

**The Role of Students in the Accreditation  
of Medical Education Programs  
in the U.S. and Canada**

**Liaison Committee on Medical Education  
Committee on the Accreditation of Canadian  
Medical Schools**

[www.lcme.org](http://www.lcme.org)

# **The Role of Students in the Accreditation of Medical Education Programs in the U.S. and Canada**

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**THE ROLE OF STUDENTS IN THE ACCREDITATION OF  
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## INTRODUCTION

*My program is up for re-accreditation. What does this mean, and why does it matter?*

Accreditation is a process widely used in higher education to evaluate the quality of educational programs. It serves an important public purpose, which is to assure citizens, government agencies, and professional groups that educational programs and institutions meet or exceed nationally accepted standards regarding the educational process and student performance. For example, the federal government requires colleges and universities to be accredited in order for their students to qualify for federal educational loans. Most state medical licensing boards require students from U.S. medical schools to have graduated from accredited M.D. programs as a condition for receiving a license to practice within their jurisdictions.

From the point of view of an individual school or program, accreditation serves another important purpose, namely, to promote institutional self-evaluation and the improvement of educational quality. The faculty of every U.S. medical education program acknowledges that doing a good job of teaching medical students is important. Good ideas for educational improvement may falter, however, because of resistance from powerful faculty members or departments, low priority for the education mission relative to other medical school missions, or limited resources. The accreditation process requires the staff of a medical education program to critically examine their program's strengths and challenges, and it subjects the program's outcomes to the judgments of a team of external peer experts. This process confirms the strengths of a program, and focuses the attention of school and university leaders on addressing any obstacles that may prevent quality improvement.

The Liaison Committee on Medical Education (LCME) is the organization responsible for accrediting medical education programs leading to the M.D. degree in the United States. M.D. programs in Canada are accredited by both the LCME and its parallel Canadian organization, the Committee on the Accreditation of Canadian Medical Schools (CACMS). Under normal circumstances, accreditation reviews by the LCME and the CACMS take place once every eight years, and require two years of that interval to prepare for the review. Thus, although accreditation can be a very powerful tool for stimulating educational and institutional improvement, it is an infrequent opportunity for change in which students play a very prominent role.

This guide provides details about the accreditation process and how students can contribute to it. You can read it from cover to cover or you can use the following quick-start guide to point you to particular topics. Also look for bold-faced subject headings in the different sections of the guide.

## QUICK START GUIDE

### If you want to know...

#### ...the basics about how LCME accreditation works...



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#### ...how students can participate in LCME activities...



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SAMPLE SURVEY AND REPORTING OF RESULTS FOR THE INDEPENDENT STUDENT ANALYSIS (pp. 21, 25)

## THE ACCREDITATION PROCESS

### 1. A Quick Overview of the Accreditation Cycle

The major steps in the eight-year accreditation cycle are

- 1) institutional self-study
- 2) on-site evaluation by a team of external peer experts
- 3) review of the team's findings by the LCME
- 4) LCME determination of the program's accreditation status and any necessary follow-up

Completion of the first three steps takes somewhere between two and two and a half years for most medical education programs. The follow-up activities may require several years, depending on how quickly a program can address identified shortcomings. The LCME also monitors what each program is doing every year, by way of several annual questionnaires that each program must complete. A more detailed description of the accreditation process, including *points where students are particularly important (indicated in italics)*, follows.

### 2. The Institutional Self-study

Conducting the self-study and preparing for the on-site evaluation of the institution take a significant amount of effort. Although there are many other accreditation-related activities that occur before and after the survey visit, they require much less time and effort on the program's part.

Preparations for an accreditation survey begin approximately one and a half to two years before the on-site evaluation. At the beginning of that time interval, the LCME will contact the program, usually in the Spring, to establish the exact dates for the accreditation survey. The program will also be sent the materials it needs to conduct its institutional self-study.

Once the visit date has been set, *the medical school dean should alert the student body about the upcoming accreditation survey*. The dean will be appointing a self-study coordinator, who will oversee the program's self-study process. *The dean, the self-study coordinator, or both, should meet with student leaders to discuss the roles students will play in the program's self-study process and to get them started on the parallel independent student analysis of the program (see below)*.

The self-study is an exhaustive review of the functioning and structure of the medical school related to the educational program leading to the M.D. degree. Most self-studies take a year or more to complete. The self-study requires the program to compile a comprehensive catalog of its organization and processes, which is referred to as the "medical education database." The database is organized around the five major categories of accreditation standards:

- Institutional Setting (of the medical school)
- Educational Program for the M.D. Degree
- Medical Students
- Faculty
- Educational Resources

The database also includes a section with details about all required courses and clerkships, and a *compilation of student opinion data that includes the independent student analysis of the medical school* along with a copy of the results of the school's most recent AAMC Medical School Graduation

Questionnaire (GQ) or, for Canadian medical schools, the AAMC-AFMC Medical School Canadian Graduation Questionnaire (CGQ).

The self-study is headed by a task force or steering committee, with additional committees formed to review and analyze accreditation data in each of the five major categories of accreditation standards. The committee that deals with the medical student-related standards will focus on the three subsections of those standards (i.e., admissions, student services, and the learning environment), but will not be directly involved in the creation of the separate independent student analysis. *The medical school dean and self-study coordinator, in collaboration with student leadership, should appoint one or more students to the self-study task force and to appropriate self-study committees.* The self-study committees will complete their analyses and prepare reports of their findings, about six months before the survey visit takes place. The committee findings will then be synthesized by the task force or steering committee into a final, comprehensive self-study summary report that identifies the most notable strengths and accomplishments of the program and areas where it can improve its educational program and student performance.

### 3. Independent Student Analysis

*At the same time that the school initiates its self-study process, the student leadership should begin an independent review of the medical education program, student services, the learning environment, and the adequacy of educational resources.* In performing its analysis, the group leading the student review will need to conduct a student opinion survey of all enrolled students in order to develop a comprehensive picture of student perceptions of their institution. The self-study coordinator should provide the same type of administrative support for the independent student analysis as that afforded to other self-study groups. Although medical school officials can provide logistical support and technical advice to students to help them conduct their survey and analyses, they should not participate in the development of the student survey, in the analysis of survey data, or in the preparation of the independent student analysis report. The self-study group or committee that reviews database sections and standards relating to medical students will need to include the completed independent student analysis in its materials, along with the relevant database sections.

The student group may combine an analysis of the results of the student survey with an analysis of the results of the most recent AAMC Medical School Graduation Questionnaire/AAMC-AFMC Medical School Canadian Graduation Questionnaire (which the school should provide to the student group) to develop a student report similar to those of the self-study committees. This report should highlight student perceptions of the program's most notable strengths and achievements, and areas where it can improve. This report should be available to the self-study task force at the same time as the reports of the various self-study committees (about six months before the survey visit) so that student opinion can be fully incorporated into the program's final self-study summary.

