

Connections

Educational Program for the MD Degree (ED) Standard

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ED-1

ED-1. The faculty of an institution that offers a medical education program must define the objectives of its program. The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the program.

Objectives for the medical education program as a whole serve as statements of what students are expected to learn or accomplish during the course of the program.

It is expected that the objectives of the medical education program will be formally adopted by the curriculum governance process and the faculty (as a whole or through its recognized representatives). Among those who should also exhibit familiarity with these objectives are the dean and the academic leadership of clinical affiliates who share in the responsibility for delivering the program.

DATABASE QUESTIONS

- a. Complete the following table showing the general competencies expected of graduates, the educational program (institutional learning) objectives related to each competency, and any outcome measure(s) specifically used to assess achievement of each listed objective. Add rows to the table, as needed.

General Competency	Educational Program Objective(s)	Outcome Measure(s)

- b. Describe the medical school's use of these outcome measures in reaching a summative judgment regarding students' attainment of each competency.
- c. Indicate the year in which current educational program (institutional learning) objectives were originally adopted and the year in which they were most recently reviewed or revised.

Year Adopted	Year Last Reviewed or Revised

- d. Briefly describe how and by what individuals/groups the educational program objectives are used in curriculum planning and in the initial selection and ongoing review of the content included in the curriculum.

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- e. Briefly describe how the educational program objectives are used in the evaluation of the effectiveness of the educational program as a whole.

See also information for standards [ED-33](#) and [ED-46](#) in this section of the database.

SELF-STUDY QUESTIONS

Are these objectives stated in terms that serve as effective guides for educational program planning and for student assessment and program evaluation? Provide examples of how the learning objectives have been used to establish curriculum content.

SURVEY REPORT GUIDE

Summarize the objectives of the educational program*, as defined by the school and note if they are stated in outcome-based terms.

Describe how the objectives have been used as guides for curriculum planning and evaluation and for student assessment. Have, for example, course and clerkship objectives been linked to the educational program objectives?

Are there objectives for the clerkship?

* Educational program objectives are the general knowledge, skills, behaviors, attitudes/values that students are expected to acquire and demonstrate; they are not the mission or goals of the school nor are they the objectives of individual courses. added" groups.

ED-1-A

ED-1-A. The objectives of a medical education program must be stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician.

The objectives of the medical education program are statements of the items of knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement.

The educational objectives, along with their associated outcome measures, should reflect whether and how well graduates are developing these competencies as a basis for the next stage of their training.

There are several widely recognized definitions of the knowledge, skills, behaviors, and attitudinal attributes appropriate for a physician, including those described in the AAMC's Medical School Objectives Project, the general competencies of physicians resulting from the collaborative efforts of the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS), and the physician roles summarized in the CanMEDS 2005 report of the Royal College of Physicians and Surgeons of Canada.

DATABASE QUESTIONS

- a. Complete the following table showing the general competencies expected of graduates, the educational program (institutional learning) objectives related to each competency, and any outcome measure(s) specifically used to assess achievement of each listed objective. Add rows to the table, as needed.

General Competency	Educational Program Objective(s)	Outcome Measure(s)

- b. Describe the medical school's use of these outcome measures in reaching a summative judgment regarding students' attainment of each competency.
- c. Indicate the year in which current educational program (institutional learning) objectives were originally adopted and the year in which they were most recently reviewed or revised.

Year Adopted	Year Last Reviewed or Revised

- d. Briefly describe how and by what individuals/groups the educational program objectives are used in curriculum planning and in the initial selection and ongoing review of the content included in the curriculum.
- e. Briefly describe how the educational program objectives are used in the evaluation of the effectiveness of the educational program as a whole.

See also information for standards [ED-33](#) and [ED-46](#) in this section of the database.

SELF-STUDY QUESTIONS

Comment on the extent to which school-wide educational objectives are linked to physician competencies expected by the medical profession and the public. Have appropriate outcome measures been identified that allow a determination of whether students have developed the identified competencies? Summarize results from any associated outcome measures that demonstrate how well students are being prepared for the next stage of their training.

SURVEY REPORT GUIDE

Describe the extent to which the institutional learning objectives reflect general physician competencies such as those delineated by the ACGME and the American Board of Medical Specialties (ABMS) or in the CanMEDS 2005 report.

Describe how the objectives have been used as guides for curriculum planning and evaluation and for student assessment. Have, for example, course and clerkship objectives been linked to the educational program objectives?

ED-2

ED-2. An institution that offers a medical education program must have in place a system with central oversight to ensure that the faculty define the types of patients and clinical conditions that medical students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of medical student responsibility. The faculty must monitor medical student experiences and modify them as necessary to ensure that the objectives of the medical education program are met.

The institution that offers a medical education program is required to establish a system to specify the types of patients or clinical conditions that medical students must encounter and to monitor and verify the medical students' experiences with patients so as to remedy any identified gaps. The system must ensure that all medical students have the required experiences. For example, if a medical student does not encounter patients with a particular clinical condition (e.g., because it is seasonal), the medical student should be able to remedy the gap by a simulated experience (e.g., a standardized patient experience, an online or paper case) or in another clerkship rotation.

When clerkship rotations in a given discipline are provided at multiple instructional sites, compliance with this standard (ED-2) may be linked to compliance with standard ED-8, which requires that the medical education program demonstrate comparability of education experiences across instructional sites.

DATABASE QUESTIONS

- a. Describe the mechanisms used for the initial selection and subsequent revision of the kinds of patients or clinical conditions, and the clinical settings, needed to meet the medical school's objectives for clinical education. Note if the kinds of patients or clinical conditions were selected by each clinical discipline or by a group (e.g., a clinical clerkship committee) with representation from multiple disciplines. Briefly summarize the role of the curriculum committee or other central oversight body (e.g., a clerkship rotation directors committee) in reviewing the criteria across courses and clerkships (or in Canada, clerkship rotations).
- b. Provide a table summarizing the criteria for patient types or clinical conditions, level of student responsibility, and clinical setting for each required clerkship rotation.
- c. Describe the system(s) used by students to log the clinical experiences required of them.

- d. Summarize the system(s) used by faculty to monitor students' completion of required clinical experiences. When and by whom are clerkship-specific clinical experiences reviewed and monitored? When and by whom are overall clinical experience data for all students collected and monitored?
- e. For each required clerkship rotation, list the options for remedying gaps in student clinical experiences. List those clinical experience requirements fulfilled by alternate experiences (e.g., simulation, assigned readings, CLIPP cases) by more than 25% of students in a given clinical clerkship during the prior academic year.

See also the Required Clerkship Rotation Forms.

SELF-STUDY QUESTIONS

Comment on the effectiveness of the system in place to ensure that all students encounter the specified types of patients/clinical conditions needed for the clinical objectives to be met.

SURVEY REPORT GUIDE

Report on the specific criteria established by the school for the types of patients that students must encounter the expected levels of student responsibility, and the appropriate clinical settings needed for instruction required of students to meet the learning objectives for clinical education. Note the groups responsible for the creation and the approval of the required clinical encounters. Describe the system that is in place to monitor student clinical encounters and to ensure that all students have completed the expected encounters.

Have criteria for student clinical encounters been defined? Is a log kept of patients seen?

Note how student clinical encounters are monitored (e.g., through patient logs). Comment on any mechanisms in place (e.g., mid-clerkship review of logs) to ensure that students are having the required clinical encounters and if there are alternatives if students have not encountered the required patients.

ED-3

ED-3. The objectives of a medical education program must be made known to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education and assessment.

DATABASE QUESTIONS

Describe the means by which the general objectives of the educational program (institutional learning objectives) are made known to each of the following:

- (a) Medical students
- (b) Instructional staff, including course and clerkship rotation directors, full-time and volunteer (community) faculty, graduate students, and resident physicians with responsibility for teaching, assessing, and supervising medical students
- (c) The academic leadership of the medical school and its affiliated institutions

See also information for standard [ED-24](#).

SELF-STUDY QUESTIONS

Describe the level of understanding of the school-wide objectives for the educational program among administrators, faculty members, students, and others in the medical education community.

SURVEY REPORT GUIDE

Indicate the means by which medical students, faculty members, and others with responsibility in the educational program are made aware of the educational program objectives.

Are there objectives for the course that are provided to students?

Describe how learning objectives are distributed to students, faculty, and residents.

ED-4

ED-4. A medical education program must include at least 130 weeks of instruction.

