (range)	
			Medical Students From This School	Medical Students (MD/DO) from Other Schools

Table 5.5-3 Ambulatory Teaching Sites by Clerkship							
For each <i>type of ambulatory teaching site</i> used for one or more required clerkships, indicate the clerkship(s) offered at this type of site by placing an “X” in the appropriate column. List the required clerkships as column headings. Add rows and columns as needed.							
Facility Type							
University Hospital Clinic							
Community Hospital Clinic							
Community Health Center							
Private Physician Office							
Rural Clinic/AHEC							
Other Type of Site (list)							

Narrative Response

- a. Describe any substantive changes anticipated by the medical school over the next three academic years in clinical sites (inpatient and/or ambulatory) for clinical education.

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.

Supporting Data

Table 5.6-1 Inpatient Hospital Clerkship Resources		
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 an “X” in the appropriate column heading. Schools with regional campuses should include the campus name for each facility. Add rows as needed.		
Facility Name/ Campus (if applicable)	Lecture/ Conference Rooms	Computers and Internet Access

Table 5.6-2 Satisfaction with the Adequacy of Educational/Teaching Spaces at Hospitals								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.

Narrative Response

- a. Comment on the adequacy of infrastructure resources to support medical student education at each inpatient and outpatient site (excluding private physician offices) used for required clinical clerkships, including space for teaching (lectures/conference rooms), and access to information technology.
- b. If problems with the availability of educational resources were identified at one or more inpatient or outpatient sites, describe the data/information illustrating the problem, , and the steps being taken to address the 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.

Supporting Data

Table 5.7-1a Satisfaction with Medical School Campus Safety and Security								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 5.7-1b Satisfaction with Clinical Site Safety and Security								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2*								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.

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 times/situations listed below. If the medical school has regional 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 how medical students are protected at instructional sites that may pose special physical dangers (e.g., during interactions with patients in detention facilities, in the emergency department).

- c. Describe how medical students and faculty are informed of institutional emergency and disaster preparedness policies and plans and how they are notified in the case of emergency situations.

Supporting Documentation

1. Copies of medical school or sponsoring organization 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.

Supporting Data

Table 5.8-1 Satisfaction with the Library					
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with the library.					
AAMC GQ 2021		AAMC GQ 2022		AAMC GQ 2023	
School %	National %	School %	National %	School %	National %

Table 5.8-2a Satisfaction with Access to Library Resources and Holdings								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 5.8-2b Satisfaction with the Quality of Library Support and Services								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

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

Table 5.8-4 Medical School Library Staffing		
Provide the number of staff FTEs in the following areas, using the most recent academic year. Schools with regional campuses may add rows for each additional library/campus.		
Professional Staff	Technical and Paraprofessional Staff	Part-Time Staff (e.g., student workers)

Narrative Response

- a. List any other schools and/or program(s) served by the main medical school library.
- b. List the regular staffed library hours. If there are additional hours during which medical students have access to all or part of the library for study, provide these as well.
- c. Describe whether members of the medical school library staff are 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.
- d. Describe medical student and faculty access to electronic and other library resources across all sites, including regional campuses. Are the library resources listed above available to medical students and faculty at sites separate from the medical school campus?

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.

Supporting Data

Table 5.9-1a Satisfaction with Ease of Access to Technology Support								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 5.9-1b Satisfaction with Access to Online Learning Resources								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 5.9-2 Medical School IT Resources			
Provide the following information based on the most recent academic year. Schools with regional campuses should specify the campus in each row.			
Campus (if applicable)	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 5.9-3 Medical School IT Services Staffing			
Provide the number of IT staff FTEs <u>dedicated/available to the medical school</u> in the following categories, using the most recent academic year. Schools with regional 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)

Narrative Response

- a. Describe the reliability and accessibility of a wireless network in classrooms and study spaces. If the school has regional campuses, include the description by campus.
- b. Describe the availability of telecommunications technology that links all instructional sites/campuses and how information technology (IT) services support the delivery of distributed education, as relevant.
- c. Describe how medical students, residents, and faculty can access educational resources (e.g., curriculum materials) from off-campus sites, including teaching hospitals and ambulatory teaching sites.
- d. Summarize how the medical school determines the adequacy of IT resources to support the educational program.
- e. Describe the ways that staff members in the IT services unit are involved in curriculum planning, delivery, and evaluation for the medical school, including the creation and maintenance of tools (e.g., learning management systems, curriculum database) for these purposes.

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.

Narrative Response

- a. Describe how and by which individuals or groups the adequacy of resources is taken into account to make the following decisions:
 1. The number of transfer students 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 space and resources are adequate to support the numbers of transfer and visiting students who are accepted.

5.11 Study/Lounge/Storage Space/Call Rooms

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

Supporting Data

Table 5.11-1a Satisfaction with the Adequacy of Student Study Space at the Medical School Campus								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 5.11-1b Satisfaction with the Adequacy of Student Study Space at Hospitals/Clinical Sites								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2*								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.

Table 5.11-2 Satisfaction with the Adequacy of Campus Relaxation Space								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 5.11-3 Satisfaction with the Adequacy of Relaxation Space at Hospital/Clinical Sites								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.

Table 5.11-4 Call Room Availability		
List each hospital used for required clinical clerkships, including regional campuses. Place a “Y” (yes) if there is required call in one or more clerkships at that hospital and a “Y” (yes) if there is call room availability for medical students at the site.		
Hospital	Required Medical Student Night Call in One or More Clerkship(s)?	Call Rooms Available for Medical Students?

Table 5.11-5a Satisfaction with the Adequacy of Secure Storage Space at the Medical School Campus								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 5.11-5b Satisfaction with the Adequacy of Secure Storage Space at Hospital/Clinical Sites								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.

Narrative Response

- a. Describe the locations of lounge/relaxation space and personal lockers or other secure storage areas for student belongings on the central medical school campus, at each facility used for required clinical clerkships, and on each regional campus (if applicable) for students in the pre-clerkship and clerkship portions of the curriculum. Note if the space is solely for medical student use or if it is shared with others.

- b. For each site and clerkship where there is overnight call, describe the call rooms available for medical students, their location, and their security.

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 one or more class size increases will result in a cumulative increase in the size of the entering class at the main campus and/or in one or more existing regional campuses of 10% or 15 students, whichever is smaller, starting at the entering class size/campus yearly enrollment in place at the time of the medical school’s last full survey; and/or the school accepts a total of at least 10 transfer students into any year(s) of the curriculum.

Supporting Data

Table 5.12-1 New Medical Student Admissions							
Provide the number of new medical students (not repeating students) admitted in each of the indicated academic years.							
2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24

Supporting Documentation

1. Provide a copy of any notifications made to the LCME of changes in medical student enrollment, curriculum, finances, change on ownership/governance, clinical affiliations, and/or other institutional resources since the last full survey.

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.

Supporting Data

Table 6.0-1 Pre-clerkship Phase Instructional Formats						
Using the most recently completed academic year (e.g., 2022-23), list each course in the pre-clerkship phase 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.						
	Number of Formal Instructional Hours Per Course					
Course	Lecture	Lab	Small Group	Patient Contact*	Other	Total
Total						

* Includes interactions with simulated patients

Table 6.0-2 The Clerkship Phase - Clerkship Length and Formal Instructional Hours per Clerkship		
Provide data from the most recently completed academic year (e.g., 2022-23) on the total number of weeks and formal instructional hours (lectures, conferences, and teaching rounds) for each required clerkship in the clerkship phase of the curriculum. Provide a range of instructional hours if there is significant variation across sites. Note that hours devoted solely to patient care activities should NOT be included as instructional time. Add rows as needed.		
Clerkship	Total Weeks	Typical Hours per Week of Formal Instruction

Narrative Response

- a. Describe the general structure of the curriculum by phase (i.e., pre-clerkship, clerkship, “other” phase if relevant). In the description, refer to the placement of courses/clerkships as contained in the curriculum schematic requested below. For courses/clerkships where the title may not clearly indicate the content, indicate the disciplines included.
- b. 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 regional 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/phase of the parallel curriculum

Supporting Documentation

1. Provide a schematic or diagram that illustrates the structure of the curriculum for the 2022-23 academic year. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkships in each year, illustrating when one curriculum phase ends and the next begins. If the structure of one or more years of the curriculum has changed significantly since 2022-23 was 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.
2. A schematic of any parallel curricula (tracks).

6.1 Program and Learning Objectives

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

Supporting Data

Table 6.1-1 Competencies, Program Objectives, and Outcome Measures		
List each general competency expected of graduates, the related medical education program objectives, and the outcome measure(s) <u>specifically</u> used to assess students' attainment of <u>each</u> related education program objective. Add rows as needed.		
General Competency	Medical Education Program Objective(s) Linked to the Competency	Outcome (Assessment) Measure(s) for Each Objective

Narrative Response

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

- b. 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

- c. 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

Also see the response to Element 9.1

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.

Supporting Data

Table 6.2-1 Required Clinical Experiences				
For each required clinical clerkship or clinical discipline within a longitudinal integrated clerkship, list and describe each patient type/clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility.				
Clerkship/Clinical Discipline	Patient Type/Clinical Condition	Procedures/Skills	Clinical Setting	Level of Student Responsibility*

* Select the one minimal level of student responsibility that is expected of all students in order to meet requirements of the clerkship.

Narrative Response

- a. Provide a definition for the terms used under “level of student responsibility” in Table 6.2-1. That definition should clearly describe what the students are expected to do in that situation (e.g., observe, participate, perform).
- b. Describe how, when, and by what group(s) the current list of patient types/clinical conditions and skills and the list of alternatives to remedy gaps when students are unable to access a required encounter or perform a required skill were reviewed and approved.
- c. Describe how medical students, faculty, and residents are informed of the required clinical encounters and skills and the expected level of student responsibility for each.

