



LIAISON COMMITTEE ON
MEDICAL EDUCATION

DATA COLLECTION INSTRUMENT FOR PRELIMINARY ACCREDITATION SURVEYS

**Published December 2016
For Medical Education Programs with
Preliminary Accreditation Surveys in the 2017-18 academic year**

LCME® *Data Collection Instrument*, for Preliminary Accreditation Surveys in AY 2017-18

© Copyright December 2016, American Medical Association and Association of American Medical Colleges. All material subject to this copyright may be photocopied for the noncommercial purpose of scientific or educational advancement, with citation.

LCME® is a registered trademark of the Association of American Medical Colleges and the American Medical Association.

For further information, contact:

LCME® Secretariat
Association of American Medical Colleges
655 K Street, NW
Suite 100
Washington, DC 20001
Phone: 202-828-0596

LCME® Secretariat
American Medical Association
330 North Wabash Avenue
Suite 39300
Chicago, IL 60611
Phone: 312-464-4933

Visit the LCME® website at:
www.lcme.org

TABLE OF CONTENTS

STANDARD 1: MISSION, PLANNING, ORGANIZATION, AND INTEGRITY.....	1
1.1 STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT	2
1.2 CONFLICT OF INTEREST POLICIES	3
1.3 MECHANISMS FOR FACULTY PARTICIPATION	4
1.4 AFFILIATION AGREEMENTS	5
1.5 BYLAWS	6
1.6 ELIGIBILITY REQUIREMENTS	7
STANDARD 2: LEADERSHIP AND ADMINISTRATION.....	8
2.1 ADMINISTRATIVE OFFICER AND FACULTY APPOINTMENTS	9
2.2 DEAN’S QUALIFICATIONS	10
2.3 ACCESS AND AUTHORITY OF THE DEAN	11
2.4 SUFFICIENCY OF ADMINISTRATIVE STAFF	12
2.5 RESPONSIBILITY OF AND TO THE DEAN	13
2.6 FUNCTIONAL INTEGRATION OF THE FACULTY	14
STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS	15
3.1 RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION	16
3.2 COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES	17
3.3 DIVERSITY/PIPELINE PROGRAMS AND PARTNERSHIPS	18
3.4 ANTI-DISCRIMINATION POLICY	20
3.5 LEARNING ENVIRONMENT/PROFESSIONALISM	21
3.6 STUDENT MISTREATMENT	22
STANDARD 4: FACULTY PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES.....	23
4.1 SUFFICIENCY OF FACULTY	24
4.2 SCHOLARLY PRODUCTIVITY	26
4.3 FACULTY APPOINTMENT POLICIES	27
4.4 FEEDBACK TO FACULTY	28
4.5 FACULTY PROFESSIONAL DEVELOPMENT	29
4.6 RESPONSIBILITY FOR EDUCATIONAL PROGRAM POLICIES	30
STANDARD 5: EDUCATIONAL RESOURCES AND INFRASTRUCTURE.....	31
5.1 ADEQUACY OF FINANCIAL RESOURCES	32
5.2 DEAN’S AUTHORITY/RESOURCES	34
5.3 PRESSURES FOR SELF-FINANCING.....	35
5.4 SUFFICIENCY OF BUILDINGS AND EQUIPMENT	36
5.5 RESOURCES FOR CLINICAL INSTRUCTION	38
5.7 SECURITY, STUDENT SAFETY, AND DISASTER PREPAREDNESS	40
5.8 LIBRARY RESOURCES/STAFF	41
5.9 INFORMATION TECHNOLOGY RESOURCES/STAFF	43
5.11 STUDY/LOUNGE/STORAGE SPACE/CALL ROOMS	45
STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN.....	46
6.1 PROGRAM AND LEARNING OBJECTIVES	48
6.2 REQUIRED CLINICAL EXPERIENCES	49
6.3 SELF-DIRECTED AND LIFE-LONG LEARNING	50
6.4 INPATIENT/OUTPATIENT EXPERIENCES	51
6.5 ELECTIVE OPPORTUNITIES	52
6.6 SERVICE-LEARNING	53
6.7 ACADEMIC ENVIRONMENTS	54
6.8 EDUCATION PROGRAM DURATION	56
STANDARD 7: CURRICULAR CONTENT.....	57
7.1 BIOMEDICAL, BEHAVIORAL, SOCIAL SCIENCES	58
7.2 ORGAN SYSTEMS/LIFE CYCLE/PRIMARY CARE/PREVENTION/WELLNESS/ SYMPTOMS/SIGNS/DIFFERENTIAL DIAGNOSIS, TREATMENT PLANNING, IMPACT OF BEHAVIORAL AND SOCIAL FACTORS.....	60

7.3 SCIENTIFIC METHOD/CLINICAL/TRANSLATIONAL RESEARCH	61
7.4 CRITICAL JUDGMENT/PROBLEM-SOLVING SKILLS	62
7.5 SOCIETAL PROBLEMS	63
7.6 CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES	64
7.7 MEDICAL ETHICS	65
7.8 COMMUNICATION SKILLS	66
7.9 INTERPROFESSIONAL COLLABORATIVE SKILLS	67
STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT	68
8.1 CURRICULAR MANAGEMENT	69
8.2 USE OF MEDICAL EDUCATIONAL PROGRAM OBJECTIVES	70
8.3 CURRICULAR DESIGN, REVIEW, REVISION/CONTENT MONITORING	71
8.4 PROGRAM EVALUATION	72
8.5 MEDICAL STUDENT FEEDBACK.....	73
8.6 MONITORING OF COMPLETION OF REQUIRED CLINICAL EXPERIENCES	74
8.7 COMPARABILITY OF EDUCATION/ASSESSMENT	75
8.8 MONITORING STUDENT TIME	76
STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY	77
9.1 PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS	79
9.2 FACULTY APPOINTMENTS	80
9.3 CLINICAL SUPERVISION OF MEDICAL STUDENTS	81
9.4 ASSESSMENT SYSTEM.....	82
9.5 NARRATIVE ASSESSMENT	83
9.6 SETTING STANDARDS OF ACHIEVEMENT	84
9.7 FORMATIVE ASSESSMENT AND FEEDBACK	85
9.8 FAIR AND TIMELY SUMMATIVE ASSESSMENT	86
9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS	87
STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS	88
10.1 PREMEDICAL EDUCATION/REQUIRED COURSEWORK	89
10.2 FINAL AUTHORITY OF ADMISSION COMMITTEE	90
10.3 POLICIES REGARDING STUDENT SELECTION/PROGRESS AND THEIR DISSEMINATION	91
10.4 CHARACTERISTICS OF ACCEPTED APPLICANTS	92
10.5 TECHNICAL STANDARDS	93
10.6 CONTENT OF INFORMATIONAL MATERIALS	94
10.9 STUDENT ASSIGNMENT	95
STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND EDUCATIONAL RECORDS	96
11.1 ACADEMIC ADVISING	97
11.2 CAREER ADVISING	98
11.5 CONFIDENTIALITY OF STUDENT EDUCATIONAL RECORDS	99
11.6 STUDENT ACCESS TO EDUCATIONAL RECORDS	100
STANDARD 12: MEDICAL STUDENT HEALTH SERVICES, PERSONAL COUNSELING, AND FINANCIAL AID SERVICES.....	101
12.1 FINANCIAL AID/DEBT MANAGEMENT COUNSELING/STUDENT EDUCATIONAL DEBT	102
12.2 TUITION REFUND POLICY	103
12.3 PERSONAL COUNSELING/WELL-BEING PROGRAMS	104
12.4 STUDENT ACCESS TO HEALTH CARE SERVICES	105
12.5 NON-INVOLVEMENT OF PROVIDERS OF STUDENT HEALTH SERVICES IN STUDENT ASSESSMENT/ LOCATION OF STUDENT HEALTH RECORDS	106
12.6 STUDENT HEALTH AND DISABILITY INSURANCE	107
12.7 IMMUNIZATION REQUIREMENTS AND MONITORING	108
12.8 STUDENT EXPOSURE POLICIES/PROCEDURES	109
GLOSSARY OF TERMS FOR LCME ACCREDITATION STANDARDS AND ELEMENTS.....	110

STANDARD 1: MISSION, PLANNING, ORGANIZATION, AND INTEGRITY

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

STANDARD 1 SUPPORTING DOCUMENTATION

1. Provide maps of the planned medical school campus and its system of affiliated hospitals. Include a map illustrating the location of any regional campuses.

1.1 STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT

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

1.1 NARRATIVE RESPONSE

- a. Provide the mission and vision statements of the medical school. Describe when, how, and by whom these were developed. If the mission has not yet been formalized, describe when this process is likely to be completed.
- b. Describe the process that is being used by the medical school to establish its strategic plan, including goals and outcomes. Note if the strategic plan is being developed in collaboration with the medical school's sponsoring institution (e.g., university). Provide the date when the plan was developed or when it is likely to be finalized.
- c. Describe how and by whom the outcomes of the school's strategic plan will be monitored.
- d. Describe the process that will be used and the resources that will be available for quality improvement activities related to the medical education program. For example, is there or will there be an office or dedicated staff to support quality improvement activities, including monitoring ongoing compliance with LCME accreditation standards?

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.1

1. An executive summary of the medical school strategic plan, as available.

1.2 CONFLICT OF INTEREST POLICIES

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

1.2 NARRATIVE RESPONSE

- a. Place 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 below):

- b. If the institutional primary board is responsible for any units in addition to the medical school (e.g., other colleges), is there a separate/subsidiary board for the medical school?
- c. Is the medical school part of a for-profit, investor-owned entity? If so, identify any board members, university or medical school 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 university has a faculty conflict of interest policy:

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

- e. Describe the strategies for managing actual or perceived conflicts of interest as they arise for the following groups:
1. Governing board members
 2. University and medical school administrators
 3. Medical school faculty

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.2

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

1.3 MECHANISMS FOR FACULTY PARTICIPATION

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

1.3 SUPPORTING DATA

Table 1.3-1 Standing Committees					
List all major standing committees of the medical school, whether currently operational or anticipated. Indicate whether members are/will be <i>all appointed</i> (A), <i>all elected</i> (E), or whether the committee has <i>both appointed and elected members</i> (B). Note whether each committee is or will be charged with making recommendations (R), empowered to take action (A), or both (B).					
Committee	Reports to	Current/Anticipated Number of Voting Members	Place an "X" if the Committee Currently is Operational	Membership Selection (A/E/B)	Authority (R/A/B)

1.3 NARRATIVE RESPONSE

- a. If the standing committees have not all been formed, describe the status of committee formation and the time when it is anticipated that all committees will be operational.
- b. Summarize how the selection process for faculty committees will ensure that there is broad faculty input into the governance process. How are/will individuals whose perspectives are independent from those of departmental leadership or central medical school administration be included? Note whether committees include elected members or members nominated or selected through a faculty-administered process (e.g., through a "committee on committees").
- c. Describe how faculty currently are being made aware of policy and other types of changes that require faculty comment and how such input from faculty is obtained.
- d. In addition to faculty meetings what mechanisms (such as written or electronic communications) are being used to inform faculty about issues of importance at the medical school?