DATABASE QUESTIONS

Report the number of scheduled weeks of instruction in each of the following:

Year/Academic Period One	
Year/Academic Period Two	
Year/Academic Period Three	
Year/Academic Period Four	
Total Weeks	

See also Part A, item (a.) in this section of the database.

SELF-STUDY QUESTIONS

None.

SURVEY REPORT GUIDE

Describe the general structure of the curriculum. Include the total weeks of instruction, the weeks of scheduled instruction in each year, and the number of scheduled instructional hours in years one and two (the pre-clerkship years).

ED-5

ED-5. The curriculum of a medical education program must provide a general professional education and prepare medical students for entry into graduate medical education.

DATABASE QUESTIONS

- a. Supply a copy of the default “Course Schematic” report from the online *AAMC Curriculum Directory* or another diagram that illustrates the structure of the educational program for the base academic year (e.g., 2011-2012) used in the database and self-study. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkship rotations in each academic period of the curriculum.
- b. If the medical school offers multiple educational program tracks, provide a separate description of any tracks not included in the *AAMC Curriculum Directory*.

See also Required Courses and Clerkship Rotations (A. Summary Data).

SELF-STUDY QUESTIONS

Delineate the mechanisms in place to ensure that the educational program provides a general professional education that prepares students for all career options in medicine. Cite relevant outcomes indicating success in that preparation.

SURVEY REPORT GUIDE

Describe the general structure of the curriculum. Include the total weeks of instruction, the weeks of scheduled instruction in each year, and the number of scheduled instructional hours in years one and two (the pre-clerkship years).

Comment on general student satisfaction with the educational program and with their preparation for the next phase of training, using data from the independent student analysis and the AAMC GQ.

ED-5-A

ED-5-A. A medical education program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.

It is expected that the methods of instruction and assessment used in courses and clerkship rotations will provide medical students with opportunities to develop lifelong learning skills. These skills include self-assessment on learning needs; the independent identification, analysis, and synthesis of relevant information; and the appraisal of the credibility of information sources. Medical students should receive explicit experiences in using these skills, and they should be assessed and receive feedback on their performance.

DATABASE QUESTIONS

- a. Provide sample weekly schedules in the Appendix that illustrate the amount of time in the first and second years (phases) of the curriculum that students spend in scheduled activities.
- b. Provide a list of the types of instructional formats that the medical school characterizes as active learning.
- c. Describe the time available for students to prepare for active learning.
- d. In the context of the definition of active learning included in the “Special Instructions” to this section, provide examples that illustrate the opportunities that exist in the curriculum for students to do each of the following:
 - i. Assess their own learning needs
 - ii. Identify, analyze, and synthesize information relevant to their learning needs
 - iii. Assess the credibility of information sources
 - iv. Share the information with their peers and supervisors
- e. Describe where and how in the curriculum there is assessment of students’ progress in developing the skills needed for lifelong learning, including the ability to learn through self-directed, independent study. In the Appendix, provide examples of any instruments used for such assessment.

- f. Is demonstration of these skills considered as a criterion for grading in any course or clerkship rotation?

Also see Required Courses and Clerkship Rotations (A. Summary Data).

SELF-STUDY QUESTIONS

Evaluate the adequacy of instructional opportunities and time available for students to engage in active learning and independent study. Assess the effectiveness of the program's efforts to prepare students to engage in self-assessment of their learning needs and to develop other skills to support habits of lifelong learning.

SURVEY REPORT GUIDE

Describe the opportunities that are in place for students to engage in active learning and independent study, including opportunities for students to assess their own learning needs; identify, analyze, and synthesize information relevant to these learning needs; and assess the credibility of information sources. Do students receive feedback on the development of their skills?

ED-6

ED-6. The curriculum of a medical education program must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow medical students to acquire skills of critical judgment based on evidence and experience; and develop medical students' ability to use principles and skills wisely in solving problems of health and disease.

DATABASE QUESTIONS

- a. Provide one or more examples of where in the curriculum attention is paid to students' development of the following skills and understanding:
 - i. Skills of critical judgment based on evidence
 - ii. Skills of medical problem-solving
 - iii. Knowledge and understanding of societal needs and demands on health care
- b. Indicate whether students are explicitly assessed on these skills and this knowledge in any required courses or clerkship rotations and describe the manner in which the knowledge and skills are assessed.

See also information for standard [ED-28](#), and the Required Course and Required Clerkship Rotation Forms.

SELF-STUDY QUESTIONS

Delineate the mechanisms in place to ensure that the educational program provides a general professional education that prepares students for all career options in medicine. Cite relevant outcomes indicating success in that preparation.

SURVEY REPORT GUIDE

Describe where in the curriculum students are introduced to and assessed on their development of the skills of critical judgment based on evidence and of medical problem-solving.

ED-7

ED-7. The curriculum of a medical education program must include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effects of social needs and demands on care.

DATABASE QUESTIONS

- a. Provide one or more examples of where in the curriculum attention is paid to students' development of the following skills and understanding:
 - i. Skills of critical judgment based on evidence
 - ii. Skills of medical problem-solving
 - iii. Knowledge and understanding of societal needs and demands on health care
- b. Indicate whether students are explicitly assessed on these skills and this knowledge in any required courses or clerkship rotations and describe the manner in which the knowledge and skills are assessed.

See also information for standard [ED-28](#), and the Required Course and Required Clerkship Rotation Forms.

SELF-STUDY QUESTIONS

Delineate the mechanisms in place to ensure that the educational program provides a general professional education that prepares students for all career options in medicine. Cite relevant outcomes indicating success in that preparation.

SURVEY REPORT GUIDE

Are there opportunities for students to acquire knowledge and understanding of societal needs and demands on health care.

ED-8

ED-8. The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.

Compliance with this standard requires that the educational experiences at all instructional sites be designed to achieve the same educational objectives. Course or clerkship rotation length must be identical, unless a compelling reason exists for varying the length of the experience. The instruments and criteria used for medical student assessment, as well as the policies for the determination of grades, should be the same at all instructional sites. The faculty who teach at all instructional sites should be sufficiently knowledgeable in the subject matter to provide effective instruction and have a clear understanding of the objectives of the educational experience and the assessment methods used to determine achievement of those objectives. Opportunities to enhance teaching and assessment skills should be available for faculty at all instructional sites.

Although the types and frequency of problems or clinical conditions seen at each instructional site may vary, each course or clerkship rotation must identify any core experiences needed to achieve its objectives and ensure that students receive sufficient exposure to such experiences. Similarly, although the proportion of time spent in inpatient and ambulatory settings may vary according to local circumstances, in such cases the course or clerkship rotation director must ensure that limitations in learning environments do not impede the accomplishment of objectives.

To facilitate the comparability of educational experiences and the equivalency of assessment methods, the course or clerkship rotation director should orient all participants, both faculty and students, to the educational objectives and grading system used. This orientation can be accomplished through regularly scheduled meetings between the director of the course or clerkship rotation and the directors at the various instructional sites that are used.

The course and clerkship rotation leadership should review medical students' evaluations of their experiences at all instructional sites to identify any persistent variations in educational experiences or assessment methods.

DATABASE QUESTIONS

For each course or clerkship rotation offered at more than one teaching site, describe the following:

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- a. The means by which faculty members at each site are oriented to the objectives and grading system for the course or clerkship rotation.
- b. How and how often the individuals responsible for the course or clerkship rotation communicate with faculty at each site regarding course or clerkship planning, implementation, student assessment, and course evaluation.
- c. The process by which faculty development activities related to teaching and assessment are made available to instructional staff across sites and the frequency with which these activities are provided.
- d. The mechanisms that are used for review and sharing of student evaluations of their educational experiences, data regarding students' completion of required clinical experiences, student performance data, and any other data reflecting the comparability of learning experiences across sites. Describe the specific types of data reviewed and the individuals or groups responsible for reviewing the information.
- e. The mechanisms employed to address inconsistencies across sites in such areas as student evaluations of courses and clerkship rotations and students' grades.

See also information for standard [ED-41](#) in this section and standard FA-11 in Section IV: Faculty if the school operates one or more geographically separate instructional sites/ campuses.

SELF-STUDY QUESTIONS

Evaluate the adequacy of the system for ensuring consistency of educational quality and of student assessment when students learn at alternative educational sites within a course or clerkship.

How does the medical school ensure that there is a single standard for promotion and graduation across campuses and instructional sites?