### 4. The Survey Visit

The LCME Secretariat will appoint a survey team drawn from a roster of knowledgeable, experienced medical school administrative and educational leaders and members of the medical practice community. Most survey teams consist of five members, are led by a medical school dean, and include a voting member of the LCME or a representative of the LCME Secretariat staff. Team members represent a variety of backgrounds (e.g., associate deans of curriculum and student affairs, leaders of research programs or clinical practices, experts in faculty affairs) and, wherever possible, include at least some members from schools with characteristics similar to those of the school being reviewed. Occasionally survey teams include a sixth member, who may be *one of the student members of the LCME* or an observer from another accrediting group or organization.

At least three months before the survey visit, the members of the survey team will receive all of the information that the program collected and analyzed in its self-study process, including the complete medical education database, the final self-study summary report, and the independent student analysis, along with its supporting data (results of the student opinion survey and AAMC Medical School Graduation Questionnaire/AAMC-AFMC Medical School Canadian Graduation Questionnaire). The team will review that information and develop a preliminary assessment of the program before arriving to conduct its on-site evaluation.

The survey visit typically begins late on a Sunday afternoon, when the team gathers to review its impressions and identify any major issues that need clarification and follow-up during the visit. The team then meets with the medical school dean to discuss his or her perceptions of the program, what it does best and what challenges it faces, and any current issues that could affect the program's functioning or operations in the immediate future.

Over the course of the next two and a half days (usually ending by mid-day on Wednesday of the survey visit), the team will meet with the academic and administrative leaders of the school and its affiliated hospitals, department chairs, faculty members, and students. *They will meet formally with students during extended luncheon sessions on Monday and Tuesday of the survey visit.* Over the course of their visit, team members will also inspect educational and student facilities on the main campus and at major teaching hospitals, *with students serving as guides for these tours and providing an opportunity for informal discussions about the program.* During its discussions with program representatives, the survey team will be gathering additional information, clarifying the data it has already received, and making definitive assessments of how well the medical education program complies with accreditation standards. At the end of the survey, the team will give a summary of its findings and conclusions to the medical school dean and to the chief executive of the university.

## 5. Preparation and Review of the Survey Team Report

In the two months immediately after the survey visit, the survey team will write a summary of its observations and conclusions. A draft version of the report will be sent to the medical school dean so that any factual errors can be corrected and any potential misunderstandings can be clarified. After making any needed corrections, the secretary of the survey team will send the final report to the LCME Secretariat for consideration at the next regular LCME meeting (in October, February, or June), at which time a decision about the program's accreditation status will be made.

The members of the LCME will review the report and determine whether the medical education program should receive continued accreditation, and will identify any follow-up that may be needed to ensure that the program complies with all accreditation standards. Because the quality of U.S. and Canadian medical education programs is uniformly high, the probability of any program losing its accreditation as a result of an accreditation survey is relatively low. If serious problems are identified, the LCME would, in most circumstances, give the program an opportunity to correct its problems before withdrawing accreditation.

For most medical education programs with relatively minor accreditation concerns, the LCME will ask the medical school dean to submit one or more written reports describing what the program staff has done to achieve or maintain full compliance with accreditation standards. If the accreditation issues identified by the LCME are serious or widespread, the LCME has several options for follow-up depending on the extent and nature of the problems, including a limited on-site survey to verify how the program has corrected its problems; shortening the term of accreditation; or placing the program on "warning of probation" status or "probation" status. Although probation is infrequent, it does occur. Programs on probation remain fully accredited, with all of the rights and privileges associated with accreditation, but are notified that, if all pending accreditation issues (areas of noncompliance with accreditation standards) are not resolved in a limited period of time, withdrawal of accreditation will occur.

Follow-up status reports or visits may take place over several years, depending on the nature of the problems involved (e.g., if a new building is needed to provide appropriate classroom and lab space, it may take several years to complete). Such follow-up continues until all accreditation issues have been addressed to the LCME's satisfaction.

## STUDENT PARTICIPATION IN THE ACCREDITATION PROCESS

The following section describes in greater detail the roles that students may play at various stages of the LCME accreditation process:

**Getting started: the medical school dean's alert to students.** The dean should alert the student body about the upcoming accreditation survey when the dates for the visit have first been set by the LCME (see Appendix A). This initial meeting should set the ground rules for student participation in the self-study process, as well as familiarize students with the process itself and with their roles in the survey visit. It will be helpful if the student leadership meets with the dean, the dean's designated self-study coordinator, or both, at the very beginning of the process to discuss how students can best organize their efforts to collect information and participate in the accreditation review.

Guides about medical school accreditation are available from the "Publications" link on the LCME website ([www.lcme.org/pubs.htm](http://www.lcme.org/pubs.htm)). Important publications are the *Functions and Structure of a Medical School*, which contains all LCME accreditation standards; the *Guide to the Institutional Self-Study*, which describes the self-study process; and the *Survey Report Guide*, which provides details about the kinds of information that the survey team will include in its report to the LCME. Copies of this guide (*The Role of Students in the Accreditation of Medical Education Programs in the U.S. and Canada*) can also be downloaded from the LCME website.

**Appointment of students to the institutional self-study task force and committees.** Students should be included on the self-study task force and on any committees where they can provide meaningful input. Each review committee should contain appropriate membership for its specific topic, and students ought to participate wherever programs affect their education and student life. At most programs, students serve on committees reviewing the program's compliance with accreditation standards related to the educational program, medical students, and educational resources.

**Independent student analysis.** A separate review, conducted by students, is a critical element of the accreditation process. The process for completing the independent student analysis should be started when the program initiates the overall self-study process, and it should be completed around the time that the individual self-study committees are completing their efforts. The medical school dean's office or support staff should offer any reasonable logistical support or technical advice to help students, especially with regard to the conduct of the student opinion survey described below and the analyses of the data that result from that survey.

The medical school dean's office should also provide appropriate background materials to the students who will be managing the independent student analysis. Those materials may include a copy of the results from the most recent AAMC Medical School Graduation Questionnaire/AAMC-AFMC Medical School Canadian Graduation Questionnaire, a copy of the program's most recent accreditation survey report (or at least relevant sections of the report), and any other information that the program and students mutually agree would be helpful in conducting the student review.

In the early stages of the work on the independent student analysis, it may be useful for students to contact their peers at other medical schools that either have just completed an accreditation review or are

in the process of preparing for one. A section below provides additional details on networking with students at other schools.

The independent student analysis is one of three major pieces of student-based information that the survey team will possess when it evaluates the program. The other two sources of information are data from the AAMC Medical School Graduation Questionnaire/AAMC-AFMC Medical School Canadian Graduation Questionnaire (which only provides information from the most recent graduating class[es] and not from other enrolled students), and the students who meet with survey team members during the survey visit (these students will span all four years of medical school, but may not necessarily constitute a representative sample of all student opinion). In order to complement these other information sources, the independent student analysis should be based on a comprehensive survey of students in all four years and cover a wide range of subjects important to students. An effective independent student analysis will be based on extensive data from the entire student body. A high response rate to the survey will enhance the credibility of the data.

The organizers of the student review should familiarize themselves with the *Functions and Structure of a Medical School* publication, which contains the LCME accreditation standards. It is available on the LCME website ([www.lcme.org/pubs.htm](http://www.lcme.org/pubs.htm)).

