**TEAM REPORT
OF THE
SURVEY FOR PRELIMINARY ACCREDITATION OF**

**NAME OF UNIVERSITY
SCHOOL OF MEDICINE**

City, State

Month #-#, 20##

PREPARED BY AN AD HOC SURVEY TEAM

FOR THE

LIAISON COMMITTEE ON MEDICAL EDUCATION

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APPENDIX

==Note to Team Secretary: Add required and team-selected Appendices in order==

==D.==

MEMORANDUM

TO: Liaison Committee on Medical Education

FROM: The Secretary of the ad hoc Survey Team that Conducted a Visit for Preliminary Accreditation to ==Name of School== on ==Month #-#, 20##==.

RE: Survey Team Report

On behalf of the ad hoc LCME survey team that conducted a survey visit for preliminary accreditation to the ==Name of School== on ==Month #-#, 20##==, the following report of the team's findings is provided.

Respectfully,

==[Add survey team secretary signature]==

_____

==Name==, Survey Team Secretary

INTRODUCTION

A preliminary survey of the <mark>Name of School</mark> was conducted on <mark>Month #-#, 20##</mark> by the following ad hoc survey team representing the Liaison Committee on Medical Education (LCME):

Chair:
<mark>Name</mark>   <mark>(Discipline/Specialty)</mark>
<mark>Title</mark>
<mark>Institution</mark>
<mark>City, State</mark>

Secretary:
<mark>Name</mark>   <mark>(Discipline/Specialty)</mark>
<mark>Title</mark>
<mark>Institution</mark>
<mark>City, State</mark>

Member:
<mark>Name</mark>   <mark>(Discipline/Specialty)</mark>
<mark>Title</mark>
<mark>Institution</mark>
<mark>City, State</mark>

Member:
<mark>Name</mark>   <mark>(Discipline/Specialty)</mark>
<mark>Title</mark>
<mark>Institution</mark>
<mark>City, State</mark>

<mark>SAMPLE/REPLACE WITH TEAM WORDING</mark>
The team expresses its sincere appreciation to Dean <mark>First and Last Name</mark> and the faculty and staff of <mark>Name of School</mark> for their many courtesies and accommodations during the survey visit. <mark>Others' First and Last Names</mark> merit special recognition and commendation for their thoughtful visit preparations and generous support during the conduct of the survey.

A copy of the survey visit schedule is included as Appendix A.

THE DATA COLLECTION INSTRUMENT (DCI) AND THE PLANNING SELF-STUDY

(See Appendix B for a summary of the planning self-study findings and composition of self-study committees)

Briefly note the following:
- Quality of the DCI
- Involvement of faculty and other stakeholders in the Self-Study
- Correlation between the Planning Self-Study findings and the survey team findings

HISTORY AND SETTING OF THE SCHOOL

(See Appendix C for maps showing the location of clinical affiliates and, if relevant, regional campuses)

Briefly summarize the relevant history of the school to date.

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.

Include at least the following in the Appendix:

Appendix (#): Provide a copy of the medical school's mission and goals and an executive summary of the medical school strategic plan, as available (Element 1.1)
Appendix (#): DCI Table 1.3-1 (Element 1.3)

List any additional appendices for this standard and insert them into the Table of Contents.

Element 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.

- Briefly comment on the status of the school's planning process to date in relation to the development and implementation of its mission and goals. Has a plan been developed or is planning underway? Describe the level of participation in the planning process.

- Describe the process that will be used and the resources that are or will be available for quality improvement activities related to the medical education program, including monitoring ongoing compliance with accreditation standards.

Element 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.

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):

- Describe the policies for governing board members related to conflicts of interest, and include evidence that existing policies are being followed.

Place an "X" next to each area for 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

- Describe the strategies for managing conflicts of interest for medical school faculty and administrators.

Element 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.

- Describe how faculty are and will be made aware of new policies and other types of changes that require faculty comment and note how such input from faculty is obtained.

- Describe the status of formation of standing committees of the medical school. Note whether committees include or will include elected members or members nominated or selected through a faculty administered process, such as a "committee on committees."

Element 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**

Table 1.4-1. Affiliation Agreements						
For each inpatient clinical teaching site used for required clinical clerkships, indicate (Y/N) if the current affiliation agreement specifically contains the following information. Add rows as needed.						
Clinical teaching site	Date agreement signed	(1) Access to resources	(2) Primacy of program's authority	(3) Faculty appointments	(4) Environmental hazards	(5) Shared responsibility for learning environment

- Describe the status of finalizing affiliation agreements with clinical teaching sites that will be used for required clinical clerkships for the medical school's charter class. If all needed sites have not been identified and agreements have not all been finalized, provide a timeline for completion.