1.4 AFFILIATION AGREEMENTS

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

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

NARRATIVE RESPONSE

- a. Describe the status of completing affiliation agreements with clinical teaching sites that will be used for the inpatient portion of required clinical clerkships for the charter medical school class. This does not include clinical teaching sites only used for electives or selectives or those used for ambulatory teaching.
- b. If affiliation agreements have not been finalized with sites needed to accommodate the first cohort of students entering the clinical years, indicate the timetable for the completion and signing of the affiliation agreements.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.4

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

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

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

1.5 BYLAWS

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

1.5 NARRATIVE RESPONSE

- a. Describe the status of development of the faculty bylaws that apply to the medical school.
- b. Describe the process for changing bylaws, including the individuals and groups that must approve changes.
- c. Briefly describe how the bylaws are or will be made available to the faculty.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.5

1. If the bylaws have been developed and approved, a PDF copy should be included in the Appendix as a Word or pdf document.

1.6 ELIGIBILITY REQUIREMENTS

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

1.6 NARRATIVE RESPONSE

- a. Provide the state in which the institution is/will be chartered/legally authorized to offer the MD degree. Describe the status of obtaining authority to grant the MD degree.
- b. Place an “X” next to the institutional (regional) accrediting body that will accredit the medical school or its parent institution:

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

- c. Describe the current status of obtaining accreditation from the relevant institutional accrediting body. Note if the medical school’s sponsoring institution has submitted/applied for an expansion of scope to offer the MD degree or if the medical school has achieved/applied for candidate status. If candidate status has not yet been achieved, describe the steps that have been taken toward that goal.
- d. Provide the year of the next institutional accreditation survey, if relevant.

STANDARD 2: LEADERSHIP AND ADMINISTRATION

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

2.1 ADMINISTRATIVE OFFICER AND FACULTY APPOINTMENTS

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

2.1 NARRATIVE RESPONSE

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

2.2 DEAN'S QUALIFICATIONS

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

2.2 NARRATIVE RESPONSE

- a. Provide the year of the current dean's appointment.
- b. Note if anyone has held the dean position prior to the current incumbent.
- c. Note if the dean has ultimate responsibility for all missions of the medical school or if some of these (e.g., patient care) are under the authority of another administrator.
- d. Provide a brief summary of the dean's experience and qualifications to provide leadership in each of the missions of the medical school for which he/she has responsibility.
- e. Describe the process that will be used to evaluate the dean, including the interval at which this evaluation will take place.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.2

1. Dean's abbreviated curriculum vitae.

2.3 ACCESS AND AUTHORITY OF THE DEAN

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

2.3 NARRATIVE RESPONSE

- a. Summarize the dean's access to university and health system administrators. Describe how the dean's access to these administrators is ensuring that the needs of the medical education program are included in planning activities at these levels.
- b. Describe the dean's authority and responsibility for the medical education program based on the position description provided in the supporting documentation.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.3

1. Organizational chart illustrating the relationship of the medical school dean to university administration, to the deans of other schools and colleges, and to the administrators of the health science center and affiliated teaching hospitals (if relevant). If the medical school is part of a larger non-academic entity (not-for-profit or for-profit/investor-owned), the chart should include the relationship of the dean or other senior academic officer to the board of directors or officers of that entity.
2. Dean's position description. If the dean has an additional role (e.g., vice president for health/academic affairs, provost), include that position description, as well.
3. Relevant excerpts from the faculty bylaws describing the dean's role and/or authority regarding the medical education program.

2.4 SUFFICIENCY OF ADMINISTRATIVE STAFF

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

2.4 SUPPORTING DATA

Table 2.4-1 Department Chairs			
For each department, provide the requested information regarding current department chairs. Note if the chair position is vacant or filled on an interim/acting basis. Add rows as needed.			
Name of Department	Name of Incumbent	Date Appointed	Note if the Position is Vacant/Filled on an Interim Basis

Table 2.4-2 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). Use January 1st of the given academic year.	
AY 2016-17	AY 2017-18

Table 2.4-3 Dean's Office Administrative Staffing				
Provide the requested information regarding members of the dean's office staff. Note if any position is filled on an interim/acting basis. Add rows as needed.				
Name of Incumbent	Title	% Effort dedicated to administrative role	Date appointed	Note if the Position is Filled on an Interim Basis

2.4 NARRATIVE RESPONSE

- a. List any unfilled dean's staff positions and describe the timing and status of recruitment efforts. If any members of the dean's staff hold interim/acting appointments, describe the status of recruitment efforts to fill the position(s).
- b. If there are any department chair vacancies, describe the status of recruitment efforts to fill the position(s).
- c. Briefly describe how, how often, and by whom the performance of dean's office staff and department chairs is or will be reviewed.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.4

1. Organizational chart of the dean's office, indicating positions that are vacant or filled on an interim basis.

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.

2.5 SUPPORTING DATA

Table 2.5-1 Regional Campus(es)		
Provide the requested information for each regional campus. Add rows as needed.		
Campus	Location	Name and Title of Principal Academic Officer

2.5 NARRATIVE RESPONSE

- a. Describe the role of the medical school dean/designated chief academic officer in overseeing the conduct and quality of the medical education program at all regional campuses. How will the adequacy of faculty at the campus(es) be monitored?
- b. Using the organizational chart requested in the supporting documentation, describe the reporting relationship between the medical school dean/chief academic officer and the principal academic officer at each regional campus. Also include a description of the reporting relationship(s) of other campus administrators (e.g., student affairs).
- c. Describe the ways in which the principal academic officer(s) at regional campus(es) will be integrated into the administrative and governance structures of the medical school.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.5

1. Organizational chart illustrating the current or anticipated reporting relationship of each campus principal academic officer and other campus administrators to the medical school dean/chief academic officer and/or other members of the central medical school administration.
2. Position description for the role of principal academic officer at a regional campus.

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.

2.6 NARRATIVE RESPONSE

- a. Describe the means, including anticipated activities such as faculty meetings/retreats and visits by departmental leadership, by which faculty members in each discipline will be functionally integrated across regional campuses.
- b. Describe how institutional policies and/or faculty bylaws will support the participation of faculty based at regional campuses in medical school governance (e.g., committee membership).
- c. Provide examples of faculty or senior administrative staff based at regional campuses serving on the medical school's executive committee.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.6

1. If pre-clerkship courses will be offered at the regional campus, provide an organizational chart illustrating the relationship of site directors for pre-clerkship courses to the course directors.

STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

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

3.1 RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION

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

3.1 SUPPORTING DATA

Table 3.1-1 Resident Involvement in Core Clinical Clerkships						
List each clinical facility at which one or more medical students will take a required (core) clinical clerkship (other than ambulatory, community-based sites). Use the first year that required clerkships will be offered as the “base year.” For each clerkship, place a “Y” to indicate that residents in an ACGME-accredited program will be involved in medical student education, or an “N” to indicate that residents will not be involved in medical student education. If there will not be a clerkship in that discipline at that site, leave the cell blank. Add rows as needed.						
Facility Name	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery

3.1 NARRATIVE RESPONSE

- a. If residents will not be present at any of the sites where core clinical clerkships will be conducted for some or all students (e.g., at a longitudinal integrated clerkship site, a rural clerkship site, or a regional campus), describe how medical students will learn about the expectations and requirements of the next phase of their training. For example, will medical students work with residents in another required (non-clerkship) clinical experience?

3.2 COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES

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

3.2 NARRATIVE RESPONSE

- a. Is there a requirement for medical students to complete a scholarly/research project at some point in the curriculum? If yes, please describe. If students are not required to complete a research project, briefly describe the opportunities that will be available for medical students to participate in research.
- b. Describe the funding and other resources that will be available to support medical student participation in research.
- c. Describe the means by which faculty scholarship is being/will be fostered in the medical school. Is there or will there be a formal mentorship program to assist faculty in their development as scholars? Describe the current and planned infrastructure and resources available to support faculty scholarship (e.g., a research office, support for grant development, seed funding for research project development).

3.3 DIVERSITY/PIPELINE PROGRAMS AND PARTNERSHIPS

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

3.3 SUPPORTING DATA

Table 3.3-1 Diversity Categories and Definitions		
Describe the specific diversity categories identified in medical school policies that will guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Note that the medical school may use different diversity categories for each of these groups. If different diversity categories apply to any of these groups, provide each relevant definition. Add rows as needed so as to include each diversity category.		
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 for Faculty Positions						
Provide the total number of offers of employment made to applicants for faculty positions in the school's identified diversity categories. Add rows as needed for each diversity category.						
	AY 2015-16			AY 2016-17		
School-identified Diversity Category	Declined Offers	Faculty Hired	Total Offers	Declined Offers	Faculty Hired	Total Offers

Table 3.3-3 Offers Made for Senior Administrative Staff Positions						
Provide the total number of offers of employment for senior administrative staff positions made to individuals in the school's identified diversity categories. Add rows as needed for each diversity category.						
	AY 2015-16			AY 2016-17		
School-identified Diversity Category	Declined Offers	Staff Hired	Total Offers	Declined Offers	Staff Hired	Total Offers

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

3.3 NARRATIVE RESPONSE

- a. Describe the process by which the policies and categories related to diversity were/are being developed, approved, and implemented. If diversity policies have not been finalized, describe the status of their development. Describe how the policies will be made known to medical school and faculty applicants.
- b. Describe preparation, recruitment, and retention programs/activities that exist or will exist to enhance diversity (as defined by the school) among the following groups:
 1. Medical students
 2. Faculty
 3. Senior administrative staff
- c. Describe the major programs (e.g., “pipeline programs”) currently in place at the university or that will be established at the medical school to enhance the diversity in the pool of well-prepared applicants for admission to medical school, both locally and nationally.
In the description, summarize the following related to the administration and delivery of these programs:
 1. The funding sources that the medical school has available
 2. The personnel dedicated to these activities
 3. The time commitment of these individuals
 4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean’s office, a university office)
- d. Describe the following for planned programs related to the preparation, recruitment, and retention of medical school applicants, medical students, faculty, and senior administrative leadership from school-defined diversity categories:
 1. The funding sources that the medical school has available
 2. The personnel dedicated to these activities
 3. The time commitment of these individuals
 4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean’s office, a university office)

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.3

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

3.4 ANTI-DISCRIMINATION POLICY

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

3.4 NARRATIVE RESPONSE

- a. Describe the status of development of the medical school's anti-discrimination policy. How will the anti-discrimination policy be made available to members of the medical education community?