The following general areas should be addressed in the independent student analysis:

- Accessibility of dean(s) and faculty members
- Participation of students in medical school committees
- Curriculum, including workload, quality of required courses and clerkships, instructional formats, balance between scheduled class time and time for independent learning
- Student assessment, including the grading system, and amounts and timeliness of feedback
- System for the evaluation of courses or clerkships and teachers, and whether identified problems are corrected
- Student support services and counseling systems (personal, academic, career, financial aid), including their accessibility and adequacy
- Student health services, including adequacy, availability, cost, and confidentiality, and availability and cost of health and disability insurance
- The learning environment, including policies and procedures to prevent or respond to harassment or abuse
- Facilities, including quality of educational space, availability of study and relaxation space, security on campus and at affiliated clinical sites
- Library facilities and IT resources, including access and quality of holdings, and information technology resources.

The independent student analysis should also address any issues not on the above list that may be important to the program or its students (e.g., student and/or faculty diversity, specific curriculum issues e.g., nutrition, geriatric education), or opportunities for student involvement in research).

Appendix B of this guide outlines some logistical considerations related to the collection and reporting of data for the independent student analysis. In general, a committee of student leaders should define the areas to be covered, including the topics listed above. They should then develop a survey instrument to collect quantitative data about each area. The committee of student leaders should then analyze the survey data and develop a set of findings and conclusions. The independent student analysis document should contain a brief narrative summary of each topic covered (e.g., the curriculum, student services, the learning environment), noting any particularly strong or weak areas, and end with conclusions about the program's overall strengths and areas in which it can improve.

The student independent analysis document should also contain a quantitative summary. The quantitative summary should include the response rate for each class year (e.g., “First-year student response rate: 89%, Second-year student response rate: 93%”) and should contain a summary in numerical or histogram form of student responses to each question. The LCME Secretariat suggests following each survey question with the percent of students that have selected EACH choice option. Please do not include individual response data. These results may be presented in aggregate across all four class years, but it is recommended that they be divided by class year. (Please see Appendix D in this guide for an example of how to report the student response data.)

Appendix C of this guide contains a sample student opinion survey. Surveys should be tailored to reflect any specific characteristics of a program (e.g., the structure of its curriculum, the presence of branch campuses). The student leaders should inform their fellow students about the importance of participating in the survey and the seriousness with which the survey team and the LCME regard the results, especially if the program has a low rate of participation on the AAMC Medical School Graduation Questionnaire/AAMC-AFMC Medical School Canadian Graduation Questionnaire. If the initial response rate for the student survey is low (i.e., less than 50% for any class), it may be necessary to conduct a follow-up survey to improve the response rate. The results from the survey may also be supplemented with other data, such as the results of focus group studies, input from student organizations, or similar kinds of information.

Medical school officials must not influence the independent student analysis or edit the report.

Nevertheless, both the program and the students will benefit if a draft of the independent student analysis is shared with the self-study coordinator, the self-study task force, and/or the committee reviewing medical student issues in order to ensure that the analysis is fair in its portrayal of the institution and does not contain any gross misstatements of fact inconsistent with the survey data. The final version of the analysis should be made available to the committee reviewing student issues or to the self-study task force, so that the findings can be incorporated into the program’s summary self-study report.

**Networking with students at other schools.** When students begin their review of the medical education program, they may find it helpful to learn from the experiences of students at other schools that have recently completed an accreditation survey visit or who are further along in the process. To network with students at other schools, it is first necessary to know which schools have recently completed an accreditation survey or are scheduled for a survey visit in the near future. The LCME website serves as a good starting point.

The home page of the LCME website includes a link titled “Directory of Accredited Medical Education Programs,” which lists the next full survey dates for all LCME-accredited programs. Because full accreditation surveys occur every eight years, a program whose next full survey date is in seven or eight years will have recently undergone the self-study process for a full accreditation survey, whereas a program that has the current year listed for its next full survey will likely have only recently begun its self-study process. Depending on the academic years listed on the LCME website, it should be possible to find schools that have just completed or will soon complete their accreditation surveys or schools that are in the middle of preparations for a survey visit. One can then contact student peers at those other institutions to learn how they completed or are planning to complete their own independent student analyses.

Because each program will use its own criteria to determine which students will lead its independent student analysis effort, the students who will be most knowledgeable may be involved in national medical student organizations. The easiest way to reach those students is to contact one of the national student organizations through its local student representative, who can supply contact information for the representative of his or her organization at the school(s) of interest. The local representatives at the school(s) of interest should then be able to help identify the best sources of information about how

students at that school are conducting their survey, or what they have learned from having recently completed the process. Relevant medical student organizations whose local representative might be able to provide referral information include the AAMC Organization of Student Representatives, the AMA Medical Student Section, the American Medical Student Association, the Canadian Federation of Medical Students, or the Fédération Médicale Étudiante du Québec. The current student members of the LCME also may be of assistance.

Other opportunities for networking may arise at local or national meetings of student groups. For example, annual meetings of the Association of American Medical Colleges (AAMC), the American Medical Association (AMA), and the Association of Faculties of Medicine of Canada (AFMC) typically include sessions focused on accreditation issues that are open to students and frequently include student participants or sessions by student members of the LCME.

**Student participation during the LCME survey visit.** After the self-study and independent student analysis have been completed, the survey team will begin to review all of the materials prepared by the program, and the secretary of the team will work with the program's self-study coordinator to develop the schedule for the survey visit. A sample schedule for a full accreditation survey can be found in the LCME publication, *Guidelines for the Conduct of Accreditation Survey Visits*, available for download from the LCME website.

Most team secretaries follow the sample schedule or modify it slightly to accommodate any special needs or issues. As the schedule indicates, the survey team will meet for lunch on Monday of the survey visit with representatives from the first and second-year classes and on Tuesday with students from the third and fourth-year classes. If the visit takes place early in the academic year (especially in September and October), the Monday meeting may include a few third-year students and the Tuesday meeting may include recent graduates now doing their residency at the school. Those students or graduates would be included so that some students in each session will have knowledge about all of the second and fourth years of the curriculum, respectively.

The lunch sessions with students allow for informal, but frank discussions about the school. One purpose of these meetings, from the survey team's point of view, is to identify and reconcile, if possible, any differences in student opinion from the independent student analysis, the AAMC Medical School Graduation Questionnaire/AAMC-AFMC Medical School Canadian Graduation Questionnaire, and the comments offered during the meetings. Sometimes the differences are easily explained by timing differences in the administration of the graduation questionnaires, the student opinion survey, and the on-site meeting. There may also be genuine differences of opinion, and part of the survey team's task is to determine if that is the case. The team will explore issues identified in the independent student analysis and the AAMC Medical School Graduation Questionnaire/AAMC-AFMC Medical School Canadian Graduation Questionnaire in more depth, and determine if any new issues have surfaced which were not mentioned in those sources. For those reasons, it is extremely helpful if the students at these sessions are familiar with the information contained in the independent student analysis and the AAMC Medical School Graduation Questionnaire/AAMC-AFMC Medical School Canadian Graduation Questionnaire.