6.3 Self-Directed and Life-Long Learning

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

Supporting Data

Table 6.3-1 Satisfaction with Self-Directed Learning Opportunities in the Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Narrative Response

- a. List the courses in which self-directed learning activities (as defined in the language of Element 6.3) occur during the pre-clerkship phase of the curriculum. Describe the learning activities in which students engage in all of the following components of self-directed learning in a unified sequence and indicate how and by whom student achievement of these skills is assessed and feedback provided. Use the names of relevant courses from Table 6.0-1 when answering.
 1. Self-assessment of their learning needs
 2. Independent identification, analysis, and synthesis of relevant information
 3. Independent and facilitator appraisal of the credibility of information sources
 4. Assessed on and receive feedback on their information-seeking skills

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.

Supporting Data

Table 6.4-1 Percentage Total Clerkship Time*		
Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. If the amount of time spent in each setting varies across sites, provide a range. Add rows as needed.		
<u>Required Clerkship</u>	Percentage of Total Clerkship Time	
	% Ambulatory	% Inpatient

*Complete a separate table for each parallel track and campus.

Narrative Response

- a. How does the curriculum committee or other authority determine that the balance between inpatient and ambulatory experiences is appropriate for students to meet the learning objectives and the clinical requirements for the clerkship?

6.5 Elective Opportunities

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

Supporting Data

Table 6.5-1 Required Elective Weeks*	
Provide the number of required weeks of elective time in each phase of the curriculum.	
Phase	Total Required Elective Weeks

*Complete a separate table for each parallel track and campus.

Narrative Response

- a. Describe how the medical school ensures that sufficient electives are available to meet the educational needs of medical students.

6.6 Service-Learning/Community Service

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

Supporting Data

Table 6.6-1 Satisfaction with Access to Service Learning/Community Service								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Narrative Response

- a. Summarize the opportunities for medical students to participate in service learning and/or community service, including the general types of service-learning and/or community service activities that are available. See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definitions of service-learning and community service.
- b. How are students informed about the availability of service learning and/or community service activities? Provide school data, as available, on the level of students' participation in service-learning and/or community service activities.
- c. Describe how the medical school encourages and supports service-learning and/or community service activities through the provision of funding and/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.

Supporting Data

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

Narrative Response

- a. Describe examples of informal opportunities (i.e., not a required part of the medical school curriculum) that are available for medical students to interact with students from graduate and/or professional degree programs. How does the medical school encourage such interactions?

- b. Describe how medical students are exposed to continuing medical education activities for physicians.

6.8 Education Program Duration

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

Supporting Data

Table 6.8-1 Number of Scheduled Weeks per Curriculum Phase	
Use the table below to report the number of scheduled weeks of instruction in each phase ¹ of the curriculum (do not include vacation time). Refer to the Supporting Documentation section for Standard 6 if the medical school offers one or more parallel curricula (tracks). ²	
Curriculum Phase	Number of Scheduled Weeks
Pre-clerkship phase	
Clerkship phase	
Other phase (as defined by the school)	
Total weeks of scheduled instruction	

¹The pre-clerkship phase is the time prior to the start of the required clinical clerkships. The clerkship phase includes the time for required clinical and other related activities. “Other phase” may be a separate portion of the curriculum following the completion of required clerkships.

²Note any differences for parallel tracks and/or campuses.

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 Data

Table 7.0-1 General Medical Education - Preparation for Residency						
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who <i>agree/strongly agree</i> (aggregated) that they are prepared in the following ways to begin a residency program.						
	AAMC GQ 2021		AAMC GQ 2022		AAMC GQ 2023	
	School %	National %	School %	National %	School %	National %
Acquired an understanding of common conditions and their management						
Acquired basic skills in clinical decision-making and application of evidence-based information						

Supporting Documentation

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

7.1 Biomedical, Behavioral, Social Sciences

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

Supporting Data

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

*Describe “Other”

Table 7.1-2 Basic Science Education						
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who rated preparation for clinical clerkships and electives as <i>excellent or good</i> (aggregated) in the following basic medical sciences.						
	AAMC GQ 2021		AAMC GQ 2022		AAMC GQ 2023	
	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 Preparation for Residency – Social Science Subjects					
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who <i>agree/strongly agree</i> (aggregated) that they are prepared in the following area to begin a residency program: <i>Fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization, and structure of the health care system)</i> .					
AAMC GQ 2021		AAMC GQ 2022		AAMC GQ 2023	
School %	National %	School %	National %	School %	National %

Narrative Response

- a. If there have been identified gaps, performance problems, or student dissatisfaction in any of the content areas listed above, summarize the steps taken to address these concerns.

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

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

Supporting Data

Table 7.2-1a Satisfaction with the Adequacy of Education to Diagnose Disease								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 7.2-1b Satisfaction with the Adequacy of Education to Manage Disease								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 7.2-1c Satisfaction with the Adequacy of Education in Disease Prevention								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 7.2-1d Satisfaction with the Adequacy of Education in Health Maintenance								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 7.2-2 General Medical Education						
Place an “X” in each column indicating the courses or clerkships where each of the following topic areas is taught and assessed. Use same course names as provided in Tables 6.0-1 and 6.0-2. Add rows for course and clerkship names as needed.						
Course/Clerkship name	Continuity of care	Preventive care	Acute care	Chronic care	Rehabilitative care	End-of- life care

7.3 Scientific Method/Clinical/Translational Research

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

Supporting Data

Table 7.3-1 Scientific Method/Clinical/Translational Research Assessment			
Identify where in the curriculum medical students learn and are assessed on the scientific method and the basic scientific and ethical principles of clinical research.*			
Topic	Course/ Clerkship	Relevant Learning Objectives	Assessment Method(s)
Scientific method			
Scientific principles of clinical research			
Scientific principles of translational research			
Ethical principles of clinical and translational research			
Use of biomedical statistics in medical science research and its application to patient care			
How clinical and translational research is explained to patients			

* See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definitions of clinical and translational research.

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.

Narrative Response

- a. Provide two detailed examples from the pre-clerkship phase of the curriculum of where students learn about, demonstrate, and are assessed on each of the following skills. In each description, include the course(s) in which this instruction and assessment occur 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.

Supporting Data

Table 7.5-1 Common Societal Problems Taught and Assessed in the Curriculum			
For five common societal problems identified by the school, list the courses/clerkships where the teaching occurs; categorize the learning objectives according to whether they address: (a) the diagnosis; (b) prevention; (c) appropriate reporting (if relevant); and (d) treatment of the medical consequences of the societal problem; and assessment method(s) for each objective.			
Societal Problem	Course/ Clerkship	Type of Learning Objectives (a, b, c, d)	Assessment Method(s)

Supporting Documentation

1. Provide the learning objectives for one of the societal problems listed in the above table along with the category of each objective.

7.6 Structural Competence, Cultural Competence and Health Inequities

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

- The diverse manner in which people perceive health and illness and respond to various symptoms, diseases, and treatments
- The basic principles of culturally and structurally competent health care
- The importance of health care disparities and health inequities
- The impact of disparities in health care on all populations and approaches to reduce health care inequities
- The knowledge, skills, and core professional attributes needed to provide effective care in a multidimensional and diverse society

Supporting Data

Table 7.6-1 Recognizing and Addressing Bias	
Provide the names of courses and clerkships that prepare students to be aware of their own gender and cultural biases and those of their peers and teachers. Add rows as needed.	
Course/Clerkship	Instructional Formats

Table 7.6-2 Structural Competence, Cultural Competence, Health Inequities, and Healthcare Disparities				
For each topic area*, indicate with an “X” the phase in the curriculum where it is taught, and the methods used in that phase to assess student performance.				
Topic	Pre-clerkship Phase	Assessment Method(s)	Clerkship Phase	Assessment Method(s)
Structural Competence				
Cultural Competence				
Health Inequities				
Healthcare Disparities				

* See the Glossary of Terms for LCME Accreditation Standards and Elements at the end of this DCI for the LCME definitions of structural competence, cultural competence, health inequities, and healthcare disparities.

Table 7.6-3 General Medical Education - Preparation for Residency					
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who <i>agree/strongly agree</i> (aggregated) that they are prepared in the following area to begin a residency program: <i>Prepared to care for patients from different backgrounds.</i>					
AAMC GQ 2021		AAMC GQ 2022		AAMC GQ 2023	
School %	National %	School %	National %	School %	National %

Table 7.6-4 Satisfaction with Adequacy of Education in Caring for Patients from Different Backgrounds								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

7.7 Medical Ethics

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

Supporting Data

Table 7.7-1 General Medical Education - Preparation for Residency					
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who <i>agree/strongly agree</i> (aggregated) that they are prepared in the following area to begin a residency program: <i>I understand the ethical and professional values that are expected of the profession.</i>					
AAMC GQ 2021		AAMC GQ 2022		AAMC GQ 2023	
School %	National %	School %	National %	School %	National %

Table 7.7-2 Medical Ethics Teaching and Assessment in the Curriculum			
For each topic area, identify where in the curriculum medical students learn and are assessed on medical ethics and professionalism.			
Topic	Course/Clerkship	Learning Objectives	Assessment Method(s)
Biomedical ethics			
Ethical decision-making			
Professionalism			
Ethical behavior in patient care			

Narrative Response

- a. How are breaches of ethical behaviors in patient care by medical students identified and remediated?

Supporting Documentation

1. Instruments used in the formative and/or summative assessment of medical students' ethical behavior during the pre-clerkship 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.

Supporting Data

Table 7.8-1a Skills of Communicating with Patients and Patients' Families			
Provide the names of courses and clerkships where explicit learning objectives are taught and assessed and list the relevant learning objectives for each course and clerkship.			
Course/Clerkship	Learning Objectives	Teaching Format(s)	Assessment Method(s)

Table 7.8-1b Skills of Communicating with Physicians as Part of the Medical Team			
Provide the names of courses and clerkships where explicit learning objectives are taught and assessed and list the relevant learning objectives for each course and clerkship.			
Course/Clerkship	Learning Objectives	Teaching Format(s)	Assessment Method(s)

Table 7.8-1c Skills of Communicating with Non-Physician Health Professionals as Part of the Health Care Team			
Provide the names of courses and clerkships where explicit learning objectives are taught and assessed and list the relevant learning objectives for each course and clerkship.			
Course/Clerkship	Learning Objectives	Teaching Format(s)	Assessment Method(s)

Table 7.8-2 Preparation for Residency- Communication Skills					
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who <i>agree/strongly agree</i> (aggregated) that they are prepared in the following area to begin a residency program: <i>Communication skills necessary to interact with patients and health professionals.</i>					
AAMC GQ 2021		AAMC GQ 2022		AAMC GQ 2023	
School %	National %	School %	National%	School %	National %

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.