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.4

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

3.5 LEARNING ENVIRONMENT/PROFESSIONALISM

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

3.5 SUPPORTING DATA

Table 3.5-1 Professional Attributes		
List the professional attributes (behaviors and attitudes) that medical students will be expected to develop, the location in the curriculum where formal learning experiences related to these attributes will occur, and the methods that will be used to assess student attainment of each attribute. Add rows as needed.		
Professional Attribute	Anticipated Location(s) in Curriculum	Anticipated Assessment Method(s)

3.5 NARRATIVE RESPONSE

- a. Describe how the list of professional attributes was/is being developed, including the individuals and groups responsible for developing, reviewing and approving the final list.
- b. Describe the means by which the list of desired attributes will be made known to faculty, residents, and others in the medical education learning environment.
- c. Describe the methods that will be used by the medical school and its clinical affiliates/partners to evaluate the learning environment in order to identify positive and negative influences on the development of medical students' professional attributes, especially in the clinical setting. What individuals or groups are/will be empowered to act on these results?
- d. Identify the individual(s) responsible for ensuring that there is an appropriate learning environment in all settings used for the education of medical students. Describe planning for activities (such as a medical school faculty committee) to foster an appropriate learning environment.

3.6 STUDENT MISTREATMENT

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

3.6 NARRATIVE RESPONSE

- a. Describe the status of development of formal medical school or university statements regarding the standards of conduct expected in the teacher-learner relationship, including student mistreatment policies. Describe how medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff will be or are informed about the medical school's standards of conduct in the faculty-student relationship and about medical student mistreatment policies.
- b. Summarize the methods that will be available to report observed incidents of unprofessional behavior, including student mistreatment, exhibited by anyone in the learning environment. Describe how the medical school will ensure that allegations of mistreatment can be made and investigated without fear of retaliation.
- c. Who will be responsible for ensuring that the learning environment is monitored? How, by whom, and how often will data regarding the frequency of medical students experiencing negative behaviors (mistreatment) be collected?
- d. Which individuals and/or groups will have the responsibility and authority to address problems that have been identified in the learning environment?
- e. Describe plans for educational activities for medical students, faculty, and residents that will be directed at preventing student mistreatment.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.6

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

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

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

4.1 SUFFICIENCY OF FACULTY

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

4.1 SUPPORTING DATA

Table 4.1-1 Total Faculty						
Provide the total number of full-time, part-time, and volunteer faculty in the basic science and clinical departments for each listed academic year						
	Full-Time Faculty		Part-Time Faculty		Volunteer Faculty	
	Basic Science	Clinical	Basic Science	Clinical	Basic Science	Clinical
Current Academic Year (date)						
Next Academic Year (date)						

Table 4.1-2 Basic Science Faculty							
List each of the medical school's <i>basic science (pre-clerkship)</i> departments and provide the number of faculty currently in each. Only list those departments (e.g., pathology) included in the 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	Department	Full-Time Faculty					Part-Time Faculty
		Professor	Associate Professor	Assistant Professor	Instructor/ Other	Vacant	

Table 4.1-3 Anticipated Basic Science Teaching Responsibilities							
List each of the medical school's <i>basic science (pre-clerkship)</i> departments and indicate whether required courses will be taught for each listed student-type (add "Y" for yes, "N" for no). Only list courses for which departmental faculty will have primary and ongoing responsibility. Only include interdisciplinary courses once per department. Add rows as needed.							
Campus	Department	Student Type					
		Medical	Graduate	Dental	Nursing	Allied Health	Undergraduate

Table 4.1-4 Clinical Faculty								
List each of the medical school's <i>clinical departments</i> and provide the number of faculty currently in each. Only list departments included in the faculty counts in table 4.1-1. Schools with one or more regional campuses should provide the campus name in each row. Add rows as needed.								
Campus	Department	Full-Time Faculty					Other / Not Full-Time	
		Professor	Associate Professor	Assistant Professor	Instructor/ Other	Vacant	Part-Time Faculty	Volunteer

Table 4.1-5 Anticipated Clinical Teaching Responsibilities							
List each of the medical school's <i>clinical departments</i> and indicate whether required courses will be taught for each listed student-type (Add "Y" for yes, "N" for no). Only list courses for which departmental faculty will have primary and ongoing effort (e.g., reporting final grades to the registrar). Only include interdisciplinary courses once per department. Only report Pathology data if Pathology is included as a clinical department in table 4.1-1. Add rows as needed.							
Campus	Department	Student Type					
		Medical	Dental	Nursing	Allied Health	Public Health	Other (specify)

Table 4.1-6 Protected Faculty Time	
Provide the amount of protected time (i.e., time with salary support) that the following individuals have/will have for their educational responsibilities (include a range if not consistent within each group). Add rows as needed.	
Faculty Type	Amount (FTE)
Pre-clerkship/preclinical course directors, including directors of clinical skills courses	
Clerkship directors	
Chair of the curriculum committee	

4.1 NARRATIVE RESPONSE

- List all faculty members with substantial teaching responsibilities who are or will be on-site at their teaching location for fewer than three months during the academic year.
- Describe faculty recruitment activities, by discipline, planned over the next three academic years and provide the anticipated timing of the recruitment activities.

4.2 SCHOLARLY PRODUCTIVITY

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

4.2 NARRATIVE RESPONSE

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

4.3 FACULTY APPOINTMENT POLICIES

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

4.3 NARRATIVE RESPONSE

- a. Provide a brief description of each faculty employment track, including the qualifications required for each. Describe how faculty members are notified about and assigned to a specific track.
- b. Describe how and when faculty members are notified of the following:
 1. Terms and conditions of employment, including privileges
 2. Benefits
 3. Compensation, including policies on practice earnings
- c. Describe how and when faculty members are notified about their responsibilities in teaching, research and, where relevant, patient care.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 4.3

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

4.4 FEEDBACK TO FACULTY

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

4.4 NARRATIVE RESPONSE

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

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 4.4

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

4.5 FACULTY PROFESSIONAL DEVELOPMENT

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

4.5 NARRATIVE RESPONSE

- a. Describe the current and anticipated availability of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Describe the organizational placement of such individuals (e.g., faculty development office, medical school dean's office, university office) and the amount of time they have or will have to devote to faculty development efforts.
- b. Describe how the medical school will identify faculty development programming needs and priorities.
- c. Describe the steps that will be taken to ensure that faculty development is and will be accessible at all instructional sites, including regional campuses.
- d. Describe the means by which problems identified with an individual faculty member's teaching and assessment skills will be remediated.
- e. Describe plans to make funding available to support faculty participation in professional development activities related to their respective disciplines (e.g., attendance at professional meetings) and to their roles as teachers (e.g., attendance at regional/national medical education meetings).
- f. Describe plans and resources for formal activities at the departmental, medical school, and/or university level to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement. List the personnel available to assist faculty in acquiring and enhancing such skills.

4.6 RESPONSIBILITY FOR EDUCATIONAL PROGRAM POLICIES

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

4.6 NARRATIVE RESPONSE

- a. If there is an executive committee or other similar medical school leadership group responsible for working with the dean to determine medical school policies, describe its charge and current membership. Note if the membership is likely to change as the school matures.

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.

Note: Elements 5.6, 5.10, and 5.12 are not included in the DCI for Preliminary Accreditation.

STANDARD 5 SUPPORTING DOCUMENTATION

Provide the following information, as available:

1. **Total revenues** (in millions, to one decimal place)

2015-16	2016-17	2017-18

2. **Total expenditures** (in millions, to one decimal place)

2015-16	2016-17	2017-18

3. **Total state and university appropriations** (in millions, to one decimal place)

2015-16	2016-17	2017-18

4. **Professional fee (practice plan) revenue** (in millions, to one decimal place)

2015-16	2016-17	2017-18

5. **Grants and contracts, direct** (in millions, to one decimal place)

2015-16	2016-17	2017-18

5.1 ADEQUACY OF FINANCIAL RESOURCES

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

5.1 NARRATIVE RESPONSE

- a. Please supply the dates of the school's fiscal year (month/day to month/day).
- b. Describe all the financial resources currently available to the medical school and all the financial resources anticipated by the medical school over the next six years (i.e., the year prior to the enrollment of the charter class, the year that the charter class enters, and the next four years) in the following areas:
 1. Total revenues
 2. Revenue mix
 3. Obligations and commitments
 4. Reserves (amount and sources)
- c. Describe the medical school's annual budget process and the budgetary authority of the medical school dean. Does or will the medical school have a consolidated budget process that includes all medical school departments, the clinical practice plan (if one exists), and/or the health system? Describe the roles and membership of any committees involved in budget planning. Is the budget of the medical school approved by the governing board and/or officials of the parent university or, in the case of an investor-owned for-profit medical school, by the corporate parent of the institution?
- d. Describe the ways in which the medical school's governance, through its board of directors and its organizational structure, will support the effective management of its financial resources. Describe how lines of authority are defined, the internal controls that are in place, the degree of oversight provided by the state/parent/governing board in managing medical school resources, and the relationship between the medical school dean and department chairs in managing departmental resources.
- e. Describe the ways that current and projected capital needs for the missions of the medical school are being addressed.
- f. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) and/or the medical school's parent organization or company performed during the most recently completed fiscal year.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 5.1

1. A six-year revenue and expenditure pro forma.

2. A copy of the most recent audited financial statements for the medical school and/or the medical school's parent organization or company. Medical schools owned or operated by a parent organization or company and those that do not have separate audited financial statements for the medical school should submit consolidated audited financial statements for the parent organization or holding company. Provide the most current information available in the material submitted three months prior to the survey visit.

5.2 DEAN'S AUTHORITY/RESOURCES

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

5.2 NARRATIVE RESPONSE

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

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

Name	Title	% Time (if applicable)

- b. How is the CAO participating to ensure that the resource needs for the development of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are considered in institution-level planning?
- c. Briefly describe the infrastructure that is or will be under the authority of the chief academic officer (e.g., an office of medical education) whose purpose is to provide administrative and/or academic support for the planning of the curriculum and for the development and maintenance of the tools (such as a curriculum database) to support curriculum monitoring and management. Note the reporting relationships of the director(s) of any such office(s)/unit(s).
- d. Provide the names and titles of the individuals currently responsible for providing administrative or academic support for the planning, implementation, and evaluation of the curriculum and for student assessment. Include the percent of time contributed by each individual to this effort. Add rows as needed.