It is up to the school and its students to determine the process by which students are selected to participate in these meetings. When possible, each session should include one or more students who were responsible for conducting or managing the independent student analysis and are therefore highly knowledgeable about it. The team may have a particular interest in talking to certain kinds of students - for example, they may want to meet with one or more students who have had some academic struggles and are therefore familiar with the school's systems for academic counseling and tutorial services.

Whichever students meet with the survey team, they should feel comfortable in speaking openly about both the strong and weak points of the program. Under no circumstances are student comments at these

sessions quoted directly or attributed to any individual either in the survey report of the team or in exit conferences with the medical school dean and university executive. The team will not make any determinations that a program is out of compliance with accreditation standards based solely on what an individual student (or faculty member or dean) says. However, it will explore any potential noncompliance issues that arise in discussions with students or others, and in such cases will look for corroborating documentary evidence while it is on site.

In addition to the lunch meetings on Monday and Tuesday during the survey visit, a few students will guide the survey team on inspections of classrooms, labs, the library and computer learning or testing facilities, lounge and relaxation areas, and study space, and of educational facilities in one or more teaching hospitals or ambulatory care sites. The tours provide a highly unstructured format for sharing information and opinions with the survey team. As with the lunch meetings, the team will interpret what it learns during the tours in the context of other information it has obtained before or during the visit, and team members will not make any judgments based solely on what they are told by a student during a tour of the school's facilities.

**Complaints and grievances.** An accreditation survey should not be seen as an opportunity for individual students (or faculty members, deans, or anyone else) to involve the LCME in discussions about personal or academic grievances with the school. As an accrediting agency, the LCME and its survey teams concentrate only on making determinations about the program's compliance with LCME accreditation standards.

Any student who believes that a school's actions or policies indicate noncompliance with accreditation standards can bring the issue to the LCME's attention by submitting a formal complaint about the program. This can be done at any time by contacting the LCME Secretariat offices and providing relevant details. Further information about the LCME's complaint policy can be found in the *LCME Rules of Procedure* publication, available from the LCME website. In the months leading up to an accreditation survey visit, a student may submit a complaint if he or she believes that the survey team visiting the school should be aware of policies or actions that indicate noncompliance with accreditation standards.

In the case of complaints, the LCME will only make a determination regarding the program's compliance with accreditation standards. It will not intervene on behalf of any complainant in the resolution of grievances.

## **OTHER OPPORTUNITIES FOR STUDENT INVOLVEMENT WITH THE LCME**

**LCME student members.** Medical students can become members of the LCME itself. Medical student members of the LCME ensure that all issues relating to medical school accreditation include the student perspective. Student members participate fully in the discussions and voting on accreditation matters that take place during LCME meetings, including reviews of accreditation surveys and school follow-up (status reports), consideration of accreditation standards and policies, and broad discussions about the impact of medical education and health care delivery on accreditation. Each student member on the LCME participates in an accreditation survey during the year of his or her service on the LCME.

Two LCME student members are appointed annually, one by the AMA Board of Trustees based on the recommendation of the AMA Medical Student Section (MSS), and one by the AAMC based on the recommendation of medical school deans and in consultation with the AAMC Organization of Student Representatives (OSR). Because of the time required to participate in LCME work, student members are expected to be rising fourth-year students who have completed most or all of their required coursework and clerkships and who are familiar with student issues across the entire curriculum. Student members

serve a one-year term that begins on July 1 and ends on June 30 of the following year, and they have full voting privileges.

The sponsoring organizations (AMA and AAMC) pay all of the expenses incurred by student members related to their service on the LCME. Newly appointed student members are invited to attend the June meeting of the LCME as observers immediately prior to the start of their one-year term on July 1.

The appointment of the AMA student member begins in the fall of each year, when medical school deans are asked to nominate potential student members who will serve during the following academic year. Candidates must be student members of the AMA, have a history of involvement in medical education issues, and be in their final year of study during their term of LCME membership. Applications are reviewed by the Governing Council of the Medical Student Section of the AMA, and by AMA Secretariat staff. The name of the person chosen through this process is forwarded to the AMA Board of Trustees for appointment.

The process for appointing the AAMC student member begins in February or March of each year, when the LCME Secretary at the AAMC solicits nominations from the deans of U.S. medical schools. Nominations and supporting documentation are forwarded to the AAMC's Organization of Student Representatives (OSR) Administrative Board, which reviews them and recommends its top choices. Nominees are not required or expected to be OSR representatives, and OSR representatives do not receive preference in the determination of the top choices. The LCME Secretary at the AAMC will select the student member from among the OSR recommendations; if the student accepts the offer, he or she will be appointed by the president of the AAMC.

Although student members are appointed by the LCME's sponsoring organizations, they do not have any formal responsibilities to the sponsoring organizations with regard to their service on the LCME. (This is also true for professional members.) Depending on their involvement in the sponsoring organizations, student members may convey to the LCME issues of interest to the sponsoring organizations, but they do not function as representatives of the sponsors in any LCME discussions or decisions. In the same way, student members are not official LCME representatives to sponsoring organizations, and they are subject to the same expectations as professional members with regard to confidentiality and public disclosure of LCME discussions and decisions. Students interested in serving on the LCME should contact their medical school deans or the LCME Secretariat offices to learn more about the process for becoming a student member of the LCME.

**Student feedback on accreditation standards.** The LCME both appreciates and benefits from student input. One of the ways in which students can be helpful to the LCME is by providing suggestions and feedback regarding its accreditation standards. There are several ways to do so.

The LCME conducts both planned and unplanned reviews of its existing accreditation standards and considers the development of new or revised standards and annotations. Planned reviews take place over a five-year cycle. Each year, a questionnaire for one of the five different categories of standards (e.g., Faculty or Educational Resources standards) is sent to representatives of relevant stakeholder groups, seeking feedback about the importance of each standard for improving educational quality and the clarity of the standard. The questionnaire also provides an opportunity for general comments about the standards and suggestions for new standards. For many of these planned reviews, students are a relevant stakeholder group (e.g., for the review of standards about the educational program and medical students). Because of the logistic challenges involved in surveying all medical students directly, the LCME instead works with the student organizations of its sponsors (the AAMC Organization of Student Representatives and the AMA Medical Student Section) to sample student opinion by polling the membership of those organizations.

Unplanned reviews of accreditation standards occur when a potential problem is identified with a standard or group of standards. The problem may reflect confusion about the intent of a standard, ambiguity in the way survey teams are interpreting or applying a standard, or other issues. Where appropriate, the LCME may seek student opinion to help determine the nature of the problem and the type of corrective action needed. Depending on the standard and problem involved, the LCME might simply ask its student members for their input or it may seek assistance from student organizations in identifying and resolving the problem.

Suggestions for new standards or modifications to existing standards may come from any source. Although, in most cases, they arise from the organizations involved in medical education, occasionally they come from individuals. Any individual or organization wishing to propose a new or revised accreditation standard should first contact one of the LCME Secretaries.

Several recent accreditation standards were developed and adopted in response to requests from such organizations. For example, the standards dealing with education about culturally competent care were brought to the LCME by the Minority Affairs Section of the AAMC Group on Student Affairs, whereas the standard regarding student mistreatment was created in close collaboration with the AMA Medical Student Section and the AAMC Organization of Student Representatives.