Supporting Data

Table 7.9-1 Interprofessional Collaborative Skills (ICS) in the Curriculum					
Complete this table with information on required experiences where medical students are brought together with students and/or practitioners from other health professions to learn to function collaboratively on health care teams with the goal of providing coordinated services to patients. Add rows as needed.					
Course/Clerkship Where the Experience Occurs	Learning Objectives	Duration of the Experience (e.g., single session)	Teaching Format(s)/Setting(s) Where the Experience Occurs	Other Health Professions Students (S) or Practitioners (P)	Assessment Method(s)

Supporting Documentation

1. Examples of 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 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.

Supporting Data

Table 8.0-1 Overall Satisfaction with Medical Education Program Quality					
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who <i>agree/strongly agree</i> (aggregated) with the statement: “Overall, I am satisfied with the quality of my medical education.”					
AAMC GQ 2021		AAMC GQ 2022		AAMC GQ 2023	
School %	National %	School %	National %	School %	National %

Table 8.0-2 Satisfaction with the Quality of the Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 8.0-3 Satisfaction with the Quality of the Required Clerkships								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

*Delete any rows that include students who have not experienced the required clerkships.

8.1 Curricular Management

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

Narrative Response

- a. Provide the name of the faculty committee with primary responsibility for the oversight and management of the curriculum (e.g., “curriculum committee”). Describe the formal source of its authority (e.g., medical school faculty bylaws). Describe if there are any circumstances where the dean or other administrator or group can overrule the decision of the curriculum committee.
- b. Provide the number of curriculum committee members from each membership category (e.g., basic science or clinical faculty members, course directors, students) specified in bylaws/policy. List the titles/roles of faculty and administrators who participate in the curriculum committee *ex officio* (e.g., associate deans, subcommittee chairs) and note which categories of *ex officio* members are voting and which are not. 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 categories, the number of members from each category, and the reporting relationship to the parent committee.

Supporting Documentation

1. The formal charge to or the terms of reference of the curriculum committee, including the excerpt from the bylaws or other policy granting the committee its authority. 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. Note: Have available electronically, in searchable format, two 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, and to review and revise the curriculum. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.

Narrative Response

- a. Describe how the medical education program objectives have been and are being used in the following activities:
 1. The prospective selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases
 2. The evaluation of the curriculum

- b. Describe whether and by whom course and clerkship objectives have been linked to the medical education program objectives. Summarize the roles and activities of course/clerkship faculty and the curriculum committee and its subcommittees in reviewing this linkage and how often the linkage is reviewed.

Supporting Documentation

1. One example from a course and one example from a clerkship illustrating the linkage of all the learning objectives of the course and the clerkship to the relevant medical education program objective(s).

8.3 Curricular Design, Review, Revision/Content Monitoring

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

Supporting Data

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

¹Definitions:

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

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

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

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

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

Narrative Response

- a. Summarize the process for formal review of the phases of the curriculum. For each phase, describe the data and information sources that are used in the evaluation, the frequency with which the reviews of each phase are conducted, the administrative support available for the reviews (e.g., through an office of medical education), and the role of the curriculum committee in reviewing and acting on the results of the evaluation. Note how the curriculum committee determines if each phase is meeting its intended outcomes.

- b. Describe the process used for the evaluation of the curriculum as a whole , including how the following are reviewed:
1. The horizontal and vertical integration of curriculum content, and whether sufficient content is included and appropriately placed in the curriculum related to each of the medical education program objectives
 2. Whether the instructional formats and methods of assessment support the determination of whether the medical education program objectives are met
- Include in the description the frequency with which a review of the curriculum as a whole is conducted and the administrative support available for the review.
- c. Describe how, how often, and for what purpose(s) curriculum content is monitored, including the tools (e.g., a curriculum database) available for content monitoring.
- d. 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.
- e. Provide examples of how monitoring curriculum content and reviewing the linkage of course/clerkship learning objectives and education program objectives have been used to identify gaps and unwanted redundancies in topic areas. Use Table 8.3-1 to note which individuals and committees carry out, receive, and act on the results of the reviews of curriculum content.

Supporting Documentation

1. Reports or curriculum committee minutes illustrating the formal review each phase of curriculum and the curriculum as a whole.
2. The results of a search of the curriculum database for curriculum content related to the topics of “mitochondrial disease” and “substance use disorder.”

8.4 Evaluation of Educational Program Outcomes

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

Supporting Data

Table 8.4-1 USMLE Requirements for Advancement/Graduation		
Place an “X” in the appropriate columns to indicate if the school’s medical students are required to take and/or pass USMLE Step 1 and Step 2 CK for advancement and/or graduation.		
	Take	Pass
Step 1		
Step 2 CK		

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

Table 8.4-3 Step 1 USMLE Results of First-time Takers		
Provide the requested Step 1 USMLE results of <u>first-time takers</u> during the three most recently completed years.		
Year	# Examined	Percentage Passing School (national)

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

Narrative Response

- a. Summarize process used for evaluating whether students in aggregate are achieving each of the medical

education program objectives (EPOs).

- b. Select three current educational program objectives from the response to Element 6.1. One example should come from each of the domains of knowledge, skills, and behaviors (e.g., professionalism). For each objective, describe how the attainment of the objective has been evaluated, including the outcome data from students and graduates and how the specific outcome data elements, in aggregate, are utilized to determine the extent to which the objective is being met.

- c. Provide two examples of the steps taken to address individual outcome measures in one or more of the educational program objectives that illustrate suboptimal performance by a cohort of medical students/graduates.

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.

Supporting Data

Table 8.5-1 Satisfaction with Responsiveness to Medical Student Feedback on Courses								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 8.5-2 Satisfaction with the Responsiveness to Medical Student Feedback on Clerkships								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.

Narrative Response

- a. Describe the methods used to collect evaluation data from medical students on course and clerkship quality, such as questionnaires, focus groups, and/or other data collection methods. Which individual(s)/office(s) have the responsibility for each type of data collection?
- b. Describe how medical students provide evaluation data on individual faculty, residents, and others who teach and supervise them in required courses and clerkships.
- c. Discuss data from the ISA on students' satisfaction with the school's responsiveness to student feedback on courses and clerkships. Describe how students are informed about actions taken based on their input?

Supporting Documentation

1. A summary of the results of student questionnaires used to evaluate each required course and clerkship for the most recently completed academic year. Include the overall response rate for the year for each course/clerkship.

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.

Narrative Response

- a. Describe the process(es) used by students to log the completion of their required clinical encounters and skills, including whether there is a centralized tool for logging or there are logging processes/tools at the departmental level.
- b. Summarize when, how, and by whom each student's completion of clerkship-specific required clinical encounters and skills is monitored at the level of the clerkship/clinical discipline. Describe when and by whom the results of monitoring an individual student's log is discussed with the student (e.g., as part of a mid-clerkship review).
- c. Summarize when, how, and by what individuals and/or committee(s) aggregate data on students' completion of clerkship-specific required clinical encounters and skills are monitored.
- d. Describe how aggregate data on completion rates are used by clerkship directors and the curriculum committee and/or a relevant curriculum subcommittee to assess the adequacy of patient volume and case mix. If there were clinical encounters or skills that needed to be satisfied with alternate methods, either in aggregate or at a particular site, describe the circumstances and the steps taken to address this finding.

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.

Supporting Data

Table 8.7-1 Actions to Support Comparability			
Provide the requested information for each course or clerkship offered at more than one instructional site, including regional campuses. Add rows as needed.			
Course/Clerkship	Summarize how and by whom faculty at distributed sites are informed about learning objectives, assessment system, and required clinical encounters	Summarize how and how often course/clerkship leadership communicates with site leadership and faculty	Methods used to ensure that site leadership and faculty receive information about student performance and satisfaction

Narrative Response

- a. Summarize the data and information that typically are used to determine if there is comparability across sites within a given course or clerkship. Note if the data used to evaluate comparability are determined centrally or by the individual course/clerkship director/faculty or sponsoring department.

- b. Describe the individuals (e.g., site director, course/clerkship director, department chair) and/or groups (curriculum committee or a curriculum committee subcommittee) responsible for reviewing and acting on data/information related to comparability across instructional sites. In the description, note the role(s) of each individual/group.

- c. Provide examples of the mechanisms employed and the groups/individuals involved in addressing inconsistencies across instructional sites in such areas as student satisfaction, completion of required clinical experiences, and student performance/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 throughout the curriculum.

Supporting Data

Table 8.8-1 Satisfaction with the Adequacy of Unscheduled Time for Self-Directed Learning in the Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 8.8-2a Satisfaction with Student Workload in the Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 8.8-2b Satisfaction with Student Workload in the Required Clerkships								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.

Narrative Response

- a. Referring to the sample weekly schedules requested for the DCI supporting documentation below, describe the amount of unscheduled time in an average week available for medical students to engage in self-directed learning in the pre-clerkship phase of the curriculum.
- b. Note if medical students in the pre-clerkship phase 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. Describe if there has been a determination of the average amount of time students spend in such required “out-of-class” activities and how this time is accounted for in calculating student academic workload.
- c. Summarize the content of any policies/guidelines covering the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note whether the policy addresses only scheduled in-class activities or also includes required activities that must be completed outside of scheduled class time.
- d. Describe the policies relating to duty hours in the clinical clerkships and how duty hours requirements are disseminated to medical students, residents, and faculty.
- e. Describe the mechanisms that exist for students to report violations of duty hours policies either during or at the completion of a clerkship, including the methods available to report without fear of retaliation, and the individuals receiving this information. Describe the steps that can be taken and the individuals responsible for each if duty hour limits are exceeded.
- f. Describe when and how data on duty hours for all students are collected and how aggregate data on medical student duty hours are prepared. Note to whom the aggregate data are reported.
- g. Describe the frequency with which the curriculum committee or its relevant subcommittee(s) monitor the scheduled time in the pre-clerkship phase of the curriculum and the clinical workload of medical students, in

the context of formal policies and/or guidelines.