- Comment on any identified deficiencies in affiliation agreements that have been completed.

Element 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.

- Note if there are medical school or university bylaws that relate to the medical school, or both, and the date of that they were completed. If bylaws have not been finalized, provide a timeline for completion and adoption.

- Describe how the bylaws are or will be made known to the faculty.

Element 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.

- 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.

- Place an "X" next to the institutional (regional) accrediting body that accredits the medical school or parent institution:

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

- 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.

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.

Include at least the following in the Appendix:

Appendix (#): A copy of the dean's abbreviated curriculum vitae (Element 2.2)
Appendix (#): The dean's position description. If the dean has other roles (such as vice president for health affairs), provide that position description as well (Element 2.3)
Appendix (#): Organizational chart illustrating the reporting relationship(s) of the medical school dean (Element 2.3)
Appendix (#): Organizational chart of the dean's office, including positions that are vacant or filled on an interim basis (Element 2.4)
Appendix (#): Organizational chart illustrating the reporting relationships of campus principal academic officers and campus administrators to the medical school leadership (Elements 2.5 and 2.6, if relevant)

List any additional appendices for this standard and insert them into the Table of Contents.

Element 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.

- List the categories of appointments made directly by the governing board.

- Describe which categories of appointments have been delegated by the governing board, including to whom the authority for each has been delegated.

Element 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.

- Provide the year that the current dean was appointed.

- Briefly summarize the dean's qualifications to provide leadership in all of the areas for which he/she has responsibility and authority.

Element 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.

- 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.

- Describe the dean's authority and responsibility for the medical education program. Refer to the dean's position description to be included in the Appendix.

Element 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.

- 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).

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

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 2.4-3	Dean's Office Administrative Staffing			
Provide the requested information regarding members of the dean's office staff. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed.				
Name of incumbent	Title	% Effort dedicated to administrative role	Date appointed	Note if the position is filled on an interim basis

Element 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.

Only respond to this element if a school has a regional campus. If there is no regional campus, respond that the item is "Not Applicable" and delete the questions below.

- Describe and evaluate the authority of the medical school dean/designated chief academic officer (CAO) in overseeing the conduct and quality of the medical education program at all regional campuses.

- Include a description of the reporting relationship(s) of other campus administrators to their central campus counterparts (e.g., student affairs officers at the campus[es]) and the associate dean for student affairs.)

- 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.

Element 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).

Only respond to this item if the school has a regional) campus. If there is no regional campus, respond that the item is "Not Applicable" and delete the questions below.

- Are there/will there be sufficient mechanisms in place to support functional integration and communication among the campuses at all levels (including administrative, departmental, and faculty)?

- Provide examples of how the faculty at the campuses are integrated into the medical school governance structure and into the central medical school departments.

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

List any appendices for this standard and insert them into the Table of Contents.

Element 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.

- Will every medical student in the charter class have an opportunity to complete at least a portion of a required clinical experience in a setting where residents teach/supervise medical students? If not, note the situation(s) where some or all students will not have access to residents during any clinical experiences and how these students will learn about the expectations and requirements of the next phase of training.

Table 3.1-1 | Resident Involvement in Core Clinical Clerkships						
List each clinical facility at which one or more medical students in the charter class will take one or more of the following required clinical clerkships (other than ambulatory, community-based sites). For each clerkship that will occur at a site, 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 be no required clerkship in the discipline at the site, leave the cell blank. Add rows as needed.						
Facility Name	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery

* Also include contact with residents from AOA-accredited programs in the table, as relevant.

Element 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 research and other scholarly activities of its faculty.

- Describe how faculty scholarship is being/will be fostered at the medical school. Comment on the plans to ensure that there will be sufficient funding and available infrastructure and mentoring to support faculty scholarly activity/research.

- Will all medical students who desire to participate in research have the opportunity to do so? Note the infrastructure and funding opportunities that will be available to support medical student research.

Element 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.

- 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.

- Referring to Table 3.3-1, describe whether the medical school has categorized diversity for its students, faculty, and senior administrative staff. Are the definitions sufficiently specific to allow monitoring?

- Briefly describe how the policies related to diversity and the identified diversity categories are/will be reflected in recruitment and retention programs for medical students, faculty, and senior administrative staff. Are there/will there be sufficient resources to support diversity programs?