## **FACTS ABOUT THE LCME**

After many years of evaluating medical schools independently, the AMA and AAMC jointly formed the LCME in 1942 to certify the quality of U.S. and Canadian medical education programs. The LCME includes medical educators, administrators, practitioners, medical students, and representatives of the public. It consists of 12 medical professional members selected by the AMA and the AAMC, a medical professional from the CACMS, two non-medical public members, and two medical student members. The LCME participates in the accreditation of medical education programs in Canada in cooperation with the CACMS, to which the LCME appoints a professional member. Administration of the LCME is provided by two co-secretaries, one based at the AMA and the other based at the AAMC. The LCME meets three times a year, either in Washington, D.C. or Chicago, IL.

The LCME is recognized by the U.S. Secretary of Education as the reliable authority for accreditation of programs leading to the M.D. degree. Recognition by the Secretary confers eligibility for institutional and student participation in certain federal programs. LCME accreditation establishes the access of medical students to licensure examinations, eligibility for entry into graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), and, for graduates of U.S. medical schools, eligibility for state medical licensure.

As of July 2011, there were 135 medical education programs in the United States that have been awarded LCME accreditation (preliminary, provisional, or full) and 17 fully accredited medical education programs in Canada. A list of all LCME-accredited programs can be found on the LCME website, and is also published annually in a special medical education issue of the *Journal of the American Medical Association*. The LCME accredits medical education programs in institutions whose students are geographically located in the United States or Canada for their education and that are chartered in the United States or Canada.

## FREQUENTLY ASKED QUESTIONS

### General Questions

- *What is the purpose of the LCME?*

The core purposes of the LCME are to provide assurance to the public, including current and potential students, that accredited medical education programs meet or exceed accepted national standards for quality, and also to promote institutional self-evaluation and ongoing improvement in the quality of medical education programs.

- *How often is my medical school reviewed by the LCME?*

The standard term of accreditation is eight years. If significant problems are identified after a medical education program's full accreditation review, the LCME may continue accreditation until a limited survey is conducted, to determine how the program has addressed its problems. Limited surveys typically take place within two years of the full review. If the program has made satisfactory progress or fully resolved its problems, accreditation will be continued for the balance of the eight-year term. In rare cases, the LCME may shorten the term of accreditation.

- *Does the LCME just evaluate the medical curriculum or does the LCME examine all aspects of medical education?*

The LCME's assessment is based on its accreditation standards, which cover five major topic areas: Institutional Setting, Educational Program Leading to the M.D. Degree, Medical Students, Faculty, and Educational Resources.

- *What is the expected outcome of an LCME survey visit?*

The LCME's obligation to the public is to ensure that accredited programs comply with all of its accreditation standards. Because the LCME has a very large number of standards (131, as of July 2010) that cover a broad range of issues, it is common for a program to be judged as less than fully compliant with a small number of standards after an accreditation review. In such cases, the program has a maximum of two years to achieve full compliance with all standards.

Because accreditation is also a quality improvement process, a desirable outcome of an LCME survey visit is strong concurrence between the findings of the survey team and the institutional self-study (and the independent student analysis). The greater the congruence between the team and self-study findings, the more strongly the program's achievements, challenges, goals, and priorities, as reflected in the self-study, will be validated by external peer experts looking at the same information.

- *What happens when a program does not fully comply with an LCME standard?*

Programs have a maximum of two years to demonstrate that they have achieved full compliance with any accreditation standards with which they were not in compliance at the time of the survey visit. Depending on the number and nature of the standards involved, the LCME may ask a program to provide one or more written reports (called status reports) documenting how it has addressed its problems, or it may send a survey team to the program to verify that problems have been satisfactorily addressed. The solution to some problems may exceed two years (e.g., if a new building is needed to expand educational space); in such cases the LCME can extend the two year period for

good cause, if it determines that satisfactory progress is taking place toward achieving full compliance.

- *What happens if a program goes on probation?*

Probation represents a judgment by the LCME that a program is not in substantial compliance with its accreditation standards, and that the quality of the school's educational program will be seriously compromised if the noncompliance issues are not addressed. As mentioned earlier, a program on probation remains fully accredited, with all of the rights and privileges associated with accreditation. However, it must publicly disclose to all faculty members, students, and applicants that it is on probation. If a program on probation does not achieve full compliance with accreditation standards within the time period established by the LCME, its accreditation will be withdrawn.

- *If there exists an important issue for students at a school, how can that school's students ensure that it is addressed by the LCME?*

If the medical education program is scheduled for an LCME accreditation review, the issue should emerge from the program's self-study and in the independent student analysis. If the issue involves noncompliance with accreditation standards and the survey team confirms noncompliance, the LCME will require the program to resolve the problem within two years.

Occasionally, an issue considered important by medical students does not relate to LCME accreditation standards (e.g., scarce or expensive on-campus parking). In such cases, the survey team may comment on the problem in its report, but the LCME cannot compel the program to take corrective measures because the issue does not involve noncompliance with accreditation standards.

If a major issue surfaces and a program is not scheduled for an upcoming LCME review, students can bring the issue to the attention of the LCME by submitting a formal complaint. Details of the complaint procedure are contained in the *LCME Rules of Procedure* document, which is available from the LCME website.

### **Medical Student Participation in LCME Accreditation**

- *What role do students play in the LCME accreditation process and/or in a medical school's survey visit by the LCME?*

Students conduct an independent student analysis of the institution, parallel to the self-study that medical schools complete as part of their accreditation preparations. The survey team that reviews a program will meet with students selected from all class years, and will inspect educational facilities with assistance from student guides. The survey team will include student opinion taken from the independent student analysis, from the AAMC Medical School Graduation Questionnaire/AAMC-AFMC Medical School Canadian Graduation Questionnaire, and from students it meets on-site when making its determinations about the program's strengths, weaknesses, and opportunities for improvement.

Two of the seventeen members of the LCME are medical students themselves, typically in their final year of study. Students also play a prominent role in the development and revision of accreditation standards, frequently by way of comments received from national medical student organizations.

- *If a school is in the midst of addressing issues raised by students, how is this communicated to the LCME?*

Whenever the LCME determines that a program does not fully comply with its accreditation standards, it requires the program to resolve the issue within two years (or to demonstrate satisfactory progress if the issue cannot be resolved within two years). The program may be asked to send a written status report to the LCME about what it has done, or the LCME may send a survey team to directly determine on-site how the program has addressed its problems. Because LCME findings are considered confidential, students would need to ask the medical school dean or other appropriate medical school official about the status of any pending issues with LCME standards.

### Medical Student Participation in LCME Survey Visits

- *Does the LCME sit in on or observe classes during a survey visit?*

LCME survey visits are by their nature disruptive to the usual routine of a medical school, and survey teams do not want to interfere with classes in progress. Team members will review information about all required courses and clerkships (e.g., their objectives, methods of teaching and assessment, and summaries of student feedback in recent years). They will inspect classrooms, labs, and other teaching facilities, preferably when classes are not in session, and will meet with course and clerkship directors, but they will not sit in on any classes in progress.