SURVEY REPORT GUIDE

If instruction takes place at more than one educational site within a given discipline, evaluate whether processes and procedures are in place to ensure that educational experiences and methods of assessment are comparable. Are the opportunities for communication among the individuals responsible for education across sites within a given discipline? Report on whether the same objectives, assessment methods, and policies for determination of grades are used across educational sites. In what ways is comparability reviewed at the department and central curriculum governance levels. If

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separate educational tracks¹ are available, briefly describe the objectives, general content emphases, and methods of instruction and student assessment used. Describe any differences between the objectives and curriculum of the track and the school's basic curriculum.

¹ A separate educational track is designed to meet specific educational goals in addition to those of the standard curriculum. Part or all of the educational program for the track may use instructional settings or formats that differ from those of the standard program. A track may be located on the main campus or at a geographically separate instructional site. The faculty of the track may be either distinct or shared with the faculty of the standard program.

ED-9

ED-9. A medical education program must notify the LCME and the CACMS, when applicable, of its plans for any major modification of its curriculum.

The notification should include the explicitly-defined goals of the change, the plans for implementation, and the methods that will be used to evaluate the results. Planning for curriculum change should consider the incremental resources that will be required, including physical facilities and space, faculty and resident effort, library facilities and operations, information management needs, and computer hardware.

In view of the increasing pace of discovery of new knowledge and technology in medicine, the LCME and the CACMS encourage experimentation that will increase the efficiency and effectiveness of medical education.

DATABASE QUESTIONS

a. Indicate the year of implementation for the last major revision of the curriculum:

- b. Summarize the principal features of that curricular revision, including the reasons for the change and the specific goals that the change was designed to accomplish.
- c. Describe the planning process for that curricular revision, identifying the individuals, committees, or others involved.
- d. Describe any plans for major modification of the present curriculum, along with the timetable for planning and implementation.

SELF-STUDY QUESTIONS

None.

SURVEY REPORT GUIDE

Comment on any recent changes in the curriculum. Note if the curriculum is currently undergoing revision and describe the changes that were or are being made, as well as the timetable for completion of any ongoing revisions.

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ED-10

ED-10. The curriculum of a medical education program must include behavioral and socioeconomic subjects in addition to basic science and clinical disciplines.

Lists of subjects widely recognized as important components of the general professional education of a physician are included in the medical education database that is completed in preparation for full accreditation surveys and in the LCME Part II Annual Medical School Questionnaire. Depth of coverage of the individual topics will depend on the medical education program's educational goals and objectives.

DATABASE QUESTIONS

- a. Check the topics listed below that are included in the curriculum as part of a required course and/or an elective course. Provide the total number of sessions in which each topic is included in one or more required courses and clerkship rotations in the preclinical and clinical phase of the curriculum. To be included in this listing, the subject should be included in the objectives for the session or as a significant topic covered during that session.

Content Area	Subject Included in		Number of Sessions in Required	
	Required Course	Elective Course	Preclinical Course(s)	Clinical Clerkship Rotation(s)
Biostatistics				
Biomedical informatics				
Clinical/translational research				
Communication skills				
Community health				
Complementary/alternative health care				
Cultural competence				
End-of-life care				
Epidemiology				
Evidence-based medicine				
Domestic violence/abuse				
Global health issues				
Health care financing				
Health care systems				
Health care quality improvement				

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Health disparities				
Human development/life cycle				
Human sexual/gender development				
Human sexuality/sexual functioning				
Medical ethics				
Medical genetics				
Medical humanities				
Medical jurisprudence				
Medical socioeconomics				
Nutrition				
Occupational health/medicine				
Pain management				
Palliative care				
Patient safety				
Population-based medicine				
Prevention/health maintenance				
Rehabilitation/care of the disabled				
Research methods				
Substance abuse				

- b. Describe any steps being taken to improve content coverage in any areas in which the medical school believes more exposure is needed.

See also information for standards [ED-13](#), [ED-17](#), [ED-17-A](#), [ED-19](#), [ED-20](#), [ED-28](#), and [ED-37](#).

SELF-STUDY QUESTIONS

Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed?

SURVEY REPORT GUIDE

Indicate whether all of the subjects required for accreditation, as specified in *Functions and Structure of a Medical School*, are included in the curriculum, as well as whether the coverage of these subjects is sufficient to meet accreditation standards.

Note: The survey team report will have, as an appendix, the table (from this Standard-ED10) that indicates the presence in the curriculum and the number of required sessions addressing the subjects required for accreditation, provided by the school.

ED-11

ED-11. The curriculum of a medical educational program must include content from the biomedical sciences that supports students' mastery of the contemporary scientific knowledge, concepts, and methods fundamental to acquiring and applying science to the health of individuals and populations and to the contemporary practice of medicine.

It is expected that the curriculum will be guided by clinically-relevant biomedical content from, among others, the disciplines that have been traditionally titled anatomy, biochemistry, genetics, immunology, microbiology, pathology, pharmacology, physiology, and public health sciences.

DATABASE QUESTIONS

- a. Describe the process used to select the content taught in the preclinical phase of the curriculum.
- b. Include data from the most recent AAMC Medical School Graduation Questionnaire (GQ) or the AAMC Canadian Graduation Questionnaire (CGQ) (for Canadian medical schools) on how well instruction in the following basic science subjects was rated by respondents in preparing them for clinical clerkship rotations:

Basic Science Disciplines	% Rating Preparation for Clinical Clerkship Rotations as Excellent or Good	National % Rating Preparation for Clinical Rotations as Excellent or Good
Biochemistry		
Genetics		
Gross Anatomy		
Immunology		
Microbiology		
Pathology		
Pharmacology		
Physiology		
Behavioral Science		

- c. Include data from the most recent AAMC GQ or AAMC CGQ on the percent of respondents rating instruction in public health as inadequate, appropriate, and excessive.

See also information for standards [ED-5](#) and [ED-10](#) and *Required Courses and Clerkship Rotations (B. Required Course Forms)*.

SELF-STUDY QUESTIONS

Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed?

SURVEY REPORT GUIDE

Organize the description of the courses and clerkships in the educational program by year or academic period. Note that the methods used to evaluate student performance are included in another section. Be consistent in the structure and the content of the write-up for each course and clerkship. For example, use the same data source(s) to indicate student satisfaction.

Years One and Two

For the required courses in years one and two, complete the tables in the report template or copy and insert the tables from the school’s database (“Required Courses and Clerkships, Part A”) that include total scheduled hours and hours by instructional format. If one or more courses employ other instructional methods not accounted for in the table, describe them in the specific narrative for those courses. Also refer to the schematic diagram of the curriculum, which may be included as a figure either in the text or the Appendix. If one or more separate tracks exist, create similar tables and descriptions of the courses in each track.

YEAR ONE

Course	Formal Instructional Hours					Total
	Lecture	Lab	Small Groups*	Patient Contact	Other†	

* Includes case-based or problem solving sessions

† Describe

integration of content from relevant disciplines. The course objectives stress interdisciplinary problem solving, which is addressed during the small-group, case-based teaching sessions that are co-facilitated by basic science and clinical faculty members. Residents are used for some of the small group sessions. They are given the course objectives and oriented before each session by the course director. There are study questions available online for students to test their mastery of the content. Space for small group teaching is sufficient, and the lecture hall and teaching rooms have Internet access and other appropriate teaching aids. Narrative assessments are provided for the small group sessions. Over 90% of students responding to the 2010 AAMC GQ rated the course as excellent or good in preparing them for clinical clerkships and the course was rated as 4.3 (on a 5-point scale) for overall quality in the independent student analysis. Major successes noted in the database include the high quality of the teachers and the clinical integration achieved with the case-based sessions. The biggest obstacle is the recruitment and retention of small-group facilitators from clinical departments and the need to use residents as small group facilitators as a consequence.

For the introductory courses designed to teach basic clinical skills (e.g., history-taking, communication skills, physical examination) also describe and evaluate the appropriateness of the settings used for teaching, the level of teaching and supervision, and the adequacy of the patient base. Note if standardized patient or other simulation methods are used in teaching, whether student clinical skills are observed, and if there is sufficient and appropriate space for clinical skills teaching.

In summary, evaluate whether the curriculum is designed to allow students to achieve the objectives of the educational program. Comment on general student satisfaction with the educational program, using data from the independent student analysis and the AAMC GQ. Note whether appropriate balance exists among the methods of instruction used, between inpatient and outpatient clinical experiences, and between clinical experiences in primary care and the specialties.