- Summarize, by referencing Table 3.3-4 below the school's success to date in achieving diversity among the faculty and senior administrative staff.

- Describe the planned activities and programs that will be directed at achieving a diverse pool of medical school applicants, both locally and nationally, including the personnel and funding resources to support these "pipeline" programs and the organizational locus of individuals involved in these efforts.

**Table 3.3-1	Diversity Categories and Definitions**		
Provide definitions for the diversity categories identified in medical school policies that guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Note that the medical school may use different diversity categories for each of these groups. If different diversity categories apply to any of these groups, provide each relevant definition. Add rows as needed for each diversity category.		
Medical Students	Faculty	Senior Administrative Staff

Table 3.3-2 | Offers Made for Faculty Positions

Provide the total number of offers of employment for faculty positions made to individuals in the school's identified diversity categories. Add rows as needed for each diversity category.

School-identified Diversity Category	AY 2015-16			AY 2016-17		
	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.

School-identified Diversity Category	AY 2015-16			AY 2016-17		
	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 enrolled students, employed faculty, and senior administrative staff in each of the school-identified diversity categories (as defined in table 3.3-1 above).

School-identified Diversity Category	Employed/ Full-time Faculty	Senior Administrative Staff

Element 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.

- Has the school developed a formal anti-discrimination policy? If so, list the categories included in the policy and note whether all categories required by the element are present.

- Describe how the anti-discrimination policy will be made known to members of the medical education community?

Element 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.

- Has the medical school defined the professional attributes that its medical students are expected to develop? How will these attributes be communicated to students, faculty, residents, and others? Summarize how students will be assessed related to their development of these attributes.

- Describe the methods that will be used to evaluate the learning environment in order to identify positive and negative influences on the development of medical students' professional attributes, especially in the clinical setting. Have the individuals/groups empowered to act on these results been identified?

Element 3.6 Student Mistreatment

A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct (e.g., incidents of harassment or abuse) are well understood by students and ensure that any violations can be registered and investigated without fear of retaliation.

- 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. How will students, faculty, and others be informed about these standards?

- 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.

- How, by whom, and how often will data regarding the frequency of medical students experiencing negative behaviors (mistreatment) be collected? Describe whether there are procedures for the prompt handling of mistreatment incidents.

- Describe plans for developing educational activities to prevent mistreatment.

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.

<mark>*Include at least the following in the Appendix:*</mark>

Appendix <mark>(#)</mark>: DCI Tables 4.1-2. 4.1-3, 4.1-4, and 4.1-5 (Element 4.1)

<mark>List any additional appendices for this standard and insert them into the Table of Contents</mark>.

Element 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.

- Evaluate whether the current size and discipline distribution of the faculty are appropriate for the current stage of medical school development.

- Describe the plans for additional faculty recruitment, by discipline, over the next three academic years and include the timing of the recruitments.

Table 4.1-1 | Total Faculty

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

Academic Year	Full-Time Faculty		Part-Time Faculty		Volunteer Faculty	
	Basic Science	Clinical	Basic Science	Clinical	Basic Science	Clinical
2016-17						
2017-18						

Element 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.

- Describe the school's expectations for faculty scholarship, including whether scholarly activity will be required for promotion and retention of some or all faculty.

Element 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.

- Are there clear policies and procedures for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal?

- Describe how and when faculty members receive formal notification about their terms of appointment, their responsibilities in teaching and other areas, and their assignment to a faculty track (if tracks are utilized).

Element 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.

- Describe how and whether there is/will be regularly-scheduled feedback to faculty on their academic performance, progress toward promotion and, if relevant, tenure. Are there formal policies requiring that such feedback be provided?

Element 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.

- Are or will there be knowledgeable individuals available to deliver faculty development related to the medical education program? If so, describe their organizational placement and the time they will have to devote to faculty development activities.

- Describe the types of both informal and formal faculty development programs that are planned to assist faculty members and others who teach medical students to improve their teaching and assessment skills. Note if faculty development will be accessible to faculty at all instructional sites.

- Indicate whether and how the school will provide faculty development programs focused on other areas (e.g., research enhancement, grant acquisition).

Element 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.

- Is there an effective process in place for the dean and a committee with faculty representation, such as an executive committee, to determine the governance and policy-making processes of the program?

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.