Name	Title	% Time (if applicable)

Note plans for the recruitment of additional individuals to provide administrative and/or academic support for curriculum planning, implementation, or evaluation and provide the recruitment timeline for these individuals.

- e. Indicate whether there will be a specific budget for the medical education program and, if so, how that budget will be determined and allocated.

5.3 PRESSURES FOR SELF-FINANCING

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

5.3 SUPPORTING DATA

Table 5.3-1 Student Enrollment Plans		Source: School-reported	
Provide the number of students who will be admitted to the first-year class, starting with the charter (first-entering) class			
2018	2019	2020	2021

5.3 NARRATIVE RESPONSE

- a. Describe how and at what institutional level (e.g., the medical school administration, the university administration, the board of trustees) the size of the medical school entering class is set. In making decisions about class size, describe how medical school resources, such as space, faculty numbers, and teaching responsibilities for the medical school and other educational programs, are taken into account.
- b. Describe how tuition and fees are set for the medical school.
- c. If tuition and fees or any other revenue source will comprise more than 50% of the medical school's total annual revenues, describe any plans to diversify revenue sources.
- d. Describe whether and how the medical school's need to generate revenue from tuition, clinical care, and/or research will affect decisions related to student enrollment, faculty time allocation, and tuition levels.

5.4 SUFFICIENCY OF BUILDINGS AND EQUIPMENT

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

5.4 SUPPORTING DATA

Table 5.4-1 Year 1 Classroom Space			
Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching/simulation space, small group discussion room, etc.) that will be used for each instructional format during <i>year one</i> of the medical curriculum. Only include space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed.			
Room Type/Purpose	No. of rooms of this size/type	Seating Capacity (provide a range if variable across rooms)	Building(s) where rooms are located

Table 5.4-2 Year 2 Classroom Space			
Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching/simulation space, small group discussion room, etc.) that will be used for each instructional format during <i>year two</i> of the medical curriculum. Only include space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed.			
Room Type/Purpose	No. of rooms of this size/type	Seating Capacity (provide a range if variable across rooms)	Building(s) where rooms are located

Table 5.4-3 Faculty Offices and Research Labs			
Provide the number of faculty offices and research laboratories that will be available in each academic department of the medical school at the time the charter class matriculates. Add rows as needed.			
Department name	Anticipated No. of full-time faculty when the charter class matriculates	No. of offices	No. of research labs

5.4 NARRATIVE RESPONSE

- a. If educational spaces used for required classes in years one and two of the medical curriculum (e.g., lecture halls, laboratories, small group rooms) will be shared with other schools/programs, provide the office or individual responsible for scheduling the spaces and note if the medical education program has priority in any scheduling decisions.
- b. Describe the status of development of teaching space that will be used for the charter class in the first and second years of the curriculum, including the timeline for new construction or renovation. Note whether the completion

of teaching space is on schedule. Describe options if the planned teaching space will not be available at the time the charter class is due to enroll.

- c. Describe the facilities that will be used for teaching and assessment of medical students' clinical and procedural skills. Note if this space is also used for patient care or is shared with other learners.

5.5 RESOURCES FOR CLINICAL INSTRUCTION

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

5.5 SUPPORTING DATA

Table 5.5-1 Clinical-site Patient Volume				
Provide the requested information for each hospital that will be used for the inpatient portion of one or more required clinical clerkships (or longitudinal integrated clinical clerkships) when the charter class enters the clerkship year. Schools with regional campuses should include the campus name for each facility. Add rows as needed.				
Facility Name/Campus (if applicable)	No. of beds in use	Average daily occupancy	No. of admissions per year	No. of outpatient visits per year

Table 5.5-2 Inpatient Teaching Facilities				
Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship) that will take place at an inpatient facility. Only provide information for services used for required clinical clerkships at each hospital. Schools with regional campuses should include the campus name for each facility. Add rows as needed.				
Facility Name/Campus (if applicable)	Clerkship	No. of Beds	Anticipated Average No. of Students Per Clerkship (Range)	
			School's medical students	Medical students from other schools

Table 5.5-3 Inpatient Teaching Sites by Clerkship							
List all <i>inpatient teaching sites</i> where medical students will take one or more required clerkships. Indicate the clerkship(s) offered at each site by placing a "Y" in the appropriate column. List other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health). Schools with regional campuses should include the campus name for each facility. Add rows as needed.							
Facility Name/Campus (if applicable)	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other (list)

5.5 NARRATIVE RESPONSE

- a. Describe the status of identifying clinical placement sites for required clinical experiences that will occur in the pre-clerkship phase of the curriculum.
- b. Describe the status of identifying all the inpatient and outpatient clinical teaching sites that will be needed for required clinical clerkships for the charter class.
- c. Describe planning to ensure that the mix of inpatient and ambulatory settings identified for required clinical clerkships for the charter class will provide adequate numbers and types of patients in each discipline.
- d. Describe any substantive changes in hospital and other clinical affiliations anticipated by the medical school over the next three years.

5.7 SECURITY, STUDENT SAFETY, AND DISASTER PREPAREDNESS

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

5.7 NARRATIVE RESPONSE

- a. Describe the security system(s) that are or will be in place and the personnel available to provide a safe learning environment for medical students during the following times/situations. If the medical school has 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

- b. Describe the status of development of emergency and disaster preparedness policies, procedures, and plans. Note how medical students and faculty will be informed of these institutional emergency and disaster preparedness policies and plans.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 5.7

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

5.8 LIBRARY RESOURCES/STAFF

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

5.8 SUPPORTING DATA

Table 5.8-1 Medical School Library Resources and Space					
Provide the requested information on library resources for the most recent academic year. Schools with regional campuses should list all libraries/campuses.					
Library/ Campus (as appropriate)	Total current journal subscriptions (all formats)	No. of book titles (all formats)	No. of databases	Total user seating	No. of public workstations

Table 5.8-2 Medical School Library Staffing		
Provide the number of staff FTE's 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)

5.8 NARRATIVE RESPONSE

- a. Provide the name and year of appointment for the director of the library and the title and organizational locus of the individual to whom the library director reports.
- b. Describe how the library will support medical education. Is or will the library staff be involved in curriculum planning, curriculum governance (e.g., by participation in the curriculum committee or its subcommittees), or in the delivery of any part of the medical education program?
- c. List any other schools and/or programs served by the main medical school library.
- d. Describe the planning to determine if existing library collections need to be expanded to support the medical school.
- e. Describe plans to ensure that electronic and other library resources will be accessible to medical students across all sites, including regional campuses.

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

- g. List the hours during which the library and the public access computers will be available to medical students. If there will be additional hours during which medical students will have access to all or part of the library for study, describe these as well.

5.9 INFORMATION TECHNOLOGY RESOURCES/STAFF

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

5.9 SUPPORTING DATA

Table 5.9-1 | Medical School IT Resources

Provide the following information based on the academic year when the charter class will enter. Schools with regional campuses should specify the campus in each row.

Campus (if applicable)	How many computer classrooms will be accessible to medical students?	How many computers or workstations will be in each computer classroom?	Is there a wireless network on campus? (Y/N)	Is there going to be a wireless network in classrooms and study spaces? (Y/N)	Will there be sufficient electrical outlets in educational space to allow computer use? (Y/N)

Table 5.9-2 | Medical School IT Services Staffing

Provide the number of IT staff FTE's in the following areas, using the academic year when the charter class will enter. Schools with regional campuses may add rows for each additional campus.

Total No. of IT Staff (FTE's)	Professional Staff	Technical and Paraprofessional Staff	Part-time Staff (e.g., student workers)

5.9 NARRATIVE RESPONSE

- If a wireless network will not be available in classrooms and study spaces, describe the anticipated adequacy of internet access points in educational spaces (e.g., in large classrooms, small classrooms, student study space).
- Describe plans for telecommunications technology that will link all instructional sites/campuses and how Information Technology (IT) services will support the delivery of distributed education (as needed by the curriculum). Describe how medical students, residents, and faculty will be able to access educational resources (e.g., curriculum materials) from off-campus sites.
- Provide the name and year of appointment for the director of the IT services unit and the title and organizational locus of the individual to whom the IT director reports. List any other schools or programs served by the IT services unit.

- d. Describe the ways that staff members in the IT services unit are supporting the development of the medical education program, including assisting in instructional development, planning for monitoring curriculum content, and planning for curriculum delivery.

5.11 STUDY/LOUNGE/STORAGE SPACE/CALL ROOMS

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

5.11 SUPPORTING DATA

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

5.11 NARRATIVE RESPONSE

- a. Describe the locations of lounge/relaxation space and personal lockers or other secure storage areas for student belongings on the central campus and on each regional campus (if applicable). Note if the space is solely for medical student use or if it is shared with others.

- b. Describe how the medical school is working with its clinical partners to ensure that secure call rooms, if needed for overnight call, will be available at each site used for required clinical clerkships when the charter class enters the clerkship year.

STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN

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

STANDARD 6 SUPPORTING DOCUMENTATION

Table 6.0-1 | Planned Year/Phase 1 Instructional Formats

Using the academic year when the charter class will be in the first year of the curriculum, list each first-year course 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. Provide a definition of “other” if selected. Add rows as needed.

Course	Number of Formal Instructional Hours Per Course					Total
	Lecture	Lab	Small Group	Patient Contact	Other (Describe)	
Total						

Table 6.0-2 | Planned Year/Phase 2 Instructional Formats

Using the academic year when the charter class will be in the second year of the curriculum, list each second-year 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. Provide a definition of “other” if selected. Add rows as needed.

Course	Number of Formal Instructional Hours Per Course					Total
	Lecture	Lab	Small Group	Patient Contact	Other (Describe)	
Total						

Table 6.0-3 | Planned Year/Phase 3-4 Weeks/Formal Instructional Hours per Clerkship

Using the academic years when the charter class will be in years three and four of the curriculum, provide the total number of weeks and formal instructional hours (lectures, conferences, and teaching rounds) for each clerkship in years three-four of the curriculum. Provide a range of hours if there will be significant variation across sites. Note that hours devoted to patient care activities should NOT be included. Add rows as needed.

Clerkship	Total Weeks	Typical Hours per Week of Formal Instruction

STANDARD 6 NARRATIVE RESPONSE

- a. Describe the general structure of the planned curriculum by year.