ED-12

ED-12. The curriculum of a medical education program should include laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena, and critical analysis of data.

Opportunities in the curriculum could include hands-on or simulated (e.g., computer-based) exercises in which medical students either collect or use data to test and/or verify hypotheses or to address questions about biomedical principles and/or phenomena. The medical education program should be able to identify the location in the curriculum where such exercises occur, the specific intent of the exercises, and how the exercises contribute to the objectives of the course and the ability to collect, analyze, and interpret data.

DATABASE QUESTIONS

- a. List the preclinical courses that include laboratory sessions.
- b. Describe where in the curriculum students have opportunities to participate in educational sessions (actual or simulated) that involve the direct application of the scientific method, accurate observation of biomedical phenomena, and the collection, analysis, and interpretation of scientific data.

See also Required Courses and Clerkship Rotations, Part A, item (A.).

SELF-STUDY QUESTIONS

Evaluate the adequacy of experiences that permit students to apply the scientific method and to become familiar with the basic principles of clinical and translational research.

SURVEY REPORT GUIDE

None.

ED-13

ED-13. The curriculum of a medical education program must cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.

DATABASE QUESTIONS

Describe the means by which the medical school ensures that each aspect of clinical medicine identified above is included in required preclinical and clinical instruction.

See also information for standard [ED-10](#) and required Course and Clerkship Rotation Forms.

SELF-STUDY QUESTIONS

Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed?

SURVEY REPORT GUIDE

Organize the description of the courses and clerkships in the educational program by year or academic period. Note that the methods used to evaluate student performance are included in another section. Be consistent in the structure and the content of the write-up for each course and clerkship. For example, use the same data source(s) to indicate student satisfaction.

Years One and Two

For the required courses in years one and two, complete the tables in the report template or copy and insert the tables from the school's database ("Required Courses and Clerkships, Part A") that include total scheduled hours and hours by instructional format. If one or more courses employ other instructional methods not accounted for in the table, describe them in the specific narrative for those courses. Also refer to the schematic diagram of the curriculum, which may be included as a figure either in the text or the Appendix. If one or more separate tracks exist, create similar tables and descriptions of the courses in each track.

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YEAR ONE

Course	Formal Instructional Hours					Total
	Lecture	Lab	Small Groups*	Patient Contact	Other†	

* Includes case-based or problem solving sessions

† Describe

YEAR TWO

Course	Formal Instructional Hours					Total
	Lecture	Lab	Small Groups*	Patient Contact	Other†	

* Includes case-based or problem solving sessions

† Describe

For each course, note the lead department and any participation by other departments. Comment on whether the staffing of the course appears to be sufficient. Indicate whether written objectives exist for the course. If the course is interdisciplinary or its content is not self-evident from its title, briefly summarize the objectives or the content covered in the course. Evaluate the length of the course, its placement in the curriculum, and the balance among instructional formats used as they relate to the course objectives. Note any educational formats that are not included in the tables. Note if graduate students and/or residents are used in teaching and, if so, how they are prepared. Note opportunities for formative feedback to students (e.g., practice quizzes, study questions). Evaluate the sufficiency of available educational resources (e.g., teaching space, computers and educational software [if relevant]). Report on the effectiveness of the course. Cite evidence of student performance (e.g., from NBME subject examinations, internal measures), data regarding student satisfaction (e.g., from the AAMC GQ or from the CGQ, student course evaluations, the student analysis), and information about course successes and challenges as described in the required course descriptions of the database. Please use the same format for the description of each course and the same data sources for student performance and satisfaction.

Sample course write-up for a basic science course:

Cell Structure and Function is managed by the Department of Biochemistry and includes participation from the Departments of Cell Biology/Anatomy, Physiology, Genetics, and Pathology. Faculty members from the Departments of Medicine and Pediatrics are involved in small group sessions. Although sufficient faculty expertise is available for the lecture portion of the course, staffing of the small-group sessions has been challenging. Written objectives for the course are contained in a syllabus, which is available in hard copy and online. The course aims to provide an introduction to the fundamentals of cell biology, through the

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integration of content from relevant disciplines. The course objectives stress interdisciplinary problem solving, which is addressed during the small-group, case-based teaching sessions that are co-facilitated by basic science and clinical faculty members. Residents are used for some of the small group sessions. They are given the course objectives and oriented before each session by the course director. There are study questions available online for students to test their mastery of the content. Space for small group teaching is sufficient, and the lecture hall and teaching rooms have Internet access and other appropriate teaching aids. Narrative assessments are provided for the small group sessions. Over 90% of students responding to the 2010 AAMC GQ rated the course as excellent or good in preparing them for clinical clerkships and the course was rated as 4.3 (on a 5-point scale) for overall quality in the independent student analysis. Major successes noted in the database include the high quality of the teachers and the clinical integration achieved with the case-based sessions. The biggest obstacle is the recruitment and retention of small-group facilitators from clinical departments and the need to use residents as small group facilitators as a consequence.

For the introductory courses designed to teach basic clinical skills (e.g., history-taking, communication skills, physical examination) also describe and evaluate the appropriateness of the settings used for teaching, the level of teaching and supervision, and the adequacy of the patient base. Note if standardized patient or other simulation methods are used in teaching, whether student clinical skills are observed, and if there is sufficient and appropriate space for clinical skills teaching.

ED-14

ED-14. The curriculum of a medical education program must include clinical experience in primary care.

DATABASE QUESTIONS

- a. List each required course and clerkship rotation that provides experiences in primary care, and specify the number of hours or weeks devoted to the topic of primary care in each course or clerkship rotation.
- b. List the required clerkships (in Canada, clerkship rotations) that do not include any required ambulatory experiences.

See also information for standard ER-6 in Section V: Educational Resources and Required Courses and Clerkship Rotations, Part A, item (A.).

SELF-STUDY QUESTIONS

Assess the balance between inpatient and ambulatory teaching and the appropriateness of the teaching sites used for required clinical experiences.

SURVEY REPORT GUIDE

Note whether appropriate balance exists among the methods of instruction used between clinical experiences in primary care and the specialties.

Note: The survey team report will have, as an appendix, the required clinical experiences expected of students (total or samples), provided by the school.

ED-15

ED-15. The curriculum of a medical education program must prepare students to enter any field of graduate medical education and include content and clinical experiences related to each phase of the human life cycle that will prepare students to recognize wellness, determinants of health, and opportunities for health promotion; recognize and interpret symptoms and signs of disease; develop differential diagnoses and treatment plans; and assist patients in addressing health-related issues involving all organ systems.

It is expected that the curriculum will be guided by the contemporary content from and the clinical experiences associated with, among others, the disciplines and related subspecialties that have traditionally been titled family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, psychiatry, and surgery.

DATABASE QUESTIONS

- a. Describe how the curriculum prepares students to recognize wellness, determinants of health, and opportunities for health promotion. Include examples of where in the curriculum these topics are addressed and how student achievement is assessed.
- b. Provide data in the following table from the most recent AAMC GQ or AAMC CGQ on respondents' perceptions of the adequacy of instruction in the following areas:

Topic	Percent of respondents indicating that instruction was:		
	Inadequate	Appropriate	Excessive
Diagnosis of disease			
Management of disease			
Health maintenance			
Disease prevention			
Health determinants			

- c. Describe how experiences in family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, psychiatry, and surgery are provided. Are these experiences organized as separate clerkships/clerkship rotations, as one or more integrated (longitudinal) clerkship rotations, or in some other way?

See also information for standards [ED-5](#) and [ED-10](#) and Required Clerkship Rotation Forms.

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SELF-STUDY QUESTIONS

Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed?

SURVEY REPORT GUIDE

Years Three and Four

For the required clerkships in years three and four, copy the tables from the database (as was done previously for years one and two). "Formal instruction" refers to the sum of lecture hours, conference time, and teaching rounds for all students (not the total time students spend during the day); report either an average or range, as appropriate, and note any major site-specific variations in the narrative description of the clerkship.

YEAR THREE

Course or Clerkship	Total wks	% Amb.	# Sites used*	Typical hrs/wk of formal instruction**	Patient criteria† (Y/N)	Patient log‡ (Y/N)

*Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: # inpatient / # outpatient

**Sum of lectures, conferences, and teaching rounds; show the range of hours if there is significant variation across sites

† Have criteria for student clinical encounters been defined?

‡ Is a log kept of patients seen?