Appendix (#): A six-year revenue and expenditure pro forma (Element 5.1)
Appendix (#): DCI Tables 5.4-1 and 5.4-2 (Element 5.4)
Appendix (#): DCI Tables 5.5-1 and 5.5-3 (Element 5.5)

Provide the following, as available for the indicated academic years (Element 5.1)

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

2016-17	2017-18

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

2016-17	2017-18

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

2016-17	2017-18

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

2016-17	2017-18

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

2016-17	2017-18

NOTE THAT ELEMENTS 5.6, 5.10, AND 5.12 ARE NOT INCLUDED IN THE REVIEW FOR PRELIMINARY ACCREDITATION.

Element 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.

- 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:
    - Total revenues
    - Revenue mix
    - Obligations and commitments
    - Reserves (amount and sources)

  Comment on the sustainability or anticipated growth of these financial resources, noting any trends to date.

- Describe the status of funding for construction/renovation needed to support the medical school's missions.

- Summarize the fiscal condition of the school, including the school's current overall financial status and the prospects for the long-term sustainability of its finances.

Element 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.

- Describe how the dean (or the chief academic officer if not the dean) participates in planning at the levels of the medical school and university to ensure that the resource needs of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are considered.

- 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.

- Provide 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. Note plans for the recruitment of additional individuals to provide such support and provide the recruitment timeline for these individuals

Element 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.

- Describe how and at what institutional level (e.g., medical school administration, university administration, board of trustees) the following will be set:
    - the number of students in the medical school entering class
    - medical school tuition/fees

- 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.

Element 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.

- Describe the status of development of the teaching space (e.g., lecture halls, laboratories, small group rooms) that will be used when the charter class is in the first and second years of the curriculum. Summarize the timeline for the completion of this teaching space and note any options that have been identified if the space will not be completed on schedule.

- Note if the medical school will have exclusive access to the needed educational facilities or if there will be potential competition from other programs. If the teaching space will be shared, note how and by whom the shared space is assigned and if the medical school will have priority in any scheduling decisions.

Element 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).

- Describe the status of identifying the clinical teaching sites that will be needed when the charter class enters the required clinical clerkships. Also note if clinical placement sites for required clinical experiences in the pre-clerkship phase of the curriculum have been identified.

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

Table 5.5-3 | Inpatient Teaching Sites by Clerkship						
List all *inpatient teaching sites* 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

Element 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.

- Describe the security systems that are or will be available on campus.

- Describe the status of development of emergency disaster preparedness policies, procedures, and plans.

Element 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.

- Describe the location of the library and the hours which the library and the public access computers will be available to medical students. If there are additional library hours during which medical students will have access to all or parts of the library, note these as well.

- Describe how the library will support medical education. How are the library staff involved or how will they 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?

- Comment on the adequacy of library holdings and other resources. Describe whether students and faculty will have access to electronic and other library resources across all sites.

Table 5.8-1	Medical School Library Resources and Space					
Provide the following information for the most recent academic year for the library that serves as the main library for the medical school. Schools with regional campuses may add rows for each additional library.						
Library/Campus (as appropriate)	Total current journal subscriptions (all formats)	Number of book titles (all formats)	Number of databases	Total user seating	Number of public workstations

Element 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.

- Comment on the planned availability and accessibility of information technology resources (e.g., hardware, software, staff support) for the planning, delivery, and management of the educational program and for the other missions of the medical school. If audiovisual and/or information technology will be used to deliver components of the educational program, evaluate the status of their development.

- Describe if medical students will be able to access educational resources from all sites.

- 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.

Element 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.

- Describe the anticipated availability of study space and 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).

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) (as relevant)
Small room used only for group study			
Classroom that may be used for study when free			
Individual study room			
Individual study carrel			
Individual seating			

- 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.

- 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.

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 enables its medical students to achieve those competencies and objectives. The medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

SUPPORTING DOCUMENTATION

- If the school intends to offer a parallel curriculum (track) for some students, provide a brief summary of the additional objectives associated with the parallel curriculum, the general curriculum structure of the parallel curriculum, the location(s) where it the parallel curriculum is offered, and the number of students enrolled by curriculum year.

Include at least the following in the Appendix:

Appendix (#): DCI Tables 6.0-1, 6.0-2, and 6.0-3
Appendix (#): DCI Table 6.1-1 (Element 6.1)
Appendix (#): DCI Table 6.2-1 (Element 6.2)
Appendix (#): Sample weekly schedules that illustrate the amount of unscheduled time that students will have in the first and second years of the curriculum (Element 6.3)

List any additional appendices for this standard and insert them into the Table of Contents.