Supporting Documentation

1. Sample weekly schedule in the pre-clerkship phase of the curriculum.
2. Formal policies or guidelines addressing the amount of scheduled time during a given week during the pre-clerkship phase of the curriculum.
3. The formally approved 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.

Supporting Data

Table 9.0-1 Methods of Assessment in the Pre-clerkship Phase of the Curriculum									
List all required courses, including clinically based courses, in the pre-clerkship phase of the curriculum, adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade by placing an "X" 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 in that row (1, 2, etc.) and provide the corresponding number in the "Other" column.									
Course Name	Included in Grade								Narrative Assessment Provided (Yes/No)
	# of Exams	Internal Exam	Lab or Practical Exam	NBME Subject Exam	OSCE/SP Exam	Faculty/Resident Rating	Paper or Oral Pres.	Other* (Specify)	
* Other:									

Table 9.0-2 Methods of Assessment in the Clerkship Phase of the Curriculum							
List all required clerkships in the clerkship phase of the curriculum, adding rows as needed. Indicate items that contribute to a grade by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences. Use the row below the table to provide specifics for each occurrence of "Other." Number each entry in that row (1, 2, etc.) and provide the corresponding number in the "Other" column.							
Clerkship Name	Included in Grade						Narrative Assessment Provided (Yes/No)
	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.

Supporting Data

Table 9.1-1 Provision of Objectives and Orientation in the Pre-clerkship Phase of the Curriculum			
List each course in the pre-clerkship phase of the curriculum in which residents, graduate students, postdoctoral fellows, and/or other non-faculty instructors teach/supervise medical students. Describe how the relevant department or the central medical school administration ensures that the learning objectives and orientation to the methods of student assessment have been provided and that this information has been received and reviewed.			
Course	Type(s) of Trainees Who Provide Teaching/Supervision	How Learning Objectives are Provided and Instructors are Oriented to Assessment Methods	How the Provision of Learning Objectives and Orientation to Assessment Methods are Monitored

Table 9.1-2 Resident Preparation to Teach in Clerkships					
Briefly summarize the orientation program (s) available to residents to prepare them 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 (D/I), 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.					
Required Clerkship	Program Name/Brief Summary	Sponsorship (D/I)	Required/Optional (R/O)	Centrally Monitored? (Y/N)	Monitored by Whom?

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) who supervise/assess medical students in orientation or faculty development programs related to teaching and/or student assessment.
- b. Provide evidence that all residents who supervise/assess medical students in required clinical clerkships, whether they are members of the school's own residency programs or of other programs, receive the relevant clerkship learning objectives, the list of required clinical encounters and skills, and the necessary orientation to their roles in teaching and student assessment.

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.

Narrative Response

- a. Describe the process used to ensure that physicians who will supervise/assess medical students in required clinical clerkships have a faculty appointment before they take up their supervisory/assessment roles.
- b. Describe how, by whom, and the frequency with which the faculty appointment status of physicians who will teach and assess medical students is monitored.
- c. In the event that the teaching of medical students is carried out by physicians, other health care professionals, or other members of the health care team who do not hold faculty appointments at the medical school, describe how the medical school ensures that the teaching 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 the student's level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

Supporting Data

Table 9.3-1 Satisfaction with the Adequacy of Supervision in Clinical Settings								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.

Narrative Response

- a. Describe the policies/guidelines that ensure medical students are appropriately supervised and given appropriate responsibility during required clinical clerkships and other required clinical experiences.
- b. How does the school ensure during required clinical experiences and other school-sponsored clinical experiences (i.e., electives) that the level of responsibility delegated to a medical student is appropriate to the student's level of training and experience?
- c. What mechanisms exist for students to express any concerns about the adequacy and availability of supervision in the clinical environment? How, when, and by whom are these concerns reviewed and acted upon?

Supporting Documentation

1. 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).
2. Policies or guidelines related to the delegation of responsibility to medical students based on their level of training and/or experience.

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.

Supporting Data

Table 9.4-1 Observation of Clinical Skills												
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who indicated that they were observed performing the following required clerkship activities.												
Required Clerkship	AAMC GQ 2021				AAMC GQ 2022				AAMC GQ 2023			
	History		Physical exam		History		Physical exam		History		Physical exam	
	School %	National %	School %	National %	School %	National %	School %	National %	School %	National %	School %	National %

Table 9.4-2 Clinical Skills						
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who <i>agree/strongly agree</i> (aggregated) that they are prepared in the following way to begin a residency program.						
	AAMC GQ 2021		AAMC GQ 2022		AAMC GQ 2023	
	School %	National %	School %	National %	School %	National %
Acquired the clinical skills required to begin a residency program						

Table 9.4-3 Satisfaction with Clinical Skills Instruction in the Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 9.4-4 Satisfaction with Clinical Skills Assessment in the Clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.

Narrative Response

- a. Describe how the medical school ensures that each student has received instruction in and been assessed on the necessary clinical skills (e.g., history taking and physical examination) during the pre-clerkship phase of the curriculum to be prepared for the clerkship/clinical phase of the curriculum. Describe the methods of assessment (e.g., OSCE, standardized patient assessment, preceptor observation), the clinical skills assessed, and the locations in the pre-clerkship phase of the curriculum where assessment occurs.
- b. Describe how the medical school ensures that each student has acquired the necessary core clinical skills (e.g., history taking and physical examination) during the clerkship/clinical phase of the curriculum to be prepared for the next stage of training. Describe the methods of assessment, the clinical skills assessed and the locations in the clerkship/clinical phase where the assessment occurs.

Supporting Documentation

1. Provide data from school-specific sources (e.g., clerkship evaluations and/or the ISA) on student perceptions that they were observed performing required clinical skills. Include the academic year of the data.

9.5 Narrative Assessment

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

Narrative Response

- a. Summarize the policy/guidelines that describe the circumstances in which narrative descriptions of a medical student's performance will be provided (e.g., length of teacher-student interaction, group size).
- b. List the courses in the pre-clerkship phase of the curriculum that include narrative descriptions as part of a medical student's formative or summative assessment.
- c. Referring to Table 6.0-1, describe the reasons that a narrative description of performance is not provided in a course where teacher-student interaction might permit it to occur (e.g., there is small group learning or laboratory sessions).

Supporting Documentation

1. Copies of any institutional policies or guidelines related to providing narrative descriptions of student performance.

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.

Narrative Response

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

9.7 Formative Assessment and Feedback

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

Supporting Data

Table 9.7-1 Mid-clerkship Feedback	
Provide information from internal or external evaluations of required clerkships for the most recently completed academic year on the percentage of respondents who <i>agreed/strongly agreed</i> (aggregated) that they received mid-clerkship feedback for each required clerkship. Specify the data source.	
Year of Data:	

Table 9.7-2 Pre-clerkship Formative Feedback			
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.			
Course Name	Length of Course (in Weeks)	Type(s) of Formative Feedback Provided	Timing of Formative Feedback

Table 9.7-3a Satisfaction with the Amount of Formative Feedback in Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 9.7-3b Satisfaction with the Quality of Formative Feedback in Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 9.7-3c Satisfaction with the Amount of Formative Feedback in the Required Clerkships								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.

Table 9.7-3d Satisfaction with the Quality of Formative Feedback in the Required Clerkships								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.

Narrative Response

- a. Describe how and by whom the provision of mid-course and mid-clerkship feedback is monitored within individual departments and at the curriculum management level.
- b. For courses/clerkships less than four weeks in duration, describe how students are provided with timely feedback on their knowledge and skills related to the course/clerkship objectives.

Supporting Documentation

1. Any institutional policy or guideline 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.

Supporting Data

Table 9.8-1 Availability of Final Grades									
For each required clinical clerkship, provide the average and the maximum number of weeks it took for students to receive grades during the listed academic years. Also provide the percentage of students who did not receive grades within 6 weeks. <i>If the medical school has regional campus(es) that offer the clinical years of the curriculum, provide the data requested in Table 9.8-1 for each campus. Add rows as needed.</i>									
Required clerkship	AY 2020-21			AY 2021-22			AY 2022-23		
	Average	Max.	%	Average	Max.	%	Average	Max.	%

Narrative Response

- a. List any courses in the pre-clerkship phase of the curriculum in which all students did not receive their grades within six weeks during the 2022-23 academic year.

- b. 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?

- c. Provide data from the ISA or course/clerkship evaluations related to respondents' opinions about the fairness of summative assessments in courses and in clerkships (e.g., the assessments matched/did not match the course/clerkship learning objectives).

Supporting Documentation

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

9.9 Student Advancement and Appeal Process

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

Narrative Response

- a. Describe how the medical education program monitors and ensures that a single set of core standards for promotion, advancement, and graduation is applied across all instructional sites, including regional campuses. If the medical education program has a parallel curriculum with additional academic requirements, describe how these are applied in making promotion, advancement, and graduation decisions for students in that parallel curriculum.
- b. 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
- c. 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 initial decision-making process and the process for appeal of an adverse action taken for academic or professionalism reasons (not including a grade appeal), including the groups or individuals involved at each step in the process.
- d. Describe the composition of the medical student promotions committee (or the promotions committees, if more than one). If the promotions committee includes course and/or clerkship directors and/or clinical faculty, describe whether a recusal policy is in place for committee members who may have a conflict of interest, such as for course/clerkship directors who have taken an action (e.g., awarded a failing grade) that contributes to the adverse academic action being proposed against a student or for clinical faculty who have provided health care to a student being reviewed.
- e. Describe how the due process policy and procedures are made known to medical students.

Supporting Documentation

1. The policy that specifies the core standards for advancement and graduation and the standards in the case of a parallel curriculum with additional requirements.
2. The policies and procedures for disciplinary action and due process.