YEAR FOUR

Course or Clerkship	Total wks	% Amb.	# Sites used*	Typical hrs/wk of formal instruction**	Patient criteria† (Y/N)	Patient log‡ (Y/N)

*Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: # inpatient / # outpatient

**Sum of lectures, conferences, and teaching rounds; show the range of hours if there is significant variation across sites

† Have criteria for patient encounters been defined?

‡ Is a log kept of patients seen?

For each required clerkship, note if there are written learning objectives and, if so, how they are distributed to students. Note if criteria have been defined for student clinical encounters to meet the clerkship objectives and how student clinical encounters are monitored (e.g., through patient logs). Comment on any mechanisms in place (e.g., mid-clerkship review of logs) to ensure that students are having the required clinical encounters and if there are alternatives if students have not encountered the required patients. Summarize the internal structure of the clerkship, including the amount of time spent in various rotations, and comment on the consistency of instruction across sites. Note the mechanisms employed to familiarize residents with the clerkship objectives and to prepare them for their roles in medical student teaching and assessment. Evaluate the adequacy of the settings used for teaching, the amount and types of didactic instruction offered across sites, and the level of supervision provided by faculty members (full-time and volunteer) and resident physicians. Report and provide data on whether students are observed performing core clinical skills. Note the percent of students who report receiving mid-clerkship feedback. Note any concerns about student “workload” (e.g., duty hours, amount of time required in clinical activities of low educational value) indicated in the student analysis or in student interviews. Note if students are receiving clerkship grades in a timely manner (i.e., within four to six weeks). Evaluate the effectiveness of the clerkship. Cite evidence of student performance (e.g., from NBME subject examinations), measures of student satisfaction (the AAMC GQ or the CGQ, student clerkship evaluations, the student self-study analysis), and comments from the database regarding clerkship successes and challenges. Use the same measures of student satisfaction and performance for all clerkships.

Sample clerkship write-up:

The **Surgery** clerkship faculty have adapted the objectives developed by the Association of Surgery Clerkship Directors to fit the objectives of the educational program. The clerkship objectives are contained in introductory materials distributed to students during the clerkship orientation. Students spend half of the eight-week clerkship in general surgery, either at the University Hospital or at the VA Hospital. For the remaining four weeks, students can choose among two-week rotations in a number of surgical subspecialties offered at three sites (the University Hospital, Gardner Community Hospital, and the VA Hospital). There is a common lecture series for the general surgery portion of the clerkship, but the didactic teaching during the subspecialty rotations is variable across sites. Students at the University Hospital note that supervision is provided mainly by residents and that contact with attending physicians is limited. The department holds a one-day retreat each year for residents that is focused specifically on improving their teaching and evaluation skills. The residents receive the clerkship objectives at new resident orientation, as well as at the resident retreat. Resident attendance at the retreat is mandatory and attendance is taken. Students receive a list of patient conditions they should see during the clerkship. Although students do not keep a general log of patients seen, a procedural log has been introduced. This log is reviewed by the student's preceptor at time of the mid-clerkship evaluation. Mid-clerkship evaluation appears to be consistently provided across sites. In the clerkship evaluations, 89% of respondents agreed that they had received a mid-clerkship evaluation). In the 2010 AAMC GQ, 60% of respondents indicated that they had been observed by faculty performing a general physical examination and an abdominal examination. Students noted that, at two of the clerkship sites, they were being expected to be on duty longer hours than residents were. Student performance in the NBME subject examination is at the 40th percentile. In the 2009 AAMC GQ, 65% of respondents agreed that their time on the wards was productive and 60% agreed that they spent adequate time with attending physicians. In the independent student analysis, the overall quality of the clerkship was rated at 3.9 on a 5-point scale and in the AAMC GQ, 69% of respondents rated the quality of the clerkship as excellent or good (as compared with 78% nationally). Successes described in the database included good exposure to general surgical problems and surgical specialties and high levels of student satisfaction with resident teaching. Major problems identified include the limited time available for the clerkship, inconsistent time for observation by faculty, and the lack of exposure to surgery in an ambulatory setting.

ED-16

ED-16. The clinical experiences provided to medical students by a medical education program must utilize both outpatient and inpatient settings.

DATABASE QUESTIONS

- a. List each required course and clerkship rotation that provides experiences in primary care, and specify the number of hours or weeks devoted to the topic of primary care in each course or clerkship rotation.
- b. List the required clerkships (in Canada, clerkship rotations) that do not include any required ambulatory experiences.

See also information for standard ER-6 in Section V: Educational Resources and Required Courses and Clerkship Rotations, Part A, item (A.).

SELF-STUDY QUESTIONS

Assess the balance between inpatient and ambulatory teaching and the appropriateness of the teaching sites used for required clinical experiences.

SURVEY REPORT GUIDE

Note whether appropriate balance exists among the methods of instruction used between inpatient and outpatient clinical experiences.

Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: # inpatient / # outpatient.

ED-17

ED-17. Educational opportunities must be available in a medical education program in multidisciplinary content areas (e.g., emergency medicine, geriatrics) and in the disciplines that support general medical practice (e.g., diagnostic imaging, clinical pathology).

DATABASE QUESTIONS

Describe where in the curriculum the following subject areas are covered and specify the amount of time devoted to each area:

- a. Emergency medicine
 - b. Geriatrics
 - c. Diagnostic imaging/Radiology
 - d. Clinical pathology
-

SELF-STUDY QUESTIONS

Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed?

SURVEY REPORT GUIDE

Years Three and Four

For the required clerkships in years three and four, copy the tables from the database (as was done previously for years one and two). “Formal instruction” refers to the sum of lecture hours, conference time, and teaching rounds for all students (not the total time students spend during the day); report either an average or range, as appropriate, and note any major site-specific variations in the narrative description of the clerkship.

YEAR THREE

Course or Clerkship	Total wks	% Amb.	# Sites used*	Typical hrs/wk of formal instruction**	Patient criteria† (Y/N)	Patient log‡ (Y/N)

*Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: # inpatient / # outpatient

**Sum of lectures, conferences, and teaching rounds; show the range of hours if there is significant variation across sites

† Have criteria for student clinical encounters been defined?

‡ Is a log kept of patients seen?

YEAR FOUR

Course or Clerkship	Total wks	% Amb.	# Sites used*	Typical hrs/wk of formal instruction**	Patient criteria† (Y/N)	Patient log‡ (Y/N)

*Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: # inpatient / # outpatient

**Sum of lectures, conferences, and teaching rounds; show the range of hours if there is significant variation across sites

† Have criteria for patient encounters been defined?

‡ Is a log kept of patients seen?

For each required clerkship, note if there are written learning objectives and, if so, how they are distributed to students. Note if criteria have been defined for student clinical encounters to meet the clerkship objectives and how student clinical encounters are monitored (e.g., through patient logs). Comment on any mechanisms in place (e.g., mid-clerkship review of logs) to ensure that students are having the required clinical encounters and if there are alternatives if students have not encountered the required patients. Summarize the internal structure of the clerkship, including the amount of time

spent in various rotations, and comment on the consistency of instruction across sites. Note the mechanisms employed to familiarize residents with the clerkship objectives and to prepare them for their roles in medical student teaching and assessment. Evaluate the adequacy of the settings used for teaching, the amount and types of didactic instruction offered across sites, and the level of supervision provided by faculty members (full-time and volunteer) and resident physicians. Report and provide data on whether students are observed performing core clinical skills. Note the percent of students who report receiving mid-clerkship feedback. Note any concerns about student “workload” (e.g., duty hours, amount of time required in clinical activities of low educational value) indicated in the student analysis or in student interviews. Note if students are receiving clerkship grades in a timely manner (i.e., within four to six weeks). Evaluate the effectiveness of the clerkship. Cite evidence of student performance (e.g., from NBME subject examinations), measures of student satisfaction (the AAMC GQ or the CGQ, student clerkship evaluations, the student self-study analysis), and comments from the database regarding clerkship successes and challenges. Use the same measures of student satisfaction and performance for all clerkships.