- b. If the school plans to offer a parallel curriculum (“track”) to a subset of students, 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 will be 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 who will participate in each year of the curriculum

6.1 PROGRAM AND LEARNING OBJECTIVES

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students 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.

6.1 SUPPORTING DATA

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

6.1 NARRATIVE RESPONSE

- a. Describe the status of development of the medical education program objectives and their linkage to the relevant competencies.
- b. Describe how the medical school has identified outcome measures and linked them to the medical education program objectives. How is the medical school ensuring that the outcome measures selected will be sufficiently specific to allow a judgment that, in summary, each of the medical education program objectives has been met?
- c. Describe how medical education program objectives will be disseminated to each of the following groups:
 1. Medical students in the charter class
 2. Faculty with responsibility for teaching, supervising, and/or assessing medical students in the first and second years of the curriculum
- d. Describe how learning objectives for each required first- and second-year course will be disseminated to each of the following groups:
 1. Medical students
 2. Faculty with responsibility for teaching, supervising, and/or assessing medical students in the required course
 3. Residents and other non-faculty teachers with responsibility for teaching, supervising, and/or assessing medical students in the first or second year course

6.2 REQUIRED CLINICAL EXPERIENCES

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

6.2 SUPPORTING DATA

Table 6.2-1 Required Clinical Experiences			
Provide the criteria established to date for the patient types or clinical conditions that medical students are expected to encounter, the required procedures/skills and clinical settings, along with the corresponding level(s) of student responsibility for each.			
Patient Type or Clinical Condition	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility

6.2 NARRATIVE RESPONSE

- a. Describe the status of planning, to date, for the list of required patient types/clinical encounters and procedural skills for each required clinical clerkship or for the clerkship year as a whole.
- b. Describe how and by which individuals and groups the list of required clinical encounters and skills was developed. Note if the curriculum committee or other central oversight body (e.g., a committee of clerkship directors) played or will play a role in reviewing and approving the list of patient types/clinical conditions and skills across courses and clerkships.
- c. Describe which individuals and/or groups are developing the list of alternative experiences designed to remedy gaps when students are unable to access a required encounter or perform a required skill.
- d. Describe how medical students, faculty, and residents will be informed of the required clinical encounters and skills and the corresponding levels of student responsibility.

6.3 SELF-DIRECTED AND LIFE-LONG LEARNING

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

6.3 NARRATIVE RESPONSE

- a. Provide examples that illustrate the opportunities that will exist during the first two years (the pre-clerkship phase) of the curriculum for students to engage in all of the following components of self-directed learning as a unified sequence (use the names of relevant courses from the supporting documentation for standard 6 tables when answering):
 1. Identify, analyze, and synthesize information relevant to their learning needs
 2. Assess the credibility of information sources
 3. Share the information with their peers and supervisors
 4. Receive feedback on their information-seeking skills

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

- c. Note if medical students in the first two years/pre-clerkship phase of the curriculum will 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. Describe how this "out-of-class" time will be accounted for in calculating student academic workload.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 6.3

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

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

6.4 INPATIENT/OUTPATIENT EXPERIENCES

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

6.4 SUPPORTING DATA

Table 6.4-1 Percent Total Clerkship Time		
Provide the anticipated percent of time that medical students will spend in inpatient and ambulatory settings in each required clinical clerkship. If clerkship names differ from those in the table, substitute the name used by the medical school. If the amount of time spent in each setting varies across sites, provide a range.		
Required Clerkship	Anticipated Percent of Total Clerkship Time	
	% Ambulatory	% Inpatient
Family medicine		
Internal medicine		
Ob-Gyn		
Pediatrics		
Psychiatry		
Surgery		
Other (list)		

6.4 NARRATIVE RESPONSE

- a. Describe planning to date to ensure that medical students will spend sufficient time in both ambulatory and inpatient settings to meet the objectives for clinical education and the expectations for required clinical encounters.

6.5 ELECTIVE OPPORTUNITIES

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

6.5 SUPPORTING DATA

Table 6.5-1 Required Elective Weeks	
Indicate the anticipated number of weeks of electives that will be required of all medical students in each year of the planned curriculum.	
Year	Total Required Elective Weeks
1	
2	
3	
4	

6.5 NARRATIVE RESPONSE

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

6.6 SERVICE-LEARNING

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

6.6 NARRATIVE RESPONSE

- a. Will there be a school requirement that medical students participate in a service-learning experience, either as part of a regular course or clerkship or as a selective? If so, describe the status of developing these experience(s), including their location in the curriculum.
- b. Describe how medical students will be informed about opportunities to participate in voluntary service-learning and community service activities. How will student participation be encouraged?
- c. Describe how the medical school will support service-learning activities through the provision of funding or staff support.

6.7 ACADEMIC ENVIRONMENTS

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

6.7 SUPPORTING DATA

Table 6.7-1 Master's and Doctoral Degree Students Taught by Medical School Faculty		
List the number of students currently enrolled in master's and doctoral degree programs taught by medical school faculty. Include degree programs where students are taught by medical school faculty. Add rows as needed.		
Department or Program	No. of Master's Students	No. of Doctoral Students

Table 6.7-2 Residents and Fellows		
Provide the total number of residents and clinical fellows on duty in ACGME-accredited programs at clinical sites that will be used for required clinical clerkships where: 1) the medical school is or intends to be the program sponsor; and 2) the medical school does not intend to be the program sponsor. Also see the response to element 3.1.		
	1) Number of fellows/residents in sites where the medical school is or intends to be the program sponsor	2) Number of fellows/residents in sites where the medical school does not intend to be the program sponsor
Fellows:		
Residents:		

Table 6.7-3 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

6.7 NARRATIVE RESPONSE

- a. Describe any plans to develop graduate programs or to expand enrollment in graduate programs (Master's or PhD) over the next several years. Note if any decreases in graduate programs are anticipated.
- b. Describe plans to expand or reduce graduate medical education programs in sites where medical students will be completing required clinical clerkships.
- c. Provide examples of formal and/or informal opportunities that will be available for medical students to interact with students in other health professions education programs during both required courses/clerkships and voluntary (e.g., service-learning) activities. *Also see the response to element 7.9.*
- d. Describe how medical students will be exposed to continuing medical education activities for physicians and note if student participation in any continuing medical education programs will be expected or required.

6.8 EDUCATION PROGRAM DURATION

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

6.8 SUPPORTING DATA

Table 6.8-1 Number of Scheduled Weeks per Year	
Use the table below to report the planned number of scheduled weeks of instruction in each academic year/phase of the medical curriculum (include time for required assessments, but do not include vacation time). Refer to the overview section if the medical school offers one or more parallel curricula (tracks).	
Curriculum Year/Phase	Number of Scheduled Weeks
Year/Phase One	
Year/Phase Two	
Year/Phase Three	
Year/Phase Four	
Total Weeks of Scheduled Instruction	

STANDARD 7: CURRICULAR CONTENT

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

STANDARD 7 SUPPORTING DOCUMENTATION

1. A schematic or diagram that illustrates the structure of the planned curriculum. The schematic or diagram should show the approximate sequencing of and relationships among required courses and clerkships in each academic year/period of the curriculum.
2. A schematic of any parallel curriculum (track).

7.1 BIOMEDICAL, BEHAVIORAL, SOCIAL SCIENCES

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

7.1 SUPPORTING DATA

Table 7.1-1 Curricular Content					
For each topic area, place an “X” under the appropriate column to indicate whether the topic will be taught separately as an independent required course and/or as part of a required integrated course. Place an “X” under each column to indicate the year(s) in which the learning objectives related to each topic will be taught and assessed.					
Topic Areas	Course Type		Years/Phases Topic Areas will be Taught and Assessed		
	Independent Course	Integrated Course(s)	One	Two	Three and/or Four
Biochemistry					
Biostatistics and epidemiology					
Genetics					
Gross Anatomy					
Immunology					
Microbiology					
Pathology					
Pharmacology					
Physiology					
Behavioral Science					
Pathophysiology					

Table 7.1-2 | Curricular Content

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

	Course Type		Years/Phases Topic Areas will be Taught and Assessed			
	Independent Course	Integrated Course(s)	One	Two	Three	Four
Biomedical informatics						
Complementary/alternative health care						
Evidence-based medicine						
Global health issues						
Health care financing						
Human development/life cycle						
Human sexuality						
Law and medicine						
Medication management/compliance						
Medical socioeconomic						
Nutrition						
Pain management						
Palliative care						
Patient safety						
Population-based medicine						

7.1 NARRATIVE RESPONSE

- a. Describe the process used and the individuals involved in selecting content from the biomedical, behavioral, and socioeconomic subjects to be include in the pre-clerkship phase of the curriculum and to be reinforced during the clerkships.

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

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

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

7.2 SUPPORTING DATA

Table 7.2-1 Curricular Content						
For each topic area, place an “X” under the appropriate column to indicate whether the topic will be taught separately as an independent required course and/or as part of a required integrated course. Place an “X” under each column to indicate the year(s) in which the learning objectives related to each topic will be taught and assessed.						
Topic Areas	Course Type		Years/Phases Topic Areas will be Taught and Assessed			
	Independent Course	Integrated Course(s)	One	Two	Three	Four
Preventive care						
Acute care						
Chronic care						
Continuity of care/primary care						
Rehabilitative care						
End-of-life care						
Determinants of health						
Health promotion/ wellness						

7.2 NARRATIVE RESPONSE

- a. Describe the location(s) in the pre-clerkship and clinical curriculum in which objectives related to the subjects listed below will be taught and assessed. Also refer to the Supporting Documentation for standard 7 in the response.
1. Normal human development and the life cycle
 2. Adolescent medicine
 3. Geriatrics
 4. Continuity of care
 5. End-of-life care

7.3 SCIENTIFIC METHOD/CLINICAL/TRANSLATIONAL RESEARCH

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

7.3 NARRATIVE RESPONSE

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

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

7.4 CRITICAL JUDGMENT/PROBLEM-SOLVING SKILLS

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

7.4 SUPPORTING DATA

Table 7.4-1 Critical Content and Problem Solving						
For each topic area, place an “X” under the appropriate column to indicate whether the topic will be taught separately as an independent required course and/or as part of a required integrated course. Place an “X” under each column to indicate the year(s) in which the learning objectives related to each topic will be taught and assessed.						
Topic Areas	Course Type		Years/Phases Topic Areas will be Taught and Assessed			
	Independent Course	Integrated Course(s)	One	Two	Three	Four
Skills of critical judgment based on evidence						
Skills of medical problem solving						

7.4 NARRATIVE RESPONSE

- a. Provide one detailed example of the way students will be taught and expected to demonstrate each of the following skills. In each description, include the courses/clerkships where this instruction will occur and how these skills will be assessed.
 1. Skills of critical judgment based on evidence and experience
 2. Skills of medical problem solving

7.5 SOCIETAL PROBLEMS

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

7.5 NARRATIVE RESPONSE

- a. Describe the process used by the faculty in the selection of the societal problems that will be addressed in the curriculum.