- *Does the LCME meet with students? Is any student invited to attend meetings to talk with the LCME?*

The survey team evaluating a medical education program will meet with a group of first-year and second-year students over lunch on Monday of the survey visit, and with a similar group of third-year and fourth-year students over lunch on Tuesday of the survey visit. The program and its students will determine which students meet with the surveyors. Students also guide the survey team on inspection tours of the school's educational facilities.

- *How should students be selected to participate in the accreditation process?*

From the survey team's perspective, it is desirable to meet some students who were directly involved in the leadership of the independent student analysis and who are familiar with the data collected by the student opinion survey. In order to better understand how the program functions, it may also be desirable to include students who have direct experience with the school's academic counseling and tutorial services, personal counseling, minority affairs support, and/or systems for addressing mistreatment issues, as well as students who are involved in medical school committees, such as the Curriculum Committee. The program or its students may also want to include some participants who are familiar with its distinctive missions or programs, such as students enrolled in M.D./M.P.H. or other joint degree programs, and students involved in research or community service programs. In summary, it is desirable that the survey team meet with a representative group of students.

- *Should students involved with the survey visit be selected by the student body, administrators, or faculty?*

The school and its programs are more likely to be effectively represented if the selection of students results from mutual agreement among medical school officials (administrators and faculty) and the student body. Some programs prefer to let the students decide who should meet with the team, while other programs share that decision-making with their students. A survey team would likely be concerned if students had no voice at all in deciding which of them met with the surveyors.

- *Which classes of medical students should be represented?*

The survey team will want to meet with students from every class year. If the survey visit occurs very early in the academic year, the team might also want to meet with a few first-year residents who graduated from the school, who will be able to speak from their own experience about the final year of the curriculum and the effectiveness of career counseling and residency preparation.

- *How should students manage the length of time between preparing for a survey visit and the actual visit from the LCME?*

The first priority of students should be their studies. In the interval between completion of the self-study process and the arrival of the survey team, student leaders and students who meet with the survey team can familiarize themselves with the materials that the team will have available to it, including data from the student opinion survey, the independent student analysis, and the program's self-study summary report. If there are noticeable differences in student opinion from different sources (e.g., from different class years), students can use this time to determine if there is a good explanation for such differences.

If the independent student analysis has not done so, the students should also think about priorities for institutional improvement, that is, the most important or most urgent changes that need to be made. Most survey teams will ask this type of question during their meetings with students. In some cases, the program may begin to work on areas related to problems identified in the institutional self-study or the independent student analysis.

### **Medical Student Independent Student Analysis**

- *Is there a template that students can use as a guide to develop their student opinion survey for the independent student analysis?*

Appendix C in this guide contains a sample survey for collecting student opinion data. This survey can be modified, as needed, to cover issues of particular importance at a school. Please also see Appendix D in this guide for an example of how to report the student response data.

- *Is there anyone students can talk to who has done this before?*

The home page of the LCME website includes a link titled "Directory of Accredited Medical Education Programs," which lists the next full survey dates for all LCME-accredited medical education programs. This list makes it possible for students to identify those schools that have recently completed, or that are currently in the process of conducting, a self-study for an accreditation survey. Students can contact students at those other schools to learn about their experiences. See the section on networking with students at other schools in this guide.

- *Should school administrators/faculty review the independent student analysis?*

Yes. Medical school officials should have an opportunity to review the independent student analysis and discuss any perceptions that it contains factual errors. They should also have an opportunity to incorporate the findings of the independent student analysis in the larger self-study summary. They should not, however, edit or revise the analysis or pressure students to change its content or conclusions.

- *Are school administrators or faculty supposed to edit student opinion survey responses or the final independent student analysis?*

No. School officials should provide technical and logistical support to assist students in conducting their analyses (e.g., by providing expertise in the interpretation of statistics from the student opinion survey or by making the survey available to students on the school's website). They should not, however, edit the survey responses or the final independent student analysis document, except to correct any factual errors.

- *What type of student feedback is most useful to the LCME?*

The best student feedback is accurate, candid, and constructive. That is, it should accurately identify all relevant problems, but do so in a way that also indicates how students think the medical education program can improve. Students should indicate both a program's particular strengths and its particular challenges. A team will be more impressed by student feedback that is consistent across all information sources and is supported by appropriate documentation. If the results of the student opinion survey are contradicted by the students who meet with the team, for example, the team will not know which source is more credible.

- *Can students access information from their school's previous LCME survey visits?*

The LCME considers all accreditation data to be confidential, and will not release those data to students or to any other groups. The medical school dean is responsible for deciding if students should have access to the report of the previous accreditation survey or any correspondence with the LCME about accreditation. Because such reports and correspondence frequently contain sensitive information, however, it sometimes may not be appropriate to share them with students.

- *Is my medical school required to provide any staff, faculty, or administrative support or assistance to students coordinating the medical student opinion survey and composing the independent student analysis?*

The LCME cannot require a school to support the student opinion survey, the analyses of the resulting data, or the creation of the independent student analysis, but it strongly encourages school officials to do so. A school which intentionally withheld such support from its students would raise questions in the minds of a survey team about its attitude toward its students. The extent of support a school can give to the student survey and the independent student analysis may be limited by the resources available.

- *Is there a certain percentage of students who should respond to the student opinion survey for the information to be useful to the LCME?*

More is always better, especially if the school's response rate on the AAMC Medical School Graduation Questionnaire/AAMC-AFMC Medical School Canadian Graduation Questionnaire (another important source of student opinion data) is low. The student opinion survey should achieve a minimum of a 50% response rate for each class year, and preferably much higher. To accomplish this rate of participation by students may require a follow-up survey or other measures to achieve an appropriate response rate.

**CONTACTING THE LCME OR CACMS SECRETARIAT**

LCME Secretariat offices are maintained in Washington, DC, and Chicago, Illinois. Written communications can be addressed to the LCME Secretary at either of the following addresses:

Association of American Medical Colleges  
2450 N Street, NW  
Washington, DC 20037  
Telephone: 202-828-0596  
Fax: 202-828-1125

American Medical Association  
515 North State Street  
Chicago, IL 60610  
Telephone: 312-464-4933  
Fax: 312-464-5830

The CACMS operates under the auspices of the Association of Faculties of Medicine of Canada. Written communications to the CACMS Secretariat can be sent to the following address:

The Association of Faculties of Medicine of Canada  
265 Carling Avenue, Suite 800  
Ottawa, Ontario, Canada K1S 2D1  
Telephone: 613-730-0687  
Fax: 613-730-1196