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.

Supporting Documentation

Table 10.0-1 Applicants and Matriculants					
Provide data for the indicated entering classes on the total number of initial applications received in the admissions office, completed applications, applicants interviewed, acceptances issued, and new medical students matriculated for the first year of the medical curriculum. Do not include first year students repeating the year.					
	AY 2018-19	AY 2019-20	AY 2020-21	AY 2021-22	AY 2022-23
Initial Applications					
Completed Applications					
Applicants Interviewed					
Acceptances Issued					
New Students Matriculated					

Table 10.0-2 Entering Student MCAT Scores			
If applicable, use the table below to provide <i>mean</i> MCAT scores, for new (not repeating) first year medical students in the indicated entering classes.			
	AY 2020-21	AY 2021-22	AY 2022-23
Chemical and Physical Foundations of Biological Systems			
Biological and Biochemical Foundations of Living Systems			
Critical Analysis and Reasoning Skills			
Psychological, Social, and Biological Foundations of Behavior			
Total Score			

Table 10.0-3 Entering Student Mean GPA					
Provide the mean overall premedical GPA for <i>new (not repeating) first year medical students</i> 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 2018-19	AY 2019-20	AY 2020-21	AY 2021-22	AY 2022-23
Overall GPA					
Weighted GPA calculation (if applicable):					

Table 10.0-4 Medical School Enrollment					
Provide the total number of <i>enrolled first year medical students</i> (include students repeating the academic year), the number of final-year students eligible to graduate in that academic year, and the total number of medical students enrolled at the school for the indicated academic years. For students in dual-degree programs, only include those currently participating in the medical curriculum.					
	AY 2018-19	AY 2019-20	AY 2020-21	AY 2021-22	AY 2022-23
First year Students					
Final-Year Graduating Students*					
Total Enrollment					

* The number of students eligible to complete the AAMC GQ

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.

Narrative Response

- a. List all the college courses or subjects, including associated laboratories, which 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 often and by whom premedical course requirements are reviewed. What information is used to guide decisions about the appropriateness of premedical course requirements and to determine if changes are needed?

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.

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. Provide the definition of a quorum for admission committee meetings. How does the admission committee process ensure that faculty members constitute a majority of voting members at all meetings?
- c. Identify the current chair of the admission committee, including the chair's faculty and/or administrative title(s). How is the chair selected?
- d. Describe how admission committee members are oriented to the admission committee policies and to the admissions process.
- e. Summarize the charge to the admission committee and the source of the committee's authority (e.g., medical school bylaws). Are there circumstances where the admissions committee does not make the final admission decision (e.g., selection of applicants for admission from the waitlist)? In such cases, note if the admission committee already has classified such applicants as acceptable.
- f. Have there been any circumstances when the final authority of the admission committee has been challenged, overruled, or rejected? If so, what individual or group has overruled/rejected the admission committee decision?
- g. 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

1. An excerpt from the medical school bylaws or other formal policy document that specifies the authority of, 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.

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.

Narrative Response

- a. Describe by whom the policies, procedures, and criteria for medical student selection were last reviewed and approved, and how they are disseminated to potential and actual applicants, their advisors, and the public.
- b. Describe the steps in the admissions process, beginning with the receipt of the initial application. For each of the following steps 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 results of the interview (e.g., interview “score” or outcome result)
 4. The acceptance decision
 5. The creation of the wait list
 6. The offer of admission, including how applicants are accepted from the wait list
- c. Describe the role of the medical school admission committee in the selection of applicants for joint baccalaureate-MD program(s) or dual degree program(s) (e.g., MD/PhD), if these are present.
- d. Describe how and by whom the policies for the assessment, advancement, and graduation of medical students and the policies for disciplinary action are reviewed and are made available to medical students and to faculty.

Supporting Documentation

1. Policies and procedures for the selection, assessment, advancement, graduation, and dismissal of medical students.
2. The charge to or the terms of reference for 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.

Narrative Response

- a. Describe the personal attributes of applicants considered during the admission process. Describe how and by whom the current list of attributes was developed and approved.

- b. Describe the methods used during the admission process to evaluate and document the specified personal attributes of applicants. Refer to the admission procedures as outlined in Element 10.3 to illustrate at what stage of the admission process, how, and by whom these attributes are assessed and used in the admission decision.

Supporting Documentation

1. 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 in accordance with legal requirements.

Narrative Response

- a. Describe when and by whom the technical standards were last reviewed and approved.
- 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 and when medical school applicants and enrolled medical 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). How and by whom is this student documentation monitored?

Supporting Documentation

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

Narrative Response

- a. Describe how often and by whom informational materials about the medical education program are updated. How does the leadership/administration of the medical education program ensure that the materials are complete, accurate, and timely?
- b. Describe how recruitment materials about the medical education program are made available (e.g., online, in published media, as hard copy documents/brochures) to potential and actual applicants, career advisors, and the public.

Supporting Documentation

1. Any recruitment materials related to the medical school.
2. The current medical school academic bulletin (or similar documents). Indicate where in the bulletin, or other informational materials available to the public, the following information can be accessed:
 - a. Medical education program mission and objectives
 - b. Admission and completion 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. Transfer students who do not complete all of their required curriculum from medical schools chartered and located in the United States cannot be said to have graduated from an LCME-accredited medical education program. 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.

Supporting Data

Table 10.7-1 Transfer/Advanced Standing Admissions								
Provide the number of transfer students and students with advanced standing admitted from the program types listed below into the first, second, third, and fourth year curriculum during the indicated academic years.								
	Year 1		Year 2		Year 3		Year 4	
	AY 2021-22	AY 2022-23	AY 2021-22	AY 2022-23	AY 2021-22	AY 2022-23	AY 2021-22	AY 2022-23
LCME-accredited, MD-granting medical school								
COCA-accredited, DO-granting medical school								
Non-MD-granting U.S. graduate or professional degree program								

Table 10.7-2 Transfer Students			
Provide the number of transfer students for each indicated academic year.			
	2021-22	2022-23	2023-24
Transfer students that entered into the second year (or into the pre-clerkship phase for a three-year program)			
Transfer students that entered into the third year (or into the beginning of the clerkship phase for a three-year program)			
Transfer students that entered into the fourth year (or the third year of a three-year program)			

Narrative Response

- a. Describe the procedures used for selecting applicants for transfer or for admission with advanced standing, including the procedures used to determine the comparability of the applicants' educational experiences and prior academic achievement to those of medical students in the class that they would join. List the criteria (e.g., curriculum of the program the applicant is leaving, GPA, USMLE scores, MCAT scores) that are considered in making the determination of comparability.
- b. Describe the role of the admission committee, members of the medical school administration, and others (as relevant) 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, their advisors, and the public.

- d. If the medical school admitted one or more transfer students to the final year of the curriculum during the past three years, describe the circumstances surrounding that admission decision.

Supporting Documentation

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

Supporting Data

Table 10.8-1 Visiting Students			
Provide the number of visiting students for each indicated academic year.			
	2021-22	2022-23	2023-24 (as available)
Visiting students completing required clerkships (as defined for the school's own medical students)			
Visiting students completing clinical electives and/or other courses			

Narrative Response

- a. Describe the procedures and criteria used by the medical school to determine if a potential visiting medical student has qualifications, including educational experiences, comparable to those of the school's medical students. Identify the medical school, university, or other office that is responsible for reviewing and making the decision about comparability.
- 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 and by whom the academic credentials and immunization status of visiting students are verified
 2. How the medical school ensures that there are adequate resources (including clinical resources) and appropriate supervision at the site for both the visiting students and 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. List the types of information included in the roster of visiting medical students (provide a standardized template for the roster, if available).

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.

Narrative Response

- a. Describe the timing and process for medical student assignment to an instructional site or parallel curriculum in the following circumstances, as relevant. In the description, include how and by whom the final decision about assignment is made. Note the ability of students to select or rank options.
 1. A clinical site (e.g., a hospital) for an individual clerkship
 2. A regional campus that includes only the clerkship (clinical years) phase of the curriculum
 3. A regional campus that includes the pre-clerkship 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 regional campus
- 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 students can formally request an alternative assignment through a medical school administrative mechanism either before or during their attendance at the site/in the track. Describe the criteria used to evaluate the request for the change and indicate the individual(s) responsible for making the decision. Describe how medical students are informed of the opportunity to request an alternative assignment and about the process for making the request.

Supporting Documentation

1. Medical school policy/procedure allowing a medical student to 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.

Supporting Data

Table 11.0-1 Attrition and Academic Difficulty				
Provide the number and percentage of <i>first year medical students</i> and the number and percentage of <i>all medical students</i> who withdrew or were dismissed from the medical school in the indicated academic years.				
	AY 2019-20	AY 2020-21	AY 2021-22	AY 2022-23
First year students				
All medical students				

Table 11.0-2 Attrition and Academic Difficulty by Curriculum Year										
Provide the number of medical students in each of the following categories during the listed academic years. <i>Count each student only once.</i>										
	AY 2021-22					AY 2022-23				
	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 Residency Match Rates				
Provide the number and percentage of participating medical students who initially matched to PGY-1 programs.				
	AY 2019-20	AY 2020-21	AY 2021-22	AY 2022-23
Initially Matched				
Unmatched (after SOAP)				

Table 11.0-4 Graduates Not Entering Residency		
Provide the number of medical school graduates who did not enter residency training in the following graduating classes for each of the listed reasons (provide a brief description of the reason for students counted under “other”). Provide the <u>number and percentage of students</u> who did not enter residency in each graduating class. Count each graduate only once and do not include students who graduated late.		
Reason	Class of 2022	Class of 2023
Family Responsibilities		
Change of Careers		
Did Not Gain Acceptance to a Residency Program		
Preparation for the USMLE		
Research/Pursuing Additional Degree or Training		
Other: (Add Rows as Required)		
Describe “Other”:		
Total Number of Students in Each Graduating Class Who Did Not Enter Residency Training		
Percentage of Students in Each Graduating Class Who Did Not Enter Residency Training		

Table 11.0-5 Academic/Career Advising at Regional Campuses				
Indicate how the following services are made available to students at each regional campus by placing an “X” in the appropriate columns(s). Select all that apply for each service. Add additional rows for each service/campus. <i>Note: this question only applies to schools with regional campus(es).</i>				
Services	Campus	Available to Students Via		
		Personnel Located on Campus	Visits from Central Campus Personnel	Email or Videoconference
Academic counseling				
Tutoring				
Career advising				

11.1 Academic Advising and Academic Counseling

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 provides medical students academic counseling only from individuals who have no role in making assessment or promotion decisions about them.