Element 6.1 Program and Learning Objectives

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

- Describe the status of development of the medical education program objectives. Have the educational program objectives been linked to the relevant competencies?

- Have appropriate outcome measures been identified for each objective?

- Briefly describe how medical education program objectives and the learning objectives for each first and second-year course will be disseminated to medical students and faculty with responsibility for teaching and assessing medical students.

Element 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.

- Briefly describe the status of planning, to date, for the list of required patient types/clinical encounters and procedural skills. Describe how and by whom the list is being/will be developed and approved.

- Describe how alternate experiences to remedy gaps are being identified.

- Describe how medical students, faculty, and residents will be informed of the required clinical encounters and skills.

Element 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.

- 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 <u>all</u> of the following components of self-directed learning <u>as a unified sequence</u> (use the names of relevant courses from the supporting documentation for standard 6 tables when answering):

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

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

- 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.

Element 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.

- Comment on the anticipated overall balance between inpatient and outpatient clinical experiences.

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.		
	Percent of Total Clerkship Time	
	% Ambulatory	% Inpatient
Family medicine		
Internal medicine		
Ob-Gyn		
Pediatrics		
Psychiatry		
Surgery		
Other (list)		

Element 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.

- Briefly summarize the policies or practices that will require or encourage medical students to use electives to pursue a broad range of interests.

Table 6.5-1	Required Elective Weeks	
Provide the anticipated number of d 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	

Element 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.

- 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.

- Describe how the medical school will support service-learning activities, for example, through the provision of funding and/or staff support.

Element 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.

- 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.*

- Describe how medical students will be exposed to continuing medical education activities for physicians, and note if student participation in continuing medical education programs is optional or required.

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	# of Master's Students	# 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.			
Campus (if more than one)		Number of fellow/residents in sites where the medical school is or intends to be the program sponsor	Number of fellows/residents in sites where the medical school does not intent to be the program sponsor
	Fellows:		
	Residents:		

Element 6.8 Education Program Duration

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

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 Supporting Documentation 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.

Appendix (#): 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.
Appendix (#) A schematic of any parallel curriculum.

List any additional appendices for this standard and insert them into the Table of Contents.

Element 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.

- Note any deficiencies in curricular content coverage in the biomedical, behavioral, and social sciences identified to date through the school's own review of content coverage or the observations of the survey team.

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 socioeconomics						
Nutrition						
Pain management						
Palliative care						
Patient safety						
Population-based medicine						

Element 7.2 Organ Systems/Life Cycle/Primary Care/Prevention/Wellness/Symptoms/ Signs/Differential Diagnosis, Treatment Planning, Impact of Behavioral/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**

- Describe the locations in the planned curriculum in which objectives related to the subjects below will be taught and assessed. Also refer to the course/clerkship names and locations as included in Supporting Documentation for Standards 6 and 7 in the response.
  - Normal human development and the life cycle
  - Adolescent medicine
  - Geriatrics
  - Continuity of care
  - End of life care

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 are or 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							

Element 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).

- List the course(s) that will include instruction in and assessment of content related to the scientific method. In the survey team's opinion, will there be curricular coverage of the scientific method that is sufficient to satisfy the requirements of the element?

- List all required courses and clerkships that will 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. Summarize how medical students will learn how such research is conducted, evaluated, explained to patients, and applied to patient care.

Element 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.

- Evaluate the adequacy of the teaching and assessment of the skills of critical judgment based on evidence and of medical problem solving.

Table 7.4-1	Critical Judgment 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.							
	Course Type		Years/Phases Topic Areas Will be Taught and Assessed				
Topic Areas	Independent Course	Integrated Course(s)	One	Two	Three	Four
Skills of critical judgment based on evidence						
Skills of medical problem solving						

Element 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.

- Describe five common societal problems that will be taught and assessed in the curriculum.

- Based on the examples provided by the school, does there appear to be appropriate teaching and assessment of the diagnosis, prevention, appropriate reporting (if relevant), and treatment of the medical consequences of societal problems?

Element 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 multidimensionally diverse society**

- Evaluate whether there will be adequate coverage of content related to cultural competence in health care and health disparities in the curriculum.

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

Element 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.

- Evaluate whether there will be adequate coverage of content in the curriculum related to medical ethics and human values.

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

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 in the curriculum this instruction occurs by placing an "X" under the appropriate columns.						
	Course Type		Years/Phases Topic Areas Are Taught/Assessed			
	Independent Course	Integrated Course(s)	One	Two	Three	Four
Biomedical ethics						
Ethical decision-making						
Professionalism						

Element 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.