You can also reach the LCME staff by e-mail addressed to: **lcme@aamc.org**

Or visit the LCME web site: **www.lcme.org**

## APPENDIX A

**Typical Timeline for LCME  
Institutional Self-study Analysis and Accreditation Survey**

		Months Before/ <b>After</b> Survey
(Student involvement denoted by <i>italic text</i> .)		
1.	LCME Secretary sets survey visit dates with medical school dean.	18
2.	LCME Secretary mails medical school dean instruction letter with institutional self-study and medical education database forms. <i>Dean informs student body of pending survey. Interested students meet with dean to discuss student role.</i>	15
3.	Medical school dean distributes database forms to department heads, section heads, <i>students</i> , etc.	15
4.	Medical school dean appoints members of institutional self-study task force and committees, <i>including student representatives</i> .	15
5.	Self-study task force establishes its objectives and scope of study and sets committees. <i>Students participate in appropriate committees and conduct independent student analysis</i>	12-10
6.	Medical school dean collects completed database forms and distributes copies to self-study task force and committees.	10-6
7.	Committees review data and write critique of assignment; report is forwarded to task force.	10-6
8.	Task force reviews reports of committees and prepares detailed lists of strengths, areas of noncompliance, and recommendations for improvement.	6-3
10.	Medical school dean sends copy of institutional self-study summary and medical education database to each survey team member and to LCME Secretariats at AMA and AAMC. <i>The independent student analysis is included in this mailing.</i>	3
11.	Survey team visits campus, conducts interviews and inspections, and writes report for LCME. Team meets with administrators, faculty, <i>and student groups</i> . <i>Student representatives are expected to be well informed about major issues and concerns of the student body.</i>	Survey
12.	Draft survey team report is circulated for review and correction to survey team members, LCME Secretaries, and medical school dean.	<b>1-2</b>
13.	Final survey team report is circulated for review by LCME membership.	<b>2-4</b>
14.	LCME considers the survey team report and makes accreditation decision.	<b>2-4</b>
15.	Medical school dean and university president are sent report and notified of the LCME's decision about accreditation status. Schedule of any follow-up reporting or return visits is established.	<b>2-4</b>

## APPENDIX B

### Logistics for Student Contributions to the Institutional Self-study

There are many ways to collect and report student opinion in the accreditation survey process. The process for creating the independent student analysis should be coordinated by a small steering committee composed of representative students who preferably are selected or approved by the student body. This steering committee could include, among other members, representatives from the student council, class officers, and school representatives to national medical student organizations.

Methods used to solicit input from students should ensure that there is a broad and representative response. To accomplish this goal, the steering committee should develop and disseminate a concise student opinion survey to each medical student class.

In addition to conducting a survey of student opinion, the leaders of the independent student analysis may also choose to hold class meetings to discuss student concerns or request that each class submit reports delineating areas that require attention. If any of these methods is used, information on the number of participants should be provided.

Once data have been collected, a small working group should analyze and summarize the data and prepare the independent student analysis document. When reporting the results of the survey, please include information about the response rate for each class year and the overall response rate. The draft document should be completed at or before the deadline for the school's individual self-study committees to complete their respective reports in order to give school officials an opportunity to correct any factual errors that the document may contain. The final version of the independent student analysis should be forwarded to the self-study leadership of the school so that its findings can be incorporated in the school's self-study summary report, as appropriate.

The following guidelines are suggested for preparing the independent student analysis:

- 1) Begin the independent student analysis with a description of the method(s) used to collect data or gather student opinion. Include the response rate to any questionnaire (by class year and overall) and, if applicable, the number of students who participated in discussions or focus groups.
- 2) Summarize the results of the student opinion survey in a concise narrative. Highlight areas in which the school is doing well and areas that need improvement. Use factually supported and consensus issues as much as possible. Note any recent changes (e.g., curriculum revisions or changes in student services) that may reflect differences in how each class has rated the item.
- 3) Include a quantitative summary (in numerical or histogram form) of student response data from the student opinion survey. LCME Secretariat staff suggest including a copy of the student opinion survey and following each survey question with the PERCENT of students who have selected each choice option, in total and, if desired, by class. Please DO NOT SEND individual response data (except for student comments data).

## APPENDIX C

## Sample Student Opinion Survey for the Independent Student Analysis

(Note: Students should feel free to modify this sample survey, as needed, to reflect the distinctive characteristics of their school or to address other issues that may be of particular importance to their school's students.)

Please circle the number indicating your level of satisfaction, using the following scale:

- 1 = Very satisfied  
 2 = Somewhat satisfied  
 3 = Somewhat dissatisfied  
 4 = Very dissatisfied  
 N/A = No opportunity to assess/  
 No opinion

## STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS

1.	Availability and accessibility of medical school faculty	1	2	3	4	N/A
2.	Availability and accessibility of medical school administration	1	2	3	4	NA
3.	Administration awareness of student problems	1	2	3	4	NA
4.	Administration responsiveness to student concerns	1	2	3	4	NA
5.	Participation of students on key medical school committees	1	2	3	4	NA

## STUDENT SUPPORT

6.	Availability of academic counseling	1	2	3	4	NA
7.	Adequacy of academic counseling	1	2	3	4	NA
8.	Availability of tutorial help	1	2	3	4	NA
9.	Adequacy of tutorial help	1	2	3	4	NA
10.	Availability of counseling for personal problems	1	2	3	4	NA
11.	Adequacy of counseling for personal problems	1	2	3	4	NA
12.	Confidentiality of counseling for personal problems	1	2	3	4	NA
13.	Availability of counseling about medical careers	1	2	3	4	NA
14.	Adequacy of counseling about medical careers	1	2	3	4	NA
15.	Availability of financial aid administrative services	1	2	3	4	NA
16.	Adequacy of financial aid administrative services	1	2	3	4	NA
17.	Availability of debt management counseling	1	2	3	4	NA
18.	Adequacy of debt management counseling	1	2	3	4	NA

## STUDENT HEALTH

19.	Ease of access to student health services	1	2	3	4	NA
20.	Adequacy of student health services	1	2	3	4	NA
21.	Availability of student health insurance	1	2	3	4	NA
22.	Availability of disability insurance	1	2	3	4	NA
23.	Adequacy of education about prevention and exposure to infectious and environmental hazards	1	2	3	4	NA

**1 = Very satisfied**  
**2 = Somewhat satisfied**  
**3 = Somewhat dissatisfied**  
**4 = Very dissatisfied**  
**N/A = No opportunity to assess/  
 No opinion**

### LIBRARY AND ELECTRONIC LEARNING RESOURCES

24.	Accessibility of library services	1	2	3	4	NA
25.	Quality of library services	1	2	3	4	NA
26.	Adequacy of library holdings and instructional resources	1	2	3	4	NA
27.	Ease of access to library holdings and instructional resources	1	2	3	4	NA
28.	Adequacy and accessibility of computers	1	2	3	4	NA
29.	Adequacy of computer learning resources	1	2	3	4	NA
30.	Utility of school or departmental websites	1	2	3	4	NA

### LEARNING ENVIRONMENT

31.	Adequacy of lecture hall, large-group classroom facilities	1	2	3	4	NA
32.	Adequacy of small group teaching space	1	2	3	4	NA
33.	Adequacy of student study space	1	2	3	4	NA
34.	Adequacy of student relaxation space	1	2	3	4	NA
35.	Clarity of student advancement and graduation policies	1	2	3	4	NA
36.	Clarity of policies and procedures for disciplinary action	1	2	3	4	NA
37.	Access to student records for review and challenge	1	2	3	4	NA
38.	Diversity of the student body	1	2	3	4	NA
39.	Faculty diversity	1	2	3	4	NA
40.	Adequacy of systems for personal safety	1	2	3	4	NA
41.	Access to secure storage space for belongings	1	2	3	4	NA
42.	Adequacy of policies/procedures for addressing student mistreatment	1	2	3	4	NA
43.	Adequacy of educational activities to prevent student mistreatment	1	2	3	4	NA
44.	Educational environment fosters collegiality/respect	1	2	3	4	NA