Supporting Data

Table 11.1-1a Satisfaction with Availability of Academic Counseling by Curriculum Year								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 11.1-2b Satisfaction with Availability of Tutorial Help by Curriculum Year								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Narrative Response

- a. How and when are medical students experiencing academic difficulty or at risk for academic difficulty identified? Is there a process for identifying students who are likely to be or are in academic difficulty before they receive a failing final course/clerkship grade?
- 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 available to students, summarize the role and organizational locus (e.g., medical school, university, other) of the individual(s) who provide this

support and the way(s) in which medical students can gain access to each of the resources. How are medical students informed about the availability of these resources? *Schools with regional campus(es) should provide this information by campus.*

- 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, including individuals who prepare the MSPE.

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.

Supporting Data

Table 11.2-1a Satisfaction with the Adequacy of Career Advising								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 11.2-1b Satisfaction with the Adequacy of Advising about Elective Choices								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 11.2-2 Optional and Required Career Advising Activities				
Describe each career information session and advising activity that was available for medical students in each year of the curriculum during the most recently completed academic year. Note whether each was required (R) or optional (O). <i>Schools with regional campus(es) should provide the information by campus.</i>				
Career Information and Advising Activities				
Year 1	Year 2	Year 3	Year 4	

Narrative Response

Schools with regional campus(es) should provide the information by campus.

- a. Using Table 11.2-2 above, provide an overview of the system of career advising for medical students. In the description, include the personnel from the medical school administration, faculty (e.g., career advisors, specialty advisors), and other sites (e.g., a university career office, outside consultants) available to support the medical student career advising system and the role(s) played by each. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management/coordination of the career advising system.
- b. Describe how the faculty involved in career advising are oriented to the policies and practices of the medical student career advising system.
- c. How are the different groups of individuals (e.g., faculty specialty advisors) involved in career advising trained for their specific role in the career advising system?
- d. Provide a description of the print and/or online resources used by medical students and their career advisors to support the students' career investigations.
- e. 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. List the role(s) or title(s) (e.g., student affairs dean, college advisor, departmental faculty advisor) of the individual(s) responsible for the formal approval of medical students' elective choices. Describe any formal (required) sessions where counseling on electives occurs.
- f. 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.

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

Narrative Response

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

- b. Describe the way in which the medical school evaluates each of the following areas in its review of electives at locations (e.g., countries/regions) where 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. Describe how the medical school addresses a situation in which a student-requested elective presents a potential risk to student safety.

- d. Describe the system for collecting performance assessments of the school's medical students.

- e. Describe the system for collecting evaluations of external electives from the school's medical students. How are the evaluation data used by the medical school? 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 to align with the AAMC/ERAS residency application timeline.

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.

Narrative Response

- a. How does the medical school maintain students' educational records separately from other relevant records (e.g., health information) to ensure that there is appropriate confidentiality?
- b. Describe the physical location(s) where medical student educational records are maintained and how confidentiality is ensured. If medical student records are stored online, describe the mechanisms to ensure their confidentiality and security.
- c. Describe how the medical school determines which individuals have permission to review a medical student's educational records. Identify the categories of individuals (e.g., administrators, faculty) who are permitted to review medical student educational records. How does the medical school ensure that student educational records are available only to those individuals who are permitted to review them?

Supporting Documentation

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

11.6 Student Access to Educational Records

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

Narrative Response

- a. Describe the procedure that medical students must follow in order to review their records. Describe how medical students can review and challenge the following:
 1. Content of the MSPE
 2. Course and clerkship data and non-course/clerkship-based assessments (e.g., examination performance, OSCE performance, narrative assessments)
 3. Course and clerkship grades

- b. Note if there are any components of medical students' educational records that students are not permitted to review.

- c. Can students gain access to their records in a timely manner? What is the process for and typical time for a student to gain access?

- d. 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

1. Medical school policies and procedures related to medical students' 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.

Supporting Data

Table 12.0-1 Tuition and Fees					
Provide the <i>total tuition and fees</i> 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 2019-20	AY 2020-21	AY 2021-22	AY 2022-23	AY 2023-24
In-state					
Out-of-state					

Table 12.0-2 Median Medical School Educational Debt				
Provide school data from the LCME Part I-B Student Financial Aid Questionnaire (LCME Part I-B) on the median reported medical school educational indebtedness of all medical student graduates with medical school debt and the percentage of graduates with indebtedness equal to or more than \$200,000.				
	FAQ 2020	FAQ 2021	FAQ 2022	FAQ 2023
	School	School	School	School
Median medical school debt				
Percentage of graduates with medical school debt equal to or more than \$200,000				

Table 12.0-3 Support Services at Regional Campuses					
Indicate how the following services are made available to students at each regional campus by placing an “X” in the appropriate columns(s). Add additional rows for each service/campus. <i>Note: this table only applies to schools with regional campus(es).</i>					
Available to Students Via	Campus	Services			
		Personal Counseling	Student Health Services	Student Well-Being Programs	Financial Aid Management
Personnel Located on Campus					
Visits from Central Campus Personnel					
Email or Videoconference					
Student Travel to Central Campus					

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.

Supporting Data

Table 12.1-1 Financial Aid and Debt Counseling Services								
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) in the following areas.								
	AAMC GQ 2020		AAMC GQ 2021		AAMC GQ 2022		AAMC GQ 2023	
	School %	National %	School %	National %	School %	National %	School %	National %
Financial aid administrative services								
Overall educational debt management counseling								

Table 12.1-2a Satisfaction with the Quality of Financial Aid Administrative Services								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 12.1-2b Satisfaction with the Adequacy of Debt Management Counseling								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 12.1-3 Financial Aid/Debt Management Activities				
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 2021-22 academic year. Note whether each was required (R) or optional (O). If the medical school has one or more regional campuses, list which of the required and optional advising sessions were available (in-person or virtually) at each campus during the most recently completed academic year.				
Financial Aid/Debt Management Activities				
Year 1	Year 2	Year 3	Year 4	

Narrative Response

- a. Describe the staffing of the financial aid office used by medical students.
 1. Note if the financial aid office resides organizationally within the medical school or at another (e.g., 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

- b. Provide a description of the types of debt management informational materials used by medical students and financial aid counselors. *Schools with regional campus(es) should provide this information by campus.*

- c. Describe current activities at the medical school or sponsoring organization to raise funding for 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 in obtaining the desired funding, and the timeframe for their completion.

- d. Describe the role of the medical school leadership in controlling tuition and fee increases for medical students. (Also see the response to Element 5.3)

- e. Describe other mechanisms that are being used by the medical school and the sponsoring organization to limit medical student debt.

Supporting Documentation

1. The most recent LCME Part I-B Student Financial Aid Questionnaire.

12.2 Tuition Refund Policy

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

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 and fee refund policy, describe policies related to the refund of payments made for health and disability insurance and for other fees.

Supporting Documentation

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/Mental Health/Well-Being Programs

A medical school has in place an effective system of counseling services 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.

Supporting Data

Table 12.3-1a Satisfaction with the Availability of Student Personal Counseling/Mental Health Services								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 12.3-1b Satisfaction with the Confidentiality of Student Mental Health Services								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 12.3-1c Satisfaction with the Availability of Student Well-Being Programs								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Narrative Response

- a. Describe the system for providing personal counseling and mental health services to 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 mental health services. *Schools with regional campus(es) should provide the information by campus.*

- b. Comment on how the medical school ensures that personal counseling and mental health services are accessible and confidential.

- c. Summarize medical school programs or other programs designed to support students’ well-being and 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. *Schools with regional campus(es) should provide the information by campus.*

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.

Supporting Data

Table 12.4-1 Satisfaction with the Accessibility of Student Health Services								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

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. If there is no student health center, how does the school assist students in finding health services? *Schools with regional campus(es) should provide the information by campus.*
- b. Describe how medical students at each instructional site/campus with required educational activities are informed about the availability of and methods to access 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

1. Policy or guidance document that specifies that medical students may be excused from classes or clinical activities in order to access health services.

12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

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 and how the confidentiality of these records is maintained. Note if any medical school personnel have access to these records.

Supporting Documentation

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.

Narrative Response

- a. Indicate how information about health insurance is made available to students. Describe the health insurance options for medical students and their dependents. For example, is there an insurance plan offered through the school/university, does the school provide a list of insurers to the students, etc.?
- b. Indicate how and when disability insurance is made available to medical students. Describe how and when medical students are informed of its availability.

12.7 Immunization Requirements and Monitoring

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

Narrative Response

- a. Note the basis for immunization requirements for medical students (e.g., from the Centers for Disease Control and Prevention, state agencies, etc.).

- b. Describe how and by whom the immunization status of medical students is monitored and how students and the medical school are informed when deficiencies in immunization requirements are noted.

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.

Supporting Data

Table 12.8-1 Satisfaction with Adequacy of Education About Preventing Exposure to Infectious and Environmental Hazards								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Table 12.8-2 Satisfaction with Adequacy of Education About Procedures to Follow After a Potential Exposure to Infectious and Environmental Hazards								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

Narrative Response

- a. Describe institutional policies in the following areas related to medical student exposure to infectious and environmental hazards:
 1. The education and training 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 how 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. For example, when and how do students, including visiting students, learn about the procedures to be followed in the event of exposure to blood-borne (e.g., a needle-stick injury) or air-borne pathogens? *Schools with regional campus(es) should provide the information by campus.*
 - c. Describe when during their education medical students receive training on the prevention of exposure to infectious diseases.