- b. Describe five common societal problems that will be taught and assessed in the curriculum. For each of the five:
 1. Describe where and how content related to the societal problem will be covered in the curriculum
 2. Describe the general methods that will be used to assess student learning

7.6 CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES

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

- The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments
- The basic principles of culturally competent health care
- The recognition and development of solutions for health care disparities
- The importance of meeting the health care needs of medically underserved populations
- The development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensional and diverse society

7.6 SUPPORTING DATA

Table 7.6-1 Cultural competence	
Provide the names of courses and clerkships that will include objectives and content related to cultural competence in health care and the general topic areas related to cultural competence that will be addressed in each.	
Course/Clerkship	Topic Area(s) Covered

Table 7.6-2 Health Disparities, Demographic Influences, and Medically Underserved Populations			
Provide the names of courses and clerkships that will include explicit learning objectives related to the topic areas listed below.			
Course/Clerkship	Topic Area(s) Covered		
	Identifying and Providing Solutions for Health Disparities	Identifying Demographic Influences on Health Care Quality and Effectiveness	Meeting the Health Care Needs of Medically Underserved Populations

7.6 NARRATIVE RESPONSE

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

7.7 MEDICAL ETHICS

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

7.7 SUPPORTING DATA

Table 7.7-1 Medical Ethics						
For each topic area listed below, indicate whether the topic will be taught separately as an independent required course and/or as part of a required integrated course and when this will occur by placing an “X” in the appropriate columns.						
	Course Type		Years/Phases Topic Areas will be Taught and Assessed			
	Independent Course	Integrated Course(s)	One	Two	Three	Four
Biomedical ethics						
Ethical decision-making						
Professionalism						

7.7 NARRATIVE RESPONSE

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

7.8 COMMUNICATION SKILLS

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

7.8 SUPPORTING DATA

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

7.8 NARRATIVE RESPONSE

- a. Describe plans for educational activities to address for each of the following topic areas, including the type(s) of educational sessions and assessment methods that will be used:
1. Communicating with patients and patients' families
 2. Communicating with physicians
 3. Communicating with non-physician health professional members of the health care team

7.9 INTERPROFESSIONAL COLLABORATIVE SKILLS

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

7.9 NARRATIVE RESPONSE

- a. Describe plans for one required experience where medical students will be brought together with students or practitioners from other health professions to learn to function collaboratively on health care teams that have the goal of providing coordinated services to patients. Include the following information:
 1. The goals of the experience related to the development of collaborative practice skills
 2. The setting where the experience will occur (e.g., clinic, simulation center)
 3. The anticipated other health professions students or practitioners involved
 4. The way(s) that the medical students' attainment of the objectives of the experience will be assessed

STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

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

STANDARD 8 SUPPORTING DOCUMENTATION

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

8.1 CURRICULAR MANAGEMENT

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

8.1 NARRATIVE RESPONSE

- a. Provide the name of the faculty committee that has/will have primary responsibility for the curriculum. Note if the formal curriculum committee as specified in bylaws currently is functioning or if a precursor group is now active.
- b. Describe the composition of the committee with responsibility for the curriculum and the methods used (or that will be used) to select its members and chair.
- c. If there are subcommittees of the curriculum committee, describe the charge/role of each, along with its membership and reporting relationship to the parent committee.
- d. Describe how the curriculum committee (or its precursor committee) and its subcommittees have participated or will participate in the following:
 1. Developing and reviewing the educational program objectives
 2. Planning for horizontal and vertical curriculum integration (i.e., ensuring that curriculum content is coordinated and integrated within and across academic years/phases)
 3. Identifying educational program objective outcomes and ways to monitor the outcomes of the curriculum as a whole
 4. Identifying ways to monitor the quality and outcomes of individual courses and clerkships

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.1

1. Provide the charge to or the terms of reference of the curriculum committee and note the source of its authority (e.g., the faculty bylaws). If the subcommittees of the curriculum committee have formal charges, include those as well.
2. Provide a list of current curriculum committee members (or members of the precursor to the curriculum committee), including their voting status and membership category (e.g., faculty or administrator).

8.2 USE OF MEDICAL EDUCATIONAL PROGRAM OBJECTIVES

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

8.2 NARRATIVE RESPONSE

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

- b. Describe the roles and activities of course faculty and the curriculum committee and its subcommittees in ensuring that learning objectives for courses and, if available, clerkships are being linked to medical education program objectives.

8.3 CURRICULAR DESIGN, REVIEW, REVISION/CONTENT MONITORING

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

8.3 NARRATIVE RESPONSE

- a. Describe the current and anticipated roles and activities of the course and clerkship directors and course and clerkship committees, the teaching faculty, the departments, and the chief academic officer/associate dean for the medical education program in the following areas. If other individuals or groups also will play a role, include these in the description, as well.
 1. Developing the objectives for individual courses and clerkships
 2. Identifying the appropriate teaching and assessment methods
 3. Identifying course and clerkship content and assessment methods that are appropriate for the course/clerkship learning objectives
 4. Evaluating the quality of individual faculty member teaching
 5. Evaluating the overall quality and outcomes of courses/clerkships

- b. Describe the process of formal review that is being planned for each of the listed curriculum elements. Include in the description the frequency with which such reviews will be conducted, the process by which they will be conducted, the administrative support that will be available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) receiving the results of the evaluation.
 1. Required courses in the pre-clerkship phase of the curriculum
 2. Required clerkships
 3. Individual years or phases of the curriculum
 4. The curriculum as a whole

- c. Describe plans for monitoring curriculum content, including the means by which content will be monitored and the anticipated frequency of content monitoring. Describe the status of development of tool(s) for monitoring the content of the curriculum (i.e., the “curriculum database”).

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

8.4 PROGRAM EVALUATION

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

8.4 SUPPORTING DATA

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

Table 8.4-2 Monitoring of Medical Education Program Outcomes	
Provide the individuals and/or groups in the medical school who will receive and act on the results of each of the program outcome indicators listed below.	
Outcome Indicator	Individuals and Groups Receiving and Acting on the Data
Results of USMLE or other national examinations	
Student scores on internally developed examinations	
Performance-based assessment of clinical skills (e.g., OSCEs)	
Student responses on the AAMC GQ	
Student advancement and graduation rates	
NRMP match results	
Specialty choices of graduates	
Assessment of residency performance of graduates	
Licensure rates of graduates	
Practice types of graduates	
Practice location of graduates	

8.4 NARRATIVE RESPONSE

- a. Describe plans to collect desired outcome data, including what individual or group will be responsible for data collection and interpretation.

8.5 MEDICAL STUDENT FEEDBACK

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

8.5 NARRATIVE RESPONSE

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

- b. Describe whether medical students will provide evaluation data on individual faculty, residents, and others who teach and supervise them in required courses and clerkships.

8.6 MONITORING OF COMPLETION OF REQUIRED CLINICAL EXPERIENCES

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

8.6 NARRATIVE RESPONSE

- a. Describe the process(es) that will be used by students to log their required clinical encounters and skills. Is a centralized tool for logging being created or will individual clerkships use their own systems?

- b. Summarize when and how each student's completion of clerkship-specific required clinical encounters and skills will be reviewed by the following individuals, including whether the results of monitoring will be discussed with the students as part of a mid-clerkship review:
 1. The student's attending physician, supervising resident, preceptor
 2. The clerkship director

- c. Summarize when, how, and by whom aggregate data on students' completion of clerkship-specific required clinical encounters and skills will be monitored.

8.7 COMPARABILITY OF EDUCATION/ASSESSMENT

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

8.7 NARRATIVE RESPONSE

- a. Describe the following for each course or clerkship that will be offered at more than one instructional site, including regional campus(es), (*also see the response to element 2.6*).
 1. The means by which faculty members at each instructional site will be informed of and oriented to the core objectives, required clinical encounters and skills, and grading system for the course or clerkship
 2. How and how often the individuals responsible for the course or clerkship will communicate with faculty at each instructional site regarding course or clerkship planning and implementation, student assessment, and course evaluation
 3. The mechanisms that will be used for sharing and reviewing data on student satisfaction and performance across instructional sites

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

8.8 MONITORING STUDENT TIME

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

8.8 NARRATIVE RESPONSE

- a. Describe the frequency with which the curriculum committee and/or its relevant subcommittee(s) will monitor the clinical workload of medical students during the clinical clerkships.
- b. Summarize the status of creation of duty hours policy, including on-call requirements for medical students. Describe how policies relating to duty hours will be disseminated to medical students, residents, and faculty.
- c. Describe how data on medical student duty hours will be collected during the clerkship phase of the curriculum and to whom the data will be reported.
- d. Describe the mechanisms that will be available for medical students to report violations of duty hours policies.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.8

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

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

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

STANDARD 9 SUPPORTING DOCUMENTATION

Table 9.0-1 Methods of Assessment – Year/Phase One									
List all courses that will be offered in the <u>first year/phase of the curriculum</u> , adding rows as needed. Indicate the total number of exams per course. Indicate items that will contribute to a grade and whether narrative assessment for formative or summative purposes will be provided 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 (1, 2, etc.) and provide the corresponding number in the table.									
		Included in Grade							
Course Name	Anticipated No. of Exams	Internal Exam	Lab or Practical Exam	NBME Subject Exam	OSCE/SP Exam	Faculty/Resident Rating	Paper or Oral Pres.	Other* (specify)	Narrative Assessment
*Other:									

Table 9.0-2 Methods of Assessment – Year/Phase 2									
List all courses that will be offered in the <u>second year/phase of the curriculum</u> , adding rows as needed. Indicate the total number of exams per course. Indicate items that will contribute to a grade and whether narrative assessment for formative or summative purposes will be provided 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 (1, 2, etc.) and provide the corresponding number in the table.									
		Included in Grade							
Course Name	Anticipated No. of Exams	Internal Exam	Lab or Practical Exam	NBME Subject Exam	OSCE/SP Exam	Faculty/Resident Rating	Paper or Oral Pres.	Other* (specify)	Narrative Assessment
*Other:									

Table 9.0-3 | Methods of Assessment – Year/Phase 3-4

List all required clerkships that will be offered in the third and fourth years/phase of the curriculum, adding rows as needed. Indicate items that will contribute to a grade and whether narrative assessment for formative or summative purposes will be provided 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 (1, 2, etc.) and provide the corresponding number in the table.