### EDUCATIONAL PROGRAM AS A WHOLE

45.	Utility of the educational program objectives for learning	1	2	3	4	NA
46.	Overall quality of the first-year/academic period curriculum	1	2	3	4	NA
47.	Coordination/integration of content in the first year	1	2	3	4	NA
48.	Overall quality of the second-year/academic period curriculum	1	2	3	4	NA
49.	Coordination/integration of content in the second year	1	2	3	4	NA
50.	Quality of clinical skills instruction in the first/second years	1	2	3	4	NA
51.	Appropriateness of teaching methods in the first and second years	1	2	3	4	NA
52.	Opportunities to engage in self-directed, independent learning in the first and second years	1	2	3	4	NA
53.	Appropriateness of methods to assess student achievement in the first and second years	1	2	3	4	NA
54.	Overall quality of the third and fourth years	1	2	3	4	NA
55.	Effectiveness of methods for assessing clinical skills in clerkships	1	2	3	4	NA
56.	Availability of patients for clinical teaching	1	2	3	4	NA
57.	Overall workload in the first and second years	1	2	3	4	NA
58.	Overall workload in the third (clerkship) year	1	2	3	4	NA
59.	Ability to provide input on course/clerkship quality	1	2	3	4	NA
60.	School responsiveness to student feedback about teaching	1	2	3	4	NA

Please circle the number indicating your level of satisfaction, using the following scale:

- 1 = *Very Satisfied*
- 2 = *Somewhat Satisfied*
- 4 = *Somewhat dissatisfied*
- 5 = *Very dissatisfied*
- NA = *No opportunity to observe  
No opinion*

**FIRST- AND SECOND-YEAR/ACADEMIC PERIOD COURSES\***

Course 1: Clarity and appropriate use of objectives	1	2	3	4	NA
Course 1: General course organization	1	2	3	4	NA
Course 1: Quality of teaching	1	2	3	4	NA
Course 1: Academic workload/demands on student time	1	2	3	4	NA
Course 1: Appropriateness of teaching methods	1	2	3	4	NA
Course 1: Incorporation of clinically relevant material	1	2	3	4	NA
Course 1: Feedback about your progress in learning the material	1	2	3	4	NA
Course 1: Fairness of exams and grading	1	2	3	4	NA
Course 1: Helpfulness in preparing you for clerkships	1	2	3	4	NA
Course 1: Helpfulness in preparing you for USMLE exams	1	2	3	4	NA
Course 1: Overall course quality	1	2	3	4	NA
Course 2: Clarity and appropriate use of objectives	1	2	3	4	NA
Course 2: General course organization	1	2	3	4	NA
Course 2: Quality of teaching	1	2	3	4	NA
Course 2: Academic workload/demands on student time	1	2	3	4	NA
Course 2: Appropriateness of teaching methods	1	2	3	4	NA
Course 2: Incorporation of clinically relevant material	1	2	3	4	NA
Course 2: Feedback about your progress in learning the material	1	2	3	4	NA
Course 2: Fairness of exams and grading	1	2	3	4	NA
Course 2: Helpfulness in preparing you for clerkships	1	2	3	4	NA
Course 2: Helpfulness in preparing you for USMLE exams	1	2	3	4	NA
Course 2: Overall course quality	1	2	3	4	NA

(Repeat as needed for other required courses)

**\*Insert course names to reflect your school's curriculum**

1 = *Very satisfied*  
 2 = *Somewhat satisfied*  
 3 = *Somewhat dissatisfied*  
 4 = *Very dissatisfied*  
 N/A = *No opportunity to assess/  
 No opinion*

**THIRD- AND FOURTH-YEAR COURSES AND CLERKSHIPS\***

Clerkship 1: Clarity and appropriate use of objectives	1	2	3	4	NA
Clerkship 1: General clerkship organization	1	2	3	4	NA
Clerkship 1: Quality of faculty teaching	1	2	3	4	NA
Clerkship 1: Quality of resident teaching	1	2	3	4	NA
Clerkship 1: Academic and clinical workload/time to study	1	2	3	4	NA
Clerkship 1: Variety of patient experiences	1	2	3	4	NA
Clerkship 1: Level of involvement in patient care	1	2	3	4	NA
Clerkship 1: Faculty/resident supervision of patient care activities	1	2	3	4	NA
Clerkship 1: Emphasis and feedback on development of clinical skills	1	2	3	4	NA
Clerkship 1: Observation of clinical skills	1	2	3	4	NA
Clerkship 1: Feedback about your performance during the clerkship	1	2	3	4	NA
Clerkship 1: Fairness of exams and grading	1	2	3	4	NA
Clerkship 1: Helpfulness in preparing you for USMLE exams	1	2	3	4	NA
Clerkship 1: Timeliness of grade-reporting	1	2	3	4	NA
Clerkship 1: Overall clerkship quality	1	2	3	4	NA
Clerkship 2: Clarity and appropriate use of objectives	1	2	3	4	NA
Clerkship 2: General clerkship organization	1	2	3	4	NA
Clerkship 2: Quality of faculty teaching	1	2	3	4	NA
Clerkship 2: Quality of resident teaching	1	2	3	4	NA
Clerkship 2: Academic and clinical workload/time to study	1	2	3	4	NA
Clerkship 2: Variety of patient experiences	1	2	3	4	NA
Clerkship 2: Level of involvement in patient care	1	2	3	4	NA
Clerkship 2: Faculty/resident supervision of patient care activities	1	2	3	4	NA
Clerkship 2: Emphasis and feedback on development of clinical skills	1	2	3	4	NA
Clerkship 1: Observation of clinical skills	1	2	3	4	NA
Clerkship 2: Feedback about your performance during the clerkship	1	2	3	4	NA
Clerkship 2: Fairness of exams and grading	1	2	3	4	NA
Clerkship 2: Helpfulness in preparing you for USMLE exams	1	2	3	4	NA
Clerkship 2: Timeliness of grade-reporting	1	2	3	4	NA
Clerkship 2: Overall clerkship quality	1	2	3	4	NA

(Repeat as needed for other required courses)

**\*Insert course or clerkship titles to reflect your school's curriculum**

**Appendix D.**

**Sample Reporting of Results Template for the Independent Student Analysis**

- 1 = Very satisfied*
- 2 = Somewhat satisfied*
- 3 = Somewhat dissatisfied*
- 4 = Very dissatisfied*
- N/A = No opportunity to assess/  
No opinion*

How available and accessible are medical school faculty?

Format: % (n)

Class	N	Mean	Very satisfied % (n)	Somewhat satisfied %(n)	Somewhat dissatisfied %(n)	Very dissatisfied %(n)	N/A %(n)
M1							
M2							
M3							
M4							