Sample clerkship write-up:

The **Surgery** clerkship faculty have adapted the objectives developed by the Association of Surgery Clerkship Directors to fit the objectives of the educational program. The clerkship objectives are contained in introductory materials distributed to students during the clerkship orientation. Students spend half of the eight-week clerkship in general surgery, either at the University Hospital or at the VA Hospital. For the remaining four weeks, students can choose among two-week rotations in a number of surgical subspecialties offered at three sites (the University Hospital, Gardner Community Hospital, and the VA Hospital). There is a common lecture series for the general surgery portion of the clerkship, but the didactic teaching during the subspecialty rotations is variable across sites. Students at the University Hospital note that supervision is provided mainly by residents and that contact with attending physicians is limited. The department holds a one-day retreat each year for residents that is focused specifically on improving their teaching and evaluation skills. The residents receive the clerkship objectives at new resident orientation, as well as at the resident retreat. Resident attendance at the retreat is mandatory and attendance is taken. Students receive a list of patient conditions they should see during the clerkship. Although students do not keep a general log of patients seen, a procedural log has been introduced. This log is reviewed by the student’s preceptor at time of the mid-clerkship evaluation. Mid-clerkship evaluation appears to be consistently provided across sites. In the clerkship evaluations, 89% of respondents agreed that they had received a mid-clerkship evaluation). In the 2010 AAMC GQ, 60% of respondents indicated that they had been observed by faculty performing a general physical examination and an abdominal examination. Students noted that, at two of the clerkship sites, they were being expected to be on duty longer hours than residents were. Student performance in the NBME subject

examination is at the 40th percentile. In the 2009 AAMC GQ, 65% of respondents agreed that their time on the wards was productive and 60% agreed that they spent adequate time with attending physicians. In the independent student analysis, the overall quality of the clerkship was rated at 3.9 on a 5-point scale and in the AAMC GQ, 69% of respondents rated the quality of the clerkship as excellent or good (as compared with 78% nationally). Successes described in the database included good exposure to general surgical problems and surgical specialties and high levels of student satisfaction with resident teaching. Major problems identified include the limited time available for the clerkship, inconsistent time for observation by faculty, and the lack of exposure to surgery in an ambulatory setting.

ED-17-A

ED-17-A. The curriculum of a medical education program must introduce medical students to 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.

The faculty of the medical education program should develop explicit learning objectives (knowledge, skills, behaviors, and attitudes) to meet the requirements of this standard. One example of relevant objectives is contained in Report IV of the AAMC's Medical School Objectives Project (Contemporary Issues in Medicine: Basic Science and Clinical Research).

There are several ways in which the medical education program can meet the requirements of this standard. They range from separate required coursework in the subject to the establishment of appropriate learning objectives and instructional activities within existing patient-focused courses or clerkship rotations (e.g., discussing the application of new knowledge from clinical research in bedside teaching activities, offering mentored projects, or conducting journal club sessions in which medical students explore the development or application of clinical and translational research).

DATABASE QUESTIONS

- a. List all required courses and clerkship rotations that include formal learning objectives that address basic principles of clinical and translational research.
- b. For each course and clerkship rotation listed, briefly summarize how student achievement of those objectives is assessed.
- c. Briefly describe any required courses or clerkship rotations in which students are routinely exposed to, or have the opportunity to apply basic principles of, clinical and translational research, even if there are no formal objectives for such learning.

See also information for standard [ED-10](#).

SELF-STUDY QUESTIONS

Evaluate the adequacy of experiences that permit students to apply the scientific method and to become familiar with the basic principles of clinical and translational research.

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SURVEY REPORT GUIDE

Note: The survey team report will have, as an appendix, the educational program objectives linked to competencies expected of a physician, provided by the school.

ED-18

ED-18. The curriculum of a medical education program must include elective opportunities to supplement required courses and clerkship rotations.

Although electives permit medical students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests, they should also provide opportunities for medical students to pursue individual academic interests.

DATABASE QUESTIONS

- a. Indicate the number of weeks of elective time that are expected of all medical students in each year of the curriculum:

Year	Total Weeks of Elective Time
1	
2	
3	
4	

- b. Indicate the maximum number of weeks that students may spend taking electives at another institution that is not part of the medical school's health system or affiliated with the medical school.

- c. Provide the average number of weeks that students in the most recent graduating class spent taking electives at another institution.

- d. Describe any policies or practices that encourage students to use electives to pursue interests outside of their chosen specialty.
- e. Indicate whether the medical school has a policy that specifies a maximum number of electives (or elective weeks) that students may take in the same specialty area, either at the medical school or at another institution. If a policy is in place, describe the policy and the means by which it is enforced.
-

SELF-STUDY QUESTIONS

Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed?

SURVEY REPORT GUIDE

Summarize the amount of elective time available in each year of the curriculum. Indicate the maximum number of weeks in the final academic year that students may spend taking electives at another institution and the average number of weeks the most recent graduating class spent in away electives.

ED-19

ED-19. The curriculum of a medical education program must include specific instruction in communication skills as they relate to physician responsibilities, including communication with patients and their families, colleagues, and other health professionals.

DATABASE QUESTIONS

Describe where in the curriculum (i.e., specific course[s] or clerkship rotation[s]) students gain experience in the following areas. Specify the settings in which instruction occurs (e.g., classroom, clinical setting, simulated setting) and the format(s) used (e.g., lecture, small group, standardized patient, role play).

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

See also information for standards [ED-10](#) and [ED-28](#).

SELF-STUDY QUESTIONS

Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed?

SURVEY REPORT GUIDE

None.

ED-20

ED-20. The curriculum of a medical education program must prepare medical students for their role in addressing the medical consequences of common societal problems (e.g., provide instruction in the diagnosis, prevention, appropriate reporting, and treatment of violence and abuse).

DATABASE QUESTIONS

- a. Indicate where in the curriculum students learn about the medical consequences of common societal problems.
- b. List the required courses and clerkship rotations in which the following aspects of domestic violence and abuse are covered (see Glossary at the front of this section for definitions).

Content Area	Required Course(s) in which Topic is Addressed	Required Clerkship Rotation(s) in which Topic is Addressed
Diagnosis		
Prevention		
Reporting		
Treatment		

See also information for standard [ED-10](#).

SELF-STUDY QUESTIONS

Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed?

SURVEY REPORT GUIDE

Indicate whether all of the subjects required for accreditation, as specified in Functions and Structure of a Medical School, are included in the curriculum, as well as whether the coverage of these subjects is sufficient to meet accreditation standards.

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ED-21

ED-21. The faculty and medical students of a medical education program must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.

Instruction in the medical education program should stress the need for medical students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on patients' health. To demonstrate compliance with this standard, the medical education program should be able to document objectives relating to the development of skills in cultural competence, indicate the location in the curriculum where medical students are exposed to such material, and demonstrate the extent to which the objectives are being achieved.

DATABASE QUESTIONS

- a. List the courses and clerkship rotations in which students learn about issues related to cultural competence in health care and describe the specific elements related to cultural competence that are covered in each. Note whether the instruction occurs through formal teaching, informal exposure in the clinical setting, or both.
- b. Indicate the means by which students' acquisition of the knowledge, skills, behaviors, and attitudes related to cultural competence is assessed. Provide evidence that educational program objectives and course or clerkship objectives addressing cultural competence are being met.

See also information for standard [ED-10](#).

SELF-STUDY QUESTIONS

Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed?

SURVEY REPORT GUIDE

Indicate whether all of the subjects required for accreditation, as specified in Functions and Structure of a Medical School, are included in the curriculum, as well as whether the coverage of these subjects is sufficient to meet accreditation standards.

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ED-22

ED-22. Medical students in a medical education program must learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the process of health care delivery.

The objectives for instruction in the medical education program should include medical student understanding of demographic influences on health care quality and effectiveness (e.g., racial and ethnic disparities in the diagnosis and treatment of diseases). The objectives should also address the need for self-awareness among medical students regarding any personal biases in their approach to health care delivery.

DATABASE QUESTIONS

- a. Describe where in the curriculum (in formal teaching sessions and/or indirectly through clinical experiences for all students) students receive instruction addressing the following topics:
 - i. Demographic influences on health care quality and effectiveness (including disparities in health care delivery)
 - ii. Students' self-awareness of their own biases and those of their peers and teachers/supervisors
- b. Provide evidence that educational program objectives or course and clerkship rotation-specific objectives related to gender and cultural biases in health care are being met.

Also see information for standard [ED-10](#).

SELF-STUDY QUESTIONS

Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed?

SURVEY REPORT GUIDE

Indicate whether all of the subjects required for accreditation, as specified in Functions and Structure of a Medical School, are included in the curriculum, as well as whether the coverage of these subjects is sufficient to meet accreditation standards.

ED-23

ED-23. A medical education program must include instruction in medical ethics and human values and require its medical students to exhibit scrupulous ethical principles in caring for patients and in relating to patients' families and to others involved in patient care.