- Evaluate the adequacy of the educational activities and the relevant learning objectives that will be included in the curriculum for each of the following topic areas:

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

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)

Element 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.

- Summarize the adequacy of the proposed required experience where students will be brought together with students or practitioners from other health professions to learn to function collaboratively on health care teams with the goal of providing coordinated services to patients, including how 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.

Include at least the following in the Appendix:

Appendix (#): Organizational chart for the management of the curriculum

List any additional appendices for this standard and insert them into the Table of Contents.

Element 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.

- Note if the formal curriculum committee, as specified in bylaws/school of medicine policy, is functioning or if a precursor committee currently is active.

- Describe the composition, charge to, and anticipated frequency of meetings for the committee responsible for the management of the curriculum. Note the source of the committee's authority, such as bylaws. Briefly summarize the composition and charge/role of each subcommittee of the curriculum committee

- Describe how the curriculum committee (or its precursor committee) and its subcommittees have participated in or will participate in the following:

  o Developing and reviewing the educational program objectives
  o Planning for horizontal and vertical curriculum integration (i.e., that curriculum content is coordinated and integrated within and across academic years/phases)
  o Identifying the outcomes that can be used to evaluate educational program objectives and ways to monitor the outcomes of the curriculum as a whole
  o Identifying ways to monitor the quality and outcomes of individual courses and clerkships

Element 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.

- Describe and provide relevant examples of how the medical educational program objectives are being used as guides for the selection and appropriate placement of curriculum content within courses and curriculum years/phases and for the evaluation of curriculum outcomes.

- Describe how the curriculum committee and its subcommittees, along with course faculty, are ensuring that course learning objectives are being linked to medical educational program objectives.

Element 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.

- Summarize the current and anticipated roles of the course/clerkship faculty and course/clerkship directors, the departmental course/clerkship committees (if present), and the chief academic officer in planning courses and clerkships, including identifying teaching and assessment methods, identifying course/clerkship content, evaluating the quality of teaching, and evaluating course/clerkship outcomes.

- Briefly describe the planned process and timing of formal review for each of the following curriculum elements:

  - Required courses in the pre-clerkship phase of the curriculum
  - Required clerkships
  - Individual years or phases of the curriculum
  - The curriculum as a whole

- Describe plans for monitoring curriculum content, including the means that will be used to monitor content and the anticipated frequency of monitoring. Note the status of development of tools for curriculum monitoring.

Element 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

- Evaluate the adequacy, to date, of plans to collect and use outcome data to evaluate educational program quality.

Table 8.4-2 | Monitoring of Medical Education Program Outcomes	
Provide the individuals and/or groups who will receive and act on the results of each of the program outcome indicators listed below.	
Outcome Indicator	Individuals and Groups who will be 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	

Element 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.

- Describe how and by whom student evaluations of courses and clerkships will be collected.

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

Element 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.

- Describe the process(es) that will be used by students to log the completion of their required clinical encounters and skills. Note if there will be a centralized tool that will be used for logging.

- Describe how, when, and by whom aggregate data on the completion of student clinical encounters and procedures will be monitored.

Element 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.

- If instruction in one or more courses or clerkships will take place at more than one educational site within the given discipline, note if the same learning objectives, equivalent assessment methods, and the same policies for determination of grades will be used across all instructional sites.

- How and by whom will faculty members at each instructional site be informed of and oriented to the learning objectives, required clinical encounters and skills, and grading system for the course or clerkship?

- Evaluate whether there are planned processes and procedures are in place to ensure that educational experiences and methods of assessment at all instructional sites are comparable within a given discipline. How and by whom will comparability be reviewed at the department and central curriculum governance levels and what data will be used in the review?

Element 8.8 Monitoring Student Time (previously Monitoring Student Workload)

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.

- Has a policy and process been created to monitor the academic workload of medical students during the pre-clerkship phase of the curriculum and during the clinical clerkships?

- Describe the status of the development and approval of policies related to medical student duty hours in the clinical years. Describe the mechanisms that will be available for medical students to report violations of duty hours policies.

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.

Include at least the following in the Appendix:

Appendix (#): DCI Tables 9.0-1, 9.0-2, and 9.0-3
Appendix (#): DCI Table 9.1-1 (Element 9.1)
Appendix (#): DCI Table 9.7-3 (Element 9.7)

List any additional appendices for this standard and insert them into the Table of Contents.