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

9.1 PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS

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

9.1 SUPPORTING DATA

Table 9.1-1 Provision of Objectives and Orientation		
List each course in the first two years of the curriculum where residents, graduate students, postdoctoral fellows, and/or other non-faculty instructors will teach medical students. Describe how the relevant department or the central medical school administration will ensure that the course and, if relevant, session objectives will be provided.		
First or Second-year Course	Types of Non-faculty Instructors Who Provide Teaching/Supervision	Describe how Objectives are Provided

9.1 NARRATIVE RESPONSE

- a. Describe any institution-level (e.g., curriculum committee, GME office) policies that require the participation of residents, graduate students, and/or postdoctoral fellows in orientation or faculty development programs related to teaching and/or assessing medical students.
- b. How will the school ensure that residents, graduate students, postdoctoral fellows and other non-faculty instructors participating in first or second-year courses have received and reviewed the objectives of the course and been oriented to their responsibilities?
- c. Describe planning for institution-level and/or department-level programs to prepare residents, graduate students or postdoctoral fellows to teach or assess medical students.
- d. How and by whom will the participation of residents, graduate students, postdoctoral fellows and other non-faculty instructors in sessions to enhance their teaching and assessment skills be monitored?

9.2 FACULTY APPOINTMENTS

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

9.2 NARRATIVE RESPONSE

- a. Describe the status of plans and the development of processes to ensure that physicians who will teach and supervise medical students in required clerkships will have faculty appointments.

- b. Describe how, by whom, and how often the faculty appointment status of physicians who teach and assess medical students will be monitored.

9.3 CLINICAL SUPERVISION OF MEDICAL STUDENTS

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

9.3 NARRATIVE RESPONSE

- a. Describe how departments and the central medical school administration will ensure that medical students are appropriately supervised during required clinical learning experiences in the first two years of the curriculum and during clerkships so as to ensure student and patient safety.
- b. What processes are being developed so that students will be able to express concern about the adequacy and availability of supervision?

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.3

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

9.4 ASSESSMENT SYSTEM

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

9.4 NARRATIVE RESPONSE

- a. Describe planning efforts, to date, for the methods that will be used (e.g., OSCE or standardized patient assessment, direct observation) to observe students' core clinical skills during the first two years of the curriculum, including the purpose of the assessments (i.e., formative or summative) and when the assessments will be administered.

9.5 NARRATIVE ASSESSMENT

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

9.5 NARRATIVE RESPONSE

- a. Describe any institutional policies that include the requirement for a narrative description of medical student performance, where feasible.
- b. List the courses in the pre-clerkship phase of the curriculum that will include narrative assessment as part of a medical student's final assessment.
- c. If a narrative assessment will not be provided in a course where teacher-student interaction could permit it to occur (e.g., where there is sufficient time devoted to small group learning), describe the reason(s).

9.6 SETTING STANDARDS OF ACHIEVEMENT

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

9.6 NARRATIVE RESPONSE

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

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

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 a medical student can measure his or her progress in learning.

9.7 SUPPORTING DATA

Table 9.7-3 Pre-clerkship Formative Feedback		
Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) that will be used to provide formative feedback to medical students in each course during the first year/phase of the curriculum.		
Course Name	Length of Course (in weeks)	Type(s) of Formative Feedback that will be Available

9.7 NARRATIVE RESPONSE

- a. Describe institutional policies and procedures that will be in place to ensure that medical students receive formal feedback by the midpoint of courses and clerkships.
- b. Describe plans for monitoring the provision of mid-course and mid-clerkship feedback. How and by what individuals and groups will the provision of this feedback be monitored?

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.7

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

9.8 FAIR AND TIMELY SUMMATIVE ASSESSMENT

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

9.8 NARRATIVE RESPONSE

- a. How will the medical school ensure that course and clerkship grades will be reported to students according to the policy and timeframe set by the school?

- b. Describe how and by whom the timing of course and clerkship grades will be monitored and the steps that will be taken if grades are not submitted in a timely manner.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.8

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

9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS

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

9.9 NARRATIVE RESPONSE

- a. Describe the status of creating a single standard (i.e., set of policies) for promotion and graduation that will be applied across all instructional sites, including regional campuses.

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

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.9

1. As available, the policy that specifies that there is a single standard for promotion and graduation.

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.

Note: Elements 10.7 and 10.8 are not included in the DCI for Preliminary Accreditation.

10.1 PREMEDICAL EDUCATION/REQUIRED COURSEWORK

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

10.1 NARRATIVE RESPONSE

- a. List all the college courses or subjects, including associated laboratories, which will be required as prerequisites for admission to the medical school.
- b. List any courses or subjects that will be recommended, but not required, as prerequisites for admission.
- c. Describe how the planned premedical course requirements were established and by which individuals and/or groups they were approved.

10.2 FINAL AUTHORITY OF ADMISSION COMMITTEE

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

10.2 NARRATIVE RESPONSE

- a. Describe the anticipated size and composition of the medical school admission committee at the time the charter class is being reviewed for admission. In the description, note the initial categories of membership (e.g., faculty, medical school administrators, community members) and the specified number of members from each category. Note any anticipated changes to the composition of the admission committee over time (e.g., the addition of students). If there are subcommittees of the admission committee, describe their composition, role, and authority.
- b. Describe the process for selection of admission committee members and the length of their initial appointment. Note if members can be reappointed and if there is a maximum term of service.
- c. Describe how admission committee members will be oriented to admission committee policies and to the admission process.
- d. Describe whether the admission committee as a whole, or a subset of the admission committee, will have the final authority for making all admission decisions. If a subset of the admission committee makes the final admission decision for some students, describe the source of its authority.
- e. Describe how the medical school will ensure that there are no conflicts of interest in the admission process and that no admission decisions will be influenced by political or financial factors.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.2

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

10.3 POLICIES REGARDING STUDENT SELECTION/PROGRESS AND THEIR DISSEMINATION

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

10.3 NARRATIVE RESPONSE

- a. Describe how the policies, procedures, and criteria for medical student selection were developed and approved, including the individuals and groups involved in their approval.
- b. Describe the steps in the admissions process, beginning with the receipt of the initial application. For each of the following steps, as applicable, describe the procedures and criteria used to make the relevant decision and the individuals and groups (e.g., admission committee or subcommittee, interview committee) involved in the decision-making process:
 1. Preliminary screening for applicants to receive the secondary/supplementary application
 2. Selection for the interview
 3. The interview
 4. The acceptance decision
 5. The offer of admission
- c. Describe how the criteria for student selection will be made available to prospective applicants and their advisors and to the public.
- d. If there is a joint baccalaureate-MD program(s) or dual degree program(s) (e.g., MD-PhD), describe whether the procedures for the selection and admission of students to the MD-granting portion of the program will differ from the procedures described in “b” above.
- e. Describe the planned composition of the medical student promotions committee (or the promotions committees, if more than one).
- f. Describe the status of development of the policies for the assessment, advancement, and graduation of medical students, and the policies for disciplinary action. How will these be made available to medical students and to faculty?

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.3

1. As available, policies and procedures for the selection, assessment, advancement, graduation, and dismissal of medical students, and the policies and procedures for disciplinary action.
2. The charge to or the terms of reference of the medical student promotions committee(s).

10.4 CHARACTERISTICS OF ACCEPTED APPLICANTS

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

10.4 NARRATIVE RESPONSE

- a. Describe the personal attributes of applicants that will be considered during the admission process. How was this list of personal attributes developed? By which individuals and groups was the list reviewed and approved?
- b. Describe the methods that will be used during the admission process to evaluate and document the personal attributes of applicants. Refer to the admission procedures as outlined in element 10.3 to illustrate where and how these attributes are assessed.
- c. Describe how the members of the admission committee and the individuals who interview applicants (if different from members of the admission committee) will be prepared and trained to assess applicants' personal attributes.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.4

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

10.5 TECHNICAL STANDARDS

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

10.5 NARRATIVE RESPONSE

- a. Describe how and by whom the technical standards were developed and approved.
- b. Describe how the technical standards for admission, retention, and graduation will be disseminated to potential and actual applicants, enrolled medical students, faculty, and others.
- c. Describe how medical school applicants and/or students will be expected to document that they are familiar with and capable of meeting the technical standards with or without accommodation (e.g., by formally indicating that they have received and reviewed the standards).

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.5

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

10.6 CONTENT OF INFORMATIONAL MATERIALS

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

10.6 NARRATIVE RESPONSE

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

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.6

1. Samples of any draft recruitment materials related to the medical school.
2. Draft academic bulletin or catalog. Indicate where in the bulletin/catalog, or other informational materials that will be available to the public, the following information can be accessed:
 - a. Medical education program mission and objectives
 - b. Requirements (academic and other) for the MD degree and joint degree programs
 - c. Academic calendar for each curricular option
 - d. Required course and clerkship descriptions

10.9 STUDENT ASSIGNMENT

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

10.9 NARRATIVE RESPONSE

- a. Describe the process that will be used for medical student assignment to an instructional site or parallel curriculum in the following circumstances, as relevant. In the description, include when, how, and by whom the final decision about assignment will be made. Note the ability of students to select or rank options.
 1. A clinical clerkship site (e.g., a hospital) for an individual clerkship
 2. A 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 distributed site

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

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

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

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

Note: Elements 11.3 and 11.4 are not included in the DCI for Preliminary Accreditation.

STANDARD 11 SUPPORTING DOCUMENTATION

Table 11.0-1 Academic/Career Advising at Regional Campuses					
Indicate how the following services will be 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 question only applies to schools with one or more regional campus(es).</i>					
Services	Campus	Available to Students Via			
		Personnel located on campus	Visits from central campus personnel	E-mail or Tele/ Videoconference	Student-travel to central campus
Academic counseling					
Tutoring					
Career advising					

11.1 ACADEMIC ADVISING

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

11.1 NARRATIVE RESPONSE

- a. Describe the planned academic advisory system for medical students, including the types of academic assistance (e.g., tutoring, academic advising, study skills/time management workshops) that will be available to all medical students and those experiencing academic difficulty. Note the status of recruitment of individuals to provide these services.
- b. Describe how and when students experiencing academic difficulty will be identified. Comment on any plans for programs to assist entering medical students who may be at academic risk in adapting to the academic and personal demands of medical school.
- c. Describe how the medical school will ensure that medical students have the option to obtain academic counseling and support from individuals who have no role in making assessment or advancement decisions about them.