The medical education program should ensure that medical students receive instruction in appropriate medical ethics, human values, and communication skills before engaging in patient care activities. As students take on increasingly more active roles in patient care during their progression through the curriculum, adherence to ethical principles should be observed, assessed, and reinforced through formal instructional efforts.

In medical student-patient interactions, there should be a means for identifying possible breaches of ethics in patient care, either through faculty or resident observation of the encounter, patient reporting, or some other appropriate method.

The phrase "scrupulous ethical principles" implies characteristics that include honesty, integrity, maintenance of confidentiality, and respect for patients, patients' families, other students, and other health professionals. The program's educational objectives may identify additional dimensions of ethical behavior to be exhibited in patient care settings.

DATABASE QUESTIONS

- a. Identify each course and clinical clerkship rotation for which there is an explicit educational objective that includes the expectation that students gain an understanding of ethical issues and human values.
- b. Provide examples of any formative or summative assessment instruments used to assess the acquisition or demonstration of medical students' ethical behavior in the preclinical and/or clinical curriculum. How and from whom is information about student ethical behavior collected?
- c. Describe the methods used to identify and remediate any breaches of ethics in patient care made by medical students.

See also information for standards [ED-10](#), [MS-31-A](#), and [MS-34](#).

SELF-STUDY QUESTIONS

Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed?

SURVEY REPORT GUIDE

None.

ED-24

ED-24. At an institution offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship rotation and be prepared for their roles in teaching and assessment.

The minimum expectations for achieving compliance with this standard are that: (a) residents and other instructors who do not hold faculty ranks (e.g., graduate students and postdoctoral fellows) receive a copy of the course or clerkship rotation objectives and clear guidance from the course or clerkship rotation director about their roles in teaching and assessing medical students and (b) the institution and/or its relevant departments provide resources (e.g., workshops, resource materials) to enhance the teaching and assessment skills of residents and other non-faculty instructors. There should be central monitoring of the level of residents' and other instructors' participation in activities to enhance their teaching and assessment skills.

There should be formal evaluation of the teaching and assessment skills of residents and other non-faculty instructors, with opportunities provided for remediation if their performance is inadequate. Evaluation methods could include direct observation by faculty, feedback from medical students through course and clerkship rotation evaluations or focus groups, or any other suitable method.

DATABASE QUESTIONS

- a. Provide information in the following table for each required course or clerkship rotation where residents, senior medical students, graduate students, or postdoctoral fellows teach, assess, or supervise medical students.

Course or Clerkship/Clerkship Rotation	Teaching/Supervision Provided by:	Describe How Objectives are Provided (e.g., orientation sessions, e-mail, syllabus)

- b. Describe any institution-level and department-level programs to enhance the teaching and assessment skills of graduate students, postdoctoral fellows, or residents who teach, assess, or supervise medical students. If such programs are the same as those provided for faculty, indicate that fact and refer to the responses for standards FA-4 and FA-11 in Section IV: Faculty.
- c. Describe any institution-level policies that require participation of residents and others (e.g., graduate students) in orientation or faculty development sessions related to medical student teaching or assessment.
- d. How and by whom is the participation of residents, graduate students, and postdoctoral fellows in sessions to enhance their teaching skills monitored?

See also the Required Course Forms and Required Clerkship Rotation Forms and information for standard [ED-47](#).

SELF-STUDY QUESTIONS

Comment on the adequacy of the supervision of medical students during required clinical experiences. Discuss the effectiveness of efforts to ensure that all individuals who participate in teaching, including resident physicians, graduate students, and volunteer faculty members, are prepared for their responsibilities in medical student teaching and assessment and that supervision is provided by members of the faculty.

SURVEY REPORT GUIDE

Develop a summary that draws on information related to all year one and year two courses. In that summary, provide a description of how residents and graduates students are prepared as teachers.

Describe any situations in which students are supervised by physicians who do not hold faculty appointments. Summarize the roles of graduate students in the biomedical sciences, postdoctoral fellows, and residents in medical student teaching and assessment. Note any institutional programs available to residents or other instructional staff for improving their skills in medical student teaching and evaluation. Complete the following table indicating support for resident participation in medical student education.

If residents and/or graduate students are used as teachers/supervisors, summarize in a single paragraph how they are prepared in each course.

Note the mechanisms employed to familiarize residents with the clerkship objectives and to prepare them for their roles in medical student teaching and assessment.

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ED-25

ED-25. Supervision of medical student learning experiences at an institution that offers a medical education program must be provided throughout required clerkship rotations by members of the institution's faculty.

DATABASE QUESTIONS

- a. Describe how the medical school ensures that students are appropriately supervised during required clinical clerkship rotations.
 - b. List any required clerkship rotations in which students may be supervised (assessed or graded) by physicians who are not medical school faculty members (do not include residents/fellows). What steps are taken to provide faculty appointments to those physicians participating as teachers/supervisors in required clinical clerkship rotations?
 - c. Where direct teaching of students is carried out by individuals who do not hold faculty appointments at the medical school, describe how the teaching activities provided by these individuals are supervised by medical school faculty members.
-

SELF-STUDY QUESTIONS

Comment on the adequacy of the supervision of medical students during required clinical experiences. Discuss the effectiveness of efforts to ensure that all individuals who participate in teaching, including resident physicians, graduate students, and volunteer faculty members, are prepared for their responsibilities in medical student teaching and assessment and that supervision is provided by members of the faculty.

SURVEY REPORT GUIDE

Note if all learning experiences are supervised appropriately.

ED-26

ED-26. A medical education program must have a system in place for the assessment of medical student achievement throughout the program that employs a variety of measures of knowledge, skills, behaviors, and attitudes.

Assessments of medical student performance should measure the retention of factual knowledge; the development of the skills, behaviors, and attitudes needed in subsequent medical training and practice; and the ability to use data appropriately for solving problems commonly encountered in medical practice. The system of assessment, including the format and frequency of examinations, should support the goals, objectives, processes, and expected outcomes of the curriculum.

DATABASE QUESTIONS

- a. Describe the role of individual disciplines and the central curriculum management structure in setting standards of achievement (e.g., establishing the grading policy for individual courses and clerkship rotations).
- b. Describe any policies related to the scheduling of examinations in the preclinical years. How are examination schedules determined?
- c. Include a copy of any standard form(s) used by faculty members or resident physicians to assess students in small-group settings during the preclinical years and during required clinical clerkship rotations.

*See also information for standards [ED-1](#) and [ED-33](#) and *Required Courses and Clerkship Rotations, Part A, item (B.)*.*

Also, refer to the information for standard MS-33 in Section III: Medical Students relating to assessment of student performance. If there are no institutional policies regarding assessment of student performance, describe the means by which standards of achievement are set for individual required courses and clerkship rotations.

SELF-STUDY QUESTIONS

Evaluate the adequacy of the methods used to assess student attainment of the objectives of the educational program. Comment on the appropriateness of the mix of testing and evaluation methods.

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SURVEY REPORT GUIDE

Is an appropriate variety of methods used?

ED-27

ED-27. A medical education program must include ongoing assessment activities that ensure that medical students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the program's educational objectives.

DATABASE QUESTIONS

- a. Is there a list of core clinical skills, behaviors, and attitudes that students must demonstrate? (check)

<input type="checkbox"/>	Yes, as part of the institutional educational objectives
<input type="checkbox"/>	Yes, as a separate list for each required clinical clerkship rotation
<input type="checkbox"/>	No (please explain)

- b. List each OSCE or standardized patient assessment that occurs outside of individual courses or clerkship rotations, and describe the general content areas each covers and when in the curriculum each occurs. For each, indicate whether the purpose of the OSCE or standardized patient assessment is formative (i.e., to provide feedback to the student) or summative (i.e., to inform decision-making about academic progression or graduation).
- c. Complete the following table with data from the AAMC GQ, the AAMC CGQ and/or other school-specific sources (e.g., clerkship evaluations) that indicate whether students' clinical skills are being directly observed in each required clinical clerkship rotation.

Rotation	% agreeing they were observed		National % agreeing they were observed	
	History	Physical Examination	History	Physical Examination
Family Medicine				
Internal Medicine				
Obstetrics-Gynecology				
Pediatrics				
Psychiatry				

Surgery				
---------	--	--	--	--

- d. Provide data from the AAMC GQ, the AAMC CGQ, and/or the independent student analysis that address students' perceptions of their ability to perform core clinical skills.