Element 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, with central monitoring of their participation in those opportunities provided.

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

- How will the school ensure that all non-faculty instructors participating in the first and second years of the curriculum have received and reviewed the course objectives and been appropriately oriented to their teaching responsibilities? How will participation in such orientations be monitored?

Element 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.

- 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.

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

Element 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.

- Describe how departments and the central medical school administration will ensure that medical students will be appropriately supervised during required clinical learning experiences in the first two years of the curriculum and during clerkships.

- Describe the status of development of processes for students to report any concerns about the adequacy and availability of supervision.

Element 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.

- Describe the status of planning to ensure that medical students will be observed performing core clinical skills during the first two years of the curriculum.

Element 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.

- Will narrative assessments be provided in all pre-clerkship courses whose formats would permit such feedback (refer to Appendix (#), Standard 6 for the names of pre-clerkship courses)?

- If a narrative assessment will not be provided in one or more courses where teacher-student interaction could permit it to occur (e.g., there is small group learning), describe the reason(s) that a narrative will not be provided.

Element 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.

- Describe the roles of the following in setting the standards of achievement (i.e., grading criteria, passing standard) for courses and for the curriculum (i.e., graduation requirements):

    o The curriculum committee
    o Other medical school committees
    o The chief academic officer/education deans
    o Academic departments
    o Course/clerkship leadership

Element 9.7 Formative Assessment and Feedback

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

- Evaluate the anticipate adequacy of mid-course formative assessment during the pre-clerkship period (refer to Appendix (#), Table 9.7-3.

- Describe plans for monitoring the availability of mid-course feedback during years one and two of the curriculum. What mechanisms will be used to ensure that mid-course feedback is provided?

Element 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.

- Has the school developed a policy/guideline related to the timing of course/clerkship grades? 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

- How and by whom will the timing of course and clerkship grade reporting be monitored?

Element 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 promotion, graduation, or dismissal.

- Have the standards for promotion and graduation been created? How will the school ensure that these standards are consistent across all instructional sites?

- Briefly summarize the planned due process procedures that will apply in cases of a possible adverse action for academic or professionalism reasons that may affect the status of a medical student. Note the groups or individuals involved at each step in the process. Does the survey team believe that the due process procedures are appropriate to avoid conflicts of interest on the part of the participating individuals?

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.

<mark>List any appendices for this standard and insert them into the Table of Contents.</mark>

NOTE THAT ELEMENTS 10.7 AND 10.8 ARE NOT INCLUDED IN THE REVIEW FOR PRELIMINARY ACCREDITATION.

Element 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.

- List the premedical courses that are required for admission.

- List the premedical courses that are recommended for admission.

Element 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.

- Describe the anticipated size and composition of the admission committee at the time when the process for admission of the charter class begins. 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). Is there policy or guidelines that faculty members constitute the majority of voting members at all meetings?

- If there will be subcommittees of the admission committee, describe their composition and role.

- 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, such as the medical school bylaws).

- Does the medical school have policy and procedures that will ensure that there are no conflicts of interest in the admission process and that no admission decisions are influenced by political or financial factors?

Element 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.

- Briefly summarize how and by whom the policies, procedures, and criteria for medical student selection were developed and approved.

- 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 that will be 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

- Describe how prospective applicants, applicants and their advisors will be informed about the criteria for student selection.

- Describe the status of development of the policies for student assessment, advancement, and graduation.

- Describe the planned composition of the medical student promotions committee,

Element 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.

- Describe how and by whom the personal attributes of applicants will be assessed during the admission process.

- How will the members of the admission committee and the individuals who interview applicants (if other than admission committee members) be prepared and trained to assess applicants' personal attributes?

Element 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.

- Describe the status of development of technical standards. How will the medical school disseminate its technical standards for admission, retention, and graduation to potential and actual applicants, faculty, and others?

- How will medical school applicants and/or medical students 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)?

Element 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 M.D. 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.

- How will informational materials about the medical education program be made available (e.g., online, in the media, in hard-copy) to the public?

Element 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.

- Describe the status of development of policies and procedures for the assignment of students to an instructional site or parallel curriculum.

- Describe the processes that will allow students to request an alternative assignment, including by whom the final decision will be made. How will medical students 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.

<mark>List any appendices for this standard and insert them into the Table of Contents</mark>.

NOTE THAT ELEMENTS 11.3 AND 11.4 ARE NOT INCLUDED IN THE REVIEW FOR PRELIMINARY ACCREDITATION.