11.2 CAREER ADVISING

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

11.2 SUPPORTING DATA

Table 11.2-1 Optional and Required Career Advising Activities		
Provide a brief description of the anticipated career information sessions and advising activities that will be available to medical students during the first and second years (pre-clerkship) phase of the curriculum. Indicate whether each session or activity will be optional or required for students in each year. Add rows as needed.		
Advising Activity/Info Session (required/optional)	Year/Phase 1	Year/Phase 2

11.2 NARRATIVE RESPONSE

- a. Summarize the elements of the planned system of career and residency advising over the entire medical education program.
- b. Provide an overview of the personnel from the medical school administration, the faculty (e.g., career advisors), and other sites (e.g., a university career office, outside consultants) who will be available to support the medical student career advising system. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management of the career advising system.
- c. List the individual(s) who will primarily be responsible for the preparation of the Medical Student Performance Evaluation (MSPE).

11.5 CONFIDENTIALITY OF STUDENT EDUCATIONAL RECORDS

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

11.5 NARRATIVE RESPONSE

- a. Describe the planned general content of the medical student's academic file and non-academic file. How will the medical school differentiate between academic records and other relevant records (e.g., health information) so that there is an appropriate separation and assurance of confidentiality?
- b. Describe how the medical school determined which individuals have permission to review a medical student's file. How will the medical school ensure that student educational records will be available only to those individuals who are permitted to review them?
- c. Describe the location(s) where medical student academic records will be kept.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.5

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

11.6 STUDENT ACCESS TO EDUCATIONAL RECORDS

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

11.6 NARRATIVE RESPONSE

- a. Describe the procedure that medical students will be required to follow in order to review or challenge their records. Will students be able to gain access to their records in a timely manner? Note if there will be any components of students' records that students are not permitted to review.
- b. Indicate whether medical students will be permitted to review and, potentially challenge, the following records. If review and challenge are possible, describe the procedures that will be used:
 1. Course and clerkship data (e.g., examination performance, narrative assessments)
 2. Course and clerkship grades
- c. Describe how the medical school's policies and procedures related to students' ability to review and challenge their records will be made known to students and faculty.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.6

1. As available, formal 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.

STANDARD 12 SUPPORTING DOCUMENTATION

Table 12.0-1 Support Services at Regional Campuses					
Indicate how the following services will be made available to students at each regional campus by placing an "X" in the appropriate column(s). Add additional rows for each service/campus. <i>Note: this question only applies to schools with one or more 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					
E-mail or Tele/ Videoconference					
Student-travel to central campus					

12.1 FINANCIAL AID/DEBT MANAGEMENT COUNSELING/STUDENT EDUCATIONAL DEBT

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

12.1 SUPPORTING DATA

Table 12.1-1 Financial Aid/ Debt Management Activities	
Describe financial aid and debt management counseling/advising activities (including one-on-one sessions) that will be available to medical students in the first and second years/phases of the curriculum. Note whether they will be required or optional.	
Financial Aid/ Debt Management Activities (Required/Optional)	
Year/Phase 1	Year/Phase 2

12.1 NARRATIVE RESPONSE

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

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

- a. Provide the name, title, and date of appointment of the individual who will serve as the financial aid director for the medical school and the reporting relationship(s) of the director of financial aid.
 1. Note if the financial aid office resides organizationally within the medical school or at the university level. If the latter, list the other schools/programs that are or will be supported by financial aid office staff and the anticipated enrollment in those other schools/programs.
 2. Indicate the number of financial aid staff members who will be available to assist medical students when the charter class enters and note any additional recruitments planned as the number of medical students increases. Note if any of these staff members will be devoted exclusively to students in the medical school.
- b. Describe current activities at the medical school or university to increase the amount and availability of scholarship and grant support for medical students (e.g., a current fund-raising campaign devoted to increasing scholarship resources). Describe the goals of these activities, their current levels of success, and the timeframe for their completion.
- c. Describe other mechanisms that will be used by the medical school and the university to limit medical student debt, such as limiting tuition increases.

12.2 TUITION REFUND POLICY

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

12.2 NARRATIVE RESPONSE

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

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

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.2

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

12.3 PERSONAL COUNSELING/WELL-BEING PROGRAMS

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

12.3 NARRATIVE RESPONSE

- a. Describe the system that the medical school is creating for personal counseling of medical students, including mental health services, and the plans to ensure that counseling is accessible and confidential. Note especially the individuals who will be available to provide personal counseling (i.e., roles and titles, as available), and where services will be provided.

- b. Summarize programs being created to facilitate students' ongoing adjustment to the physical and emotional demands of medical school.

12.4 STUDENT ACCESS TO HEALTH CARE SERVICES

A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

12.4 NARRATIVE RESPONSE

- a. Describe planning for a system to provide medical students with access to diagnostic, preventive, and therapeutic health services, including where and by whom (i.e., roles and titles, as available) services will be provided. For example, if there is a student health center, comment on its location, staffing, and hours of operation.
- b. Describe how medical students at all instructional sites/campuses with required educational activities will be informed about the availability of and access to health services.
- c. Describe how medical students and faculty will be informed of policies that allow students to be excused from classes or clinical activities in order to access health services.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.4

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

12.5 NON-INVOLVEMENT OF PROVIDERS OF STUDENT HEALTH SERVICES IN STUDENT ASSESSMENT/ LOCATION OF STUDENT HEALTH RECORDS

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

12.5 NARRATIVE RESPONSE

- a. Describe how the medical school will ensure that a provider of health and/or 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. Describe how medical students, residents, and faculty will be 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 will be stored. Note if any medical school personnel will have access to these records.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.5

1. Policies and/or procedures that specify that providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student.

12.6 STUDENT HEALTH AND DISABILITY INSURANCE

A medical school ensures that health insurance and disability insurance are available to each medical student and that health insurance is also available to each medical student's dependents.

12.6 NARRATIVE RESPONSE

- a. Indicate whether health insurance will be available to all medical students and their dependents. Describe the status of identifying health insurance options.

- b. Indicate whether and when (e.g., at enrollment, at the beginning of the third year) disability insurance will be made available to medical students. Describe when (e.g., during orientation) and by what means medical students will be 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.

12.7 NARRATIVE RESPONSE

- a. Summarize the medical school's planned immunization policies and requirements for medical students. Note if the guidelines follow national and regional recommendations (e.g., from the Centers for Disease Control and Prevention, state agencies, etc.).
- b. Note if immunizations will be available on campus (e.g., at the student health center) and how the costs of immunizations will be covered.
- c. Describe how and by whom the immunization status of medical students will be monitored.

12.8 STUDENT EXPOSURE POLICIES/PROCEDURES

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:

- The education of medical students about methods of prevention
- The procedures for care and treatment after exposure, including a definition of financial responsibility
- The effects of infectious and environmental disease or disability on medical student learning activities

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

12.8 NARRATIVE RESPONSE

- a. Describe planning for institutional policies in the following areas related to medical student exposure to infectious and environmental hazards:
 1. The education of medical students about methods of prevention
 2. The procedures for care and treatment after exposure, including definition of financial responsibility
 3. The implications of infectious and/or environmental disease or disability on medical student educational activities

- b. Briefly summarize any planned protocols that medical students will follow in the case of exposure to body fluids that may be contaminated, including infectious disease screening and follow-up. Describe when and how students, including visiting students, will learn about the procedures to be followed in the event of exposure to blood-borne or air-borne pathogens (e.g., a needle-stick injury).

- c. Describe when in the course of their education medical students will learn how to prevent exposure to infectious diseases, especially from body fluids.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.8

1. Relevant policies on medical student exposure to infections and environmental hazards, including the implications of infectious and/or environmental disease or disability on medical student educational activities.

GLOSSARY OF TERMS FOR LCME ACCREDITATION STANDARDS AND ELEMENTS

Adequate types and numbers 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)

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. (Element 1.4)

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 [or centralized] monitoring: Tracking by institutional (e.g., decanal) 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. (Element 8.6)

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

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

Clinical reasoning: The integration, organization, and interpretation of information gathered as a part of medical problem-solving. (Elements 7.4 and 9.4)

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)

Coherent and coordinated 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 achievement of the program's educational objectives. (Element 8.1)

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 prior to completion of his or her medical education program and receipt of the MD degree. (Element 8.7)

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

Critical judgment/critical thinking: 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. (Elements 7.4 and 9.4)

Curriculum 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 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 made by the faculty members themselves or by representatives chosen by faculty members (e.g., versus appointed by administrators). (Element 1.3)

Diverse sources [of financial revenues]: Multiple sources of predictable 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)

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. (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). (Element 3.3)

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; his or her right to participate in and provide information or otherwise respond to participants in the proceedings; and any opportunity to appeal any adverse decision resulting from the proceedings. (Element 9.9)

Fair and timely summative assessment: A criterion-based 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 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 his or her subsequent learning and performance in the medical curriculum. (Element 9.7)

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)

Health care disparities: Differences between groups of people, based on a variety of factors including, but not limited to, race, ethnicity, residential location, sex, age, and socioeconomic, educational, 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)

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)

Integrated institutional responsibility: Oversight by an appropriate central institutional body (commonly a curriculum committee) of the medical education program as a whole. An effective central curriculum authority exhibits the following characteristics: 1) participation by faculty, students, and administrators; 2) the availability of expertise in curricular design and methods of instruction, student assessment, and program evaluation; and 3) empowerment, through bylaws or decanal mandate, to work in the best interests of the medical education program without regard for parochial or political influences or departmental pressures. (Element 8.1)

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. (Element 6.1)

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 his or her achievement of all programmatic requirements by the time of medical education program completion. (Standard 6 and Element 6.1)

Medical education 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. (Element 5.12)

Medical problem-solving: The initial generation of hypotheses that influence the subsequent gathering of information. (Elements 7.4 and 9.4)

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 the objectives of a course or clerkship. (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)

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 and evaluation of the components of the medical education program that occur at that campus. (Element 2.5)

Program objectives: See definition for Medical education program objectives above.

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

Regional accrediting body: The six bodies recognized by the US Department of Education that accredit institutions of higher education located in their regions of the US: 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 at least one student spends one or more complete curricular years (Element 2.5).

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)

Self-directed learning: Includes medical students' self-assessment of their learning needs; their independent identification, analysis, and synthesis of relevant information; and their appraisal of the credibility of information sources. (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 and Elements 2.1, 2.4, and 3.3)

Service-learning: Educational experiences that involve: 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)

Single standard for the promotion and graduation of 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 for promotion to the next academic year and at the conclusion of the medical education program for receipt of the MD degree and graduation. (Element 9.9)

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)

Technical standards for admission, retention, and graduation of medical students with disabilities: 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)