Supporting Documentation

1. Policies on medical student exposure to infectious and environmental hazards.
2. Policies related to the effects of infectious and/or environmental disease or disability on medical student learning activities.

Style Guide for DCI Preparation

- Use Times New Roman, 11 pt. black font and single spacing for all responses to DCI questions and tables (note, this does necessarily not apply to template headings, footers, etc.).
- Use a serial comma (Oxford comma) before the coordinating conjunction (usually “and” or “or”) in a series of three or more items.
- The words “ex officio”, “ad hoc”, and “via” (or other Latin phrases used colloquially) should not be italicized.
- No periods are used with degrees and other abbreviations, with the exception of “U.S.”
- Academic years should be listed as 20##-## (e.g., 2022-23).
- The first occurrence of an abbreviation of acronyms should be spelled out with the abbreviation/acronym in parentheses. Subsequent uses should list just the abbreviation/acronym.
- The word “data” is plural (e.g., data are available – not, data is available).
- Only one space should be used after periods in between sentences.
- The word "dean" is not capitalized except when it begins a sentence or is linked to an individual’s name, such as "Dean Robert Jones." The same is true for vice president, provost, president, chair, and associate dean.
- The words "medical school," "college," and "university" are not capitalized unless they begin sentences or are used as the school’s full name (e.g., Jones Medical School).
- The word "faculty" is not capitalized unless it begins a sentence.
- Discipline names (e.g., "Physiology," "Biochemistry," "Medicine") are capitalized when they refer to departments. Note that "department" is not capitalized unless it is used with reference to a specific discipline, as in "Department of Medicine."
- Capitalize the names of formal school committees and subcommittees (e.g., Committee on Educational Policy), but do not capitalize the committee if the formal name is not used and the committee is referred to just by function (e.g., curriculum committee).
- The word “assess” is used for students’ performance and “evaluate” is used for programs.
- In the narrative (not tables), numbers one through nine are spelled out, and numbers 10 and higher are listed as numbers.
- Any tables with symbols (such as *) include the relevant note beneath the table with explanatory text.
- Full-time and part-time should include a hyphen (not part time).
- The word online contains no hyphen and is lowercase unless it starts a sentence. The word internet is lowercase, unless it starts a sentence.
- The word “bylaws” should be lowercase, unless it starts a sentence.
- The following abbreviations should always have periods and commas (i.e., e.g.,)

Glossary of Terms for LCME Accreditation Standards and Elements

Academic advising: The process between the medical student and an academic advisor of reviewing the services and policies of the institution, discussing educational and career plans, and making appropriate course selections. (Element 11.1)

Academic counseling: The process between the medical student and an academic counselor to discuss academic difficulties and to help the medical student acquire more effective and efficient abilities in areas such as study skills, reading skills, and/or test-taking skills. (Element 11.1)

Adequate numbers and types of patients (e.g., acuity, case mix, age, gender): Medical student access, in both ambulatory and inpatient settings, to a sufficient mix of patients with a range of severity of illness and diagnoses, ages, and both genders to meet medical educational program objectives and the learning objectives of specific courses, modules, and clerkships. (Element 5.5)

Admission requirements: A comprehensive listing of both objective and subjective criteria used for screening, selection, and admission of applicants to a medical education program. (Standard 10)

Admission with advanced standing: The acceptance by a medical school and enrollment in the medical curriculum of an applicant (e.g., a doctoral student), typically as a second or third-year medical student, when that applicant had not previously been enrolled in a medical education program. (Element 10.7)

Affiliation agreement: A document which describes the roles and responsibilities between a medical education program and its clinical affiliates. (Element 1.4)

Any related enterprises: Any additional medical school-sponsored activities or entities. (Element 1.2)

Assessment: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a medical student has acquired the competencies (e.g., knowledge, skills, behaviors, and attitudes) that the profession and the public expect of a physician. (Standard 9; Elements 1.4, 4.5, 6.1, 8.3, 8.7, 9.1, 9.4, 9.5, 10.3, 10.8, 11.1, 11.3, and 12.5)

Benefits of diversity: In a medical education program, the facts that having medical students and faculty members from a variety of socioeconomic backgrounds, racial and ethnic groups, and other life experiences can: 1) enhance the quality and content of interactions and discussions for all students throughout the preclinical and clinical curricula and 2) result in the preparation of a physician workforce that is more culturally aware and competent and better prepared to improve access to healthcare and address current and future health care disparities. (Standard 3)

Central monitoring: Tracking by institutional (e.g., deans) level offices and/or committees (e.g., the curriculum committee) of desired and expected learning outcomes by students and their completion of required learning experiences. (Elements 8.6 and 9.1)

Clinical affiliates: Those institutions providing inpatient medical care that have formal agreements with a medical school to provide clinical experiences for the education of its medical students. (Elements 1.4 and 3.5)

Clinical research: The conduct of medical studies involving human subjects, the data from which are intended to facilitate application of the studies' findings to medical practice in order to enhance the prevention, diagnosis, and treatment of medical conditions. (Element 7.3)

Coherent and coordinated medical curriculum: The design of a complete medical education program, including its content and modes of presentation, to achieve its overall educational objectives. Coherence and coordination include the following characteristics: 1) the logical sequencing of curricular segments, 2) coordinated and integrated content

within and across academic periods of study (i.e., horizontal and vertical integration), and 3) methods of instruction and student assessment appropriate to the student's level of learning and to the achievement of the program's educational objectives. (Element 8.1)

Community service: Services designed to improve the quality of life for community residents or to solve particular problems related to their needs. Community service opportunities provided by the medical school complement and reinforce the medical student's educational program. (Element 6.6)

Comparable educational experiences: Learning experiences that are sufficiently similar so as to ensure that medical students are achieving the same learning objectives at all educational sites at which those experiences occur. (Element 8.7)

Competency: Statements of defined skills or behavioral outcomes (i.e., that a physician should be able to do) in areas including, but not limited to, patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and ethics, and systems-based practice for which a medical student is required to demonstrate mastery at an appropriate level prior to completion of the medical education program and receipt of the MD degree. (Standards 3 and 6; Element 6.1)

Core curriculum: The required components of a medical curriculum, including all required courses/modules and clinical clerkships/rotations that a student must complete for graduation. (Element 7.9)

Core standards for the advancement and graduation of all medical students across all locations: The academic and non-academic criteria and levels of performance defined by a medical education program and published in programmatic policies that must be met by all medical students on all medical school campuses at the conclusion of each academic year or curriculum phase for advancement to the next academic year/phase or at the conclusion of the medical education program for receipt of the MD degree and graduation. (Element 9.9)

Critical judgment: The consideration, evaluation, and organization of evidence derived from appropriate sources and related rationales during the process of decision-making. The demonstration of critical thinking requires the following steps: 1) the collection of relevant evidence; 2) the evaluation of that evidence; 3) the organization of that evidence; 4) the presentation of appropriate evidence to support any conclusions; and 5) the coherent, logical, and organized presentation of any response. (Element 7.4)

Cultural competency: Refers to the ability of health professionals to function effectively within the context of the cultural beliefs, behaviors, and needs of patients from disparate environments and communities. (Element 7.6)

Curricular management: Involves the following activities: leading, directing, coordinating, controlling, planning, evaluating, and reporting. An effective system of curriculum management exhibits the following characteristics: 1) evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment, as available, as a frame of reference, 2) monitoring of content and workload in each discipline, including the identification of omissions and unplanned redundancies, and 3) review of the stated objectives of each individual curricular component and of methods of instruction and student assessment to ensure their linkage to and congruence with programmatic educational objectives. (Element 8.1)

Direct educational expenses: The following educational expenses of an enrolled medical student: tuition, mandatory fees, books and supplies, and a computer, if one is required by the medical school. (Element 12.1)

Direct faculty participation in decision-making: Faculty involvement in institutional governance wherein faculty input to decisions is provided by the faculty members themselves or by representatives chosen by faculty members. (Element 1.3)

Diverse sources [of financial revenues]: Multiple sources of predictable and sustainable revenues that include, but are not unduly dependent upon any one of the following: tuition, gifts, clinical revenue, governmental support, research grants, endowment, etc. (Element 5.1)

Effective: Supported by evidence that the policy, practice, and/or process has produced the intended or expected result(s). (Standard 1, 10, and 12; Elements 1.1, 1.2, 1.3, 2.2, 3.3, 3.6, 7.6, 8.8, 10.3, 11.1, 11.2, and 12.3)

Eligibility requirements [for initial and continuing accreditation]: Receipt and maintenance of authority to grant the MD degree from the appropriate governmental agency and initial and continuing accreditation by one of the six regional accrediting bodies. (Element 1.6)

Equivalent methods of assessment: The use of methods of medical student assessment that are as close to identical as possible across all educational sites at which core curricular activities take place within a given discipline, but which may not occur in the same timeframe. (Element 8.7)

Evaluation: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a program is fulfilling its mission(s) and achieving its goal(s). (Standard 8; Elements 3.3, 3.5, 4.3, 4.5, 5.2, 8.1, 8.3, 8.4, 11.3, 11.4, and 11.6)

Fair and formal process for taking any action that may affect the status of a medical student: The use of policies and procedures by any institutional body (e.g., student promotions committee) with responsibility for making decisions about the academic progress, continued enrollment, and/or graduation of a medical student in a manner that ensures: 1) that the student will be assessed by individuals who have not previously formed an opinion of the student's abilities, professionalism, and/or suitability to become a physician; and 2) that the student has received timely notice of the proceedings, information about the purpose of the proceedings, and any evidence to be presented at the proceedings; the right to participate in and provide information or otherwise respond to participants in the proceedings; and an opportunity to appeal any adverse decision resulting from the proceedings. (Element 9.9)

Fair and timely summative assessment: A criterion-based or normative determination, made as soon as possible after the conclusion of a curricular component (e.g., course/module, clinical clerkship/rotation) by individuals familiar with a medical student's performance, regarding the extent to which he or she has achieved the learning objective(s) for that component such that the student can use the information provided to improve future performance in the medical curriculum. (Element 9.8)