Element 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.

- Describe the planned academic advisory system, including its breadth and accessibility. Describe the resources that are or will be available within the school and its parent university to support students who may experience academic difficulty. Note whether individuals who will provide these services are currently employed or are being recruited.

- Describe any activities that will be implemented to identify and assist students at high risk for academic difficulty in the entering class or students who experience academic difficulty during the curriculum.

- Identify how the school will ensure that medical students have the option of obtaining academic counseling from individuals who have no role in assessment or advancement decisions about them.

Element 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.

- Refer to the table below and comment on the planned system for residency and career advising, including the anticipated availability of required and optional career advising activities at the school.

Optional and Required Career Advising Activities		
Provide a brief description of the anticipated career information session and advising activity that will be available to medical students during the first and second years/phases 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

- Describe the individuals, including members of the administration and faculty (e.g., career advisors) who will be available to assist students in making career decisions.

- List the individual(s) who will have responsibility for developing the MSPE.

Element 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.

- Describe the location(s) (physical or digital) at which students' academic records and non-academic files will be stored and comment on the confidentiality of the storage arrangements.

- Has the medical school specified the individuals who will have access to medical students' educational records? How will the medical school ensure that student educational records will be made available only to those individuals who are permitted to review them?

Element 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.

- Describe the policy and procedures that affect medical students' ability to review and challenge their educational records. Will students be able to gain access to their records in a timely manner? Note specifically if students will be permitted to review and, potentially challenge, the following:

    o Course and clerkship data
    o Course and clerkship grades

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

- How will the policy and procedures that allow the above challenges be made known to students and faculty?

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.

List any appendices for this standard and insert them into the Table of Contents.

Element 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.

- Provide the anticipated tuition and fees for entering in-state and out-of-state students in the charter class:

	In-state	Out-of-state
Tuition and fees		

- Comment on the anticipated sufficiency of staffing and the accessibility of staff in the financial aid office for the charter class. Note if the financial aid office resides organizationally within the medical school or at the university level. If the latter, list the other schools/programs supported by financial aid office staff.

- Referring to the table below, briefly summarize the formal and informal programs and services for counseling students about financial aid and debt management.

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.	
Planned Financial Aid/ Debt Management Activities (Required/Optional)	
Year/Phase 1	Year/Phase 2

- Describe the current activities of the medical school or university to increase the amount and availability of scholarship and grant support for medical students. Describe other mechanisms that will be used by the medical school and the university to limit medical student debt, such as limiting tuition increases.

Element 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).

- Briefly describe the tuition and fee refund policy, and how the policy will be disseminated to medical students. If not included in the tuition refund policy, describe the policies related to the refund of payments made for health and disability insurance and for other fees.

Element 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.

- Describe the planned system for personal counseling services, including mental health services, which will be available to medical students. Identify the personnel who will provide personal counseling services and comment on their accessibility and confidentiality.

- Briefly describe any programs that will be available to promote student well-being and/or facilitate their adjustment to the demands of medical school.

Element 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.

- Describe planning for a system to provide students with access to diagnostic, therapeutic, and preventive health services, including where and by whom such services will be provided. How will medical students be informed about the availability of health services?

- Has the school developed a policy that permits medical students to be excused from classes or clinical activities in order to access health services? Describe how medical students and faculty will be informed of this policy?

Element 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.

- Describe how the medical school will ensure that those individuals responsible for providing psychiatric or psychological counseling and health services to medical students are not also involved in their academic assessment or in decisions about their promotion or graduation. How will medical students, residents, and faculty be informed of this requirement?

- How does the medical school ensure the confidentiality of students' health records?

Element 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.

- Will health insurance be available to all medical students and their dependents?

- Indicate whether and when during the medical education program disability insurance will be made available to medical students. Describe when and by what means medical students will be informed of its availability.

Element 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.

- Has the medical school developed immunization policies and identified immunization requirements for medical students? Do the medical school's immunization requirements follow national and regional recommendations (e.g., from the Centers for Disease Control and Prevention, state agencies)?

- Describe how and by whom the immunization status of medical students will be monitored.

Element 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.

- Describe planning for institutional policies in the following areas: the education of students about preventing exposure, the procedures for treatment after exposure, and the implications of infectious and/or environmental disease or disability on medical student educational activities.

- Describe how and when in the curriculum medical students will be instructed about preventing exposure to infectious diseases.

- Have protocols been created 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).