Final responsibility for accepting students to a medical school rests with a formally constituted admission committee: Ensuring that the sole basis for selecting applicants for admission to the medical education program are the decisions made by the faculty committee charged with medical student selection in accordance with appropriately approved selection criteria. (Element 10.2)

Formative feedback: Information communicated to a medical student in a timely manner that is intended to modify the student's thinking or behavior in order to improve subsequent learning and performance in the medical curriculum. (Element 9.7)

Full-time faculty: Full-time faculty includes all faculty members who are considered by the medical school to be full-time, whether funded by the medical school directly or supported by affiliated institutions and organizations. Reporting of full-time faculty members should include those who meet the preceding definition and who are based in affiliated hospitals or in schools of basic health sciences, or who are research faculty. Residents, clinical fellows, or faculty members who do not receive full-time remuneration from institutional sources (e.g., medical school, parent university, affiliated hospital, or healthcare organization) should not be included as full-time faculty. (Elements 3.3, 3.6, and 4.1)

Functionally integrated: Coordination of the various components of the medical school and medical education program by means of policies, procedures, and practices that define and inform the relationships among them. (Element 2.6)

Healthcare disparities: Differences between groups of people, based on a variety of factors including, but not limited to, race, ethnicity, residential location, sex, sexual orientation, gender identity, age, socioeconomic status, educational status, and disability status, that affect their access to health care, the quality of the health care they receive, and the outcomes of their medical conditions. (Element 7.6)

Health inequities: Are avoidable differences in health status between different groups of people. These widespread differences are often the result of unfair systems that negatively affect people's living conditions, access to healthcare, and overall health status. (Element 7.6)

Independent study: Opportunities either for medical student-directed learning in one or more components of the core medical curriculum, based on structured learning objectives to be achieved by students with minimal faculty supervision, or for student-directed learning on elective topics of specific interest to the student. (Element 6.3)

Learning objectives: A statement of the specific, observable, and measurable expected outcomes (i.e., what the medical students will be able to do) of each specific component (e.g., course, module, clinical clerkship, rotation) of a medical education program that defines the content of the component and the assessment methodology and that is linked back to one or more of the medical education program objectives. (Elements 6.1, 8.2, 8.3, and 9.1)

Major location for required clinical learning experiences: A clinical affiliate of the medical school that is the site of one or more required clinical experiences for its medical students. (Element 5.6)

Medical education program objectives: Broad statements, in measurable terms, of the knowledge, skills, behaviors, and attitudes (typically linked to a statement of expected competencies) that a medical student is expected to exhibit as evidence of achievement of all programmatic requirements by the time of medical education program completion. (Standards 6 and 11; Elements 6.1, 8.2, 8.3, 8.4, 8.7, and 9.4)

Mental health services: A range of diagnostic, therapeutic, and rehabilitative services used in treating mental disability or emotional disorders. (Element 12.3)

Mission-appropriate diversity: The inclusion, in a medical education program's student body and among its faculty and staff and based on the program's mission, goals, and policies, of persons from different racial, ethnic, economic, and/or social backgrounds and with differing life experiences to enhance the educational environment for all medical students. (Element 3.3)

Narrative assessment: Written comments from faculty that assess student performance and achievement in meeting specific objectives of a course or clerkship, such as professionalism, clinical reasoning. (Element 9.5)

National norms of accomplishment: Those data sources that would permit comparison of relevant medical school-specific medical student performance data to national data for all medical schools and medical students (e.g., USMLE scores, AAMC GQ data, specialty certification rates). (Element 8.4)

Need to know: The requirement that information in a medical student's educational record be provided only to those members of the medical school's faculty or administration who have a legitimate reason to access that information in order to fulfill the responsibilities of their faculty or administrative position. (Element 11.5)

Outcome-based terms: Descriptions of observable and measurable desired and expected outcomes of learning experiences in a medical curriculum (e.g., knowledge, skills, attitudes, and behavior). (Element 6.1)

Parallel curriculum (track): A parallel program of study for a subset of the medical student body that requires participating students to complete specific programmatic learning objectives (e.g., in research, primary care, leadership) in addition to the medical educational program objectives required of all medical students. (Elements 5.12, 9.9, and 10.9)

Personal counseling: Counseling on a small-group or individual basis for students expressing difficulties dealing with relationships, personal concerns, or normal developmental tasks; this includes assisting students in identifying problems, causes, alternatives, and possible consequences to initiate appropriate action. (Element 12.3)

Pre-clerkship curriculum: The curriculum year(s) before the start of required clinical clerkships. (Standard 6; Elements 2.6, 4.1, 5.10, 5.11, 6.3, 7.2, 7.4, 7.7, 8.3, 9.5, 9.7, 9.8, and 10.9)

Primacy of the medical education program's authority over academic affairs and the education/assessment of medical students: The affirmation and acknowledgement that all decisions regarding the creation and implementation of educational policy and the teaching and assessment of medical students are, first and foremost, the prerogative of the medical education program. (Element 1.4)

Principal academic officer at each campus is administratively responsible to the dean: The administrator identified by the dean or the dean's designee (e.g., associate or assistant dean, site director) as having primary responsibility for implementation, management, and evaluation of the components of the medical education program that occur at that campus. (Element 2.5)

Problem-solving: The initial generation of hypotheses that influence the subsequent gathering of information. (Element 7.4)

Programs aimed at developing a diverse pool of medical school applicants: These programs are directed at students from selected level(s) of the educational continuum (middle school-level through college) and intended to support their becoming qualified applicants to a medical school and/or, depending upon the level of the program, to another health professions program or a STEM/biomedical graduate program. (Standard 3, Element 3.3)

Publishes: Communicates in hard-copy and/or on-line in a manner that is easily available to and accessible by the public. (Standard 10; Elements 5.7 and 10.5)

Regional accrediting body: The six bodies recognized by the U.S. Department of Education that accredit institutions of higher education located in their regions of the U.S.: 1) Higher Learning Commission; 2) Middle States Commission on Higher Education; 3) New England Association of Schools and Colleges Commission on Institutions of Higher Education; 4) Northwest Commission on Colleges and Universities; 5) Southern Association of Colleges and Schools Commission on Colleges; and 6) Western Association of Schools and Colleges Senior Colleges and University Commission. (Element 1.6)

Regional campus: A regional campus is an instructional site that is distinct from the central/administrative campus of the medical school and at which some students spend one or more complete curricular years. (Standards 11 and 12; Elements 2.5, 2.6, and 5.12)

Regularly scheduled and timely feedback: Information communicated periodically and sufficiently often (based on institutional policy, procedure, or practice) to a faculty member to ensure that the faculty member is aware of the extent to which he or she is (or is not) meeting institutional expectations regarding future promotion and/or tenure. (Element 4.4)

Scientific method: A method of procedure consisting in systematic observation, measurement, and experiment, and the formulation, testing, and modification of hypotheses. Typically, the method consists of the following steps: 1) identifying and defining a problem; 2) accumulating relevant data; 3) formulating a tentative hypothesis; 4)

conducting experiments to test the hypothesis; 5) interpreting the results objectively; and 6) repeating the steps until an acceptable solution is found. (Element 7.3)

Self-directed learning: Includes all of the following components as a single unified sequence that occurs over a relatively short time: 1) the medical student's self-assessment of his/her learning needs; 2) the medical student's independent identification, analysis, and synthesis of relevant information; and 3) the medical student's appraisal of the credibility of information sources; and 4) the facilitator's assessment of and feedback to the student on his/her information seeking skills. (Element 6.3)

Senior administrative staff: People in academic leadership roles, to include but not limited to, associate/assistant deans, directors, academic department chairs, and people who oversee the operation of affiliated clinical facilities and other educational sites. Many, if not most, of these people also have faculty appointments, and for tracking purposes should only be counted in one category when completing tables such as those listed in the DCI under Element 3.3. (Standard 2; Elements 2.1, 2.4, and 3.3)

Service-learning: Educational experiences that involve all of the following components: 1) medical students' service to the community in activities that respond to community-identified concerns; 2) student preparation; and 3) student reflection on the relationships among their participation in the activity, their medical school curriculum, and their roles as citizens and medical professionals. (Element 6.6)

Sponsoring organization: The entity (e.g., university, health system) associated with the functioning of the medical school.

Standards of achievement: Criteria by which to measure a medical student's attainment of relevant learning objectives and that contribute to a summative grade. (Element 9.6)

Structural competency: Refers to the capacity for health professionals to recognize and respond to the role that social, economic, and political structural factors play in patient and community health. (Element 7.6)

Technical standards for the admission, retention, and graduation of applicants or medical students: A statement by a medical school of the: 1) essential academic and non-academic abilities, attributes, and characteristics in the areas of intellectual-conceptual, integrative, and quantitative abilities; 2) observational skills; 3) physical abilities; 4) motor functioning; 5) emotional stability; 6) behavioral and social skills; and 7) ethics and professionalism that a medical school applicant or enrolled medical student must possess or be able to acquire, with or without reasonable accommodation, in order to be admitted to, be retained in, and graduate from that school's medical educational program. (Element 10.5)

Transfer: The permanent withdrawal by a medical student from one medical school followed by that student's enrollment (typically in the second or third year of the medical curriculum) in another medical school. (Elements 5.10 and 10.7)

Translational research: Translational research includes two areas of investigation. In the first, discoveries generated during research in the laboratory and in preclinical studies are applied to the development of trials and studies in humans. In the second, the efficacy and cost-effectiveness of prevention and treatment strategies are studied to accelerate adoption of best practices in communities and populations. (Element 7.3)

Visiting students: Students enrolled at one medical school who participate in clinical (typically elective) learning experiences for a grade sponsored by another medical school without transferring their enrollment from one school to the other. (Elements 5.10, 10.8, and 12.8)

Well-being program: An organized and coordinated program designed to maintain or improve physical, emotional and mental health through proper diet, exercise, stress management, and illness prevention. (Element 12.3)