See also Required Courses and Clerkship Rotations, Part A, item (B.).

SELF-STUDY QUESTIONS

Describe the system for ensuring that students have acquired the core clinical skills specified in the school's educational program objectives. Evaluate the frequency with which students are observed and receive feedback on their clinical skills. Are there any limitations in the school's ability to ensure that the clinical skills of all students are appropriately assessed?

SURVEY REPORT GUIDE

Provide data from the AAMC GQ on the percent of students who report being observed performing a history and a physical examination (provide national normative data).

Summarize whether and how students are systematically observed performing core clinical skills, behaviors, and attitudes; the basic information on observation of clinical skills should be provided in the course and clerkship write-ups.

Are all students observed performing core clinical skills? (yes or no)

ED-28

ED-28. A medical education program must include ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills.

DATABASE QUESTIONS

When answering the question, limit the response to a few appropriate examples of assessment materials and methods that illustrate how the relevant skills are assessed. Additional information or examples can be provided on site, if requested by the survey team.

Provide a representative sample of the materials and methods (e.g., written or oral examination questions, research paper assignments, problem-based learning cases) specifically designed to assess students' skills in problem solving, clinical reasoning, and communication. Indicate the courses or clerkship rotations that employ such materials or methods.

See also the Required Course and Clerkship Rotation Forms and the information for standards [ED-6/ED-7](#) and [ED-19](#).

SELF-STUDY QUESTIONS

Evaluate the adequacy of the methods used to assess student attainment of the objectives of the educational program. Comment on the appropriateness of the mix of testing and evaluation methods.

SURVEY REPORT GUIDE

Comment on whether the methods in place assess the problem solving, clinical reasoning, communication, and other skills, behaviors, and attitudes needed in subsequent medical training and practice.

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ED-29

ED-29. The faculty of each discipline should set standards of achievement in that discipline and contribute to the setting of such standards in interdisciplinary and interprofessional learning experiences, as appropriate.

DATABASE QUESTIONS

- a. Describe the role of individual disciplines and the central curriculum management structure in setting standards of achievement (e.g., establishing the grading policy for individual courses and clerkship rotations).
- b. Describe any policies related to the scheduling of examinations in the preclinical years. How are examination schedules determined?
- c. Include a copy of any standard form(s) used by faculty members or resident physicians to assess students in small-group settings during the preclinical years and during required clinical clerkship rotations.

*See also information for standards [ED-1](#) and [ED-33](#) and *Required Courses and Clerkship Rotations, Part A, item (B.)*.*

Also, refer to the information for standard MS-33 in Section III: Medical Students relating to assessment of student performance. If there are no institutional policies regarding assessment of student performance, describe the means by which standards of achievement are set for individual required courses and clerkship rotations.

SELF-STUDY QUESTIONS

Evaluate the adequacy of the methods used to assess student attainment of the objectives of the educational program. Comment on the appropriateness of the mix of testing and evaluation methods.

SURVEY REPORT GUIDE

Summarize the methods used to assess student performance in the preclinical and clinical disciplines. Note how the methods of assessment and the standards of achievement were set.

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ED-30

ED-30. The directors of all courses and clerkship rotations in a medical education program must design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship rotation.

Faculty of the medical education program directly responsible for the assessment of medical student performance should understand the uses and limitations of various test formats, the purposes and benefits of criterion-referenced vs. norm-referenced grading, reliability and validity issues, formative vs. summative assessment, and other factors associated with effective educational assessment.

In addition, the chief academic officer, curriculum leaders, and faculty of the medical education program should understand, or have access to individuals who are knowledgeable about, methods for measuring medical student performance. The medical education program should provide opportunities for faculty members to develop their skills in such methods.

An important element of the medical education program's system of assessment should be to ensure the timeliness with which medical students are informed about their final performance in courses and clerkship rotations. In general, final grades should be available within four to six weeks of the end of a course or clerkship rotation.

DATABASE QUESTIONS

- a. Describe the availability of individuals knowledgeable about educational assessment who can assist faculty in developing formative and summative assessments of students (e.g., experts in test development or educational measurement). Describe the organizational placement of such individuals (e.g., medical school office, university office, department).
- b. List any workshops or similar activities given during the most recent academic year that addressed methods of assessing student performance.
- c. Provide information on the average length of time for preclinical course grades to be made available to medical students.
- d. For each required clinical clerkship/clerkship rotation, provide the average time for grades to be made available to medical students. What percent of students in each clinical discipline received their grades within six weeks? List clerkship rotations (or clerkship rotation sites) that are significant outliers.

- e. Describe how the medical school monitors the timing of provision of clerkship grades and ensures that course and clerkship rotation grades are released to students in a timely manner.

See also information for standards [ED-26](#) and [ED-31](#) in this section, MS-33 in Section III: Medical Students, Required Courses and Clerkship Rotations, Part A, item (B.), and individual Required Course and Clerkship Rotation Forms.

SELF-STUDY QUESTIONS

Describe the frequency with which students receive formative assessment in addition to summative evaluations. Discuss the effectiveness of the system to ensure the timeliness of performance feedback to students in the preclinical and clinical years.

SURVEY REPORT GUIDE

Comment on the timeliness of reporting of final grades.

Note if students are receiving clerkship grades in a timely manner (i.e., within four to six weeks). Identify areas that are of concern to the faculty related to the required clerkships.

ED-31

ED-31. Each medical student in a medical education program should be assessed and provided with formal feedback early enough during each required course or clerkship rotation to allow sufficient time for remediation.

Although a course or clerkship rotation that is short in duration (e.g., less than four weeks) may not have sufficient time to provide a structured formative assessment, it should provide alternate means (e.g., self-testing, teacher consultation) that will allow medical students to measure their progress in learning.

DATABASE QUESTIONS

- a. Summarize the opportunities that are available to medical students for formative assessment during the preclinical years (e.g., the availability of practice tests, study questions, problem sets). How does the curriculum committee or other central authority ensure that students receive formative assessment(s) in the preclinical phase of the curriculum?
- b. Describe the institutional policies and procedures that are in place to ensure that students receive formal feedback at the mid-point of a clerkship/rotation. Describe the means by which the occurrence of mid-clerkship rotation feedback is monitored within individual departments and at the curriculum management level.
- c. Provide data, by clerkship rotation, from the AAMC GQ, the AAMC CGQ, clerkship rotation evaluations, and/or the student independent analysis that illustrate the percentage of students receiving mid-clerkship rotation feedback. Include, if available, data regarding students' perceptions of the utility of this feedback and its relationship to the criteria that will be used for summative grading in the clerkship/rotation.

Clerkship	% of respondents agreeing that they received sufficient feedback	National % of respondents agreeing (if data from the AAMC GQ are used)
Family Medicine		
Internal Medicine		
Obstetrics-Gynecology		
Pediatrics		
Psychiatry		
Surgery		

See information provided in Required Courses and Clerkship Rotations, Part A, item (B), and on the Required Course Forms.

SELF-STUDY QUESTIONS

Are there any limitations in the school's ability to ensure that the clinical skills of all students are appropriately assessed?

Describe the frequency with which students receive formative assessment in addition to summative evaluations. Discuss the effectiveness of the system to ensure the timeliness of performance feedback to students in the preclinical and clinical years.

SURVEY REPORT GUIDE

Indicate whether students regularly receive formal mid-course and mid-clerkship feedback. If so, comment on the format of this feedback (e.g., oral, written) and the system(s) in place to ensure that such feedback is provided.

Do students have opportunities for formative assessment to test their knowledge/skills? For example, are there study questions or practice quizzes/tests?

Do students receive mid-clerkship feedback?

ED-32

ED-32. A narrative description of medical student performance in a medical education program, including non-cognitive achievement, should be included as a component of the assessment in each required course and clerkship rotation whenever teacher-student interaction permits this form of assessment.

DATABASE QUESTIONS

- a. List the courses in the preclinical phase of the curriculum that include narrative descriptions as part of the final assessment where the narratives are:
 - i. provided only to students as a formative assessment
 - ii. used as part of the final grade/assessment in the course
- b. List the clinical clerkship rotations that include a narrative description as part of the final assessment where the narratives are:
 - i. provided only to students as a formative assessment
 - ii. used as part of the final grade/assessment in the course
 - iii. used as part of the Medical Student Performance Evaluation (MSPE) or Medical Student Performance Report (MSPR)

See information provided on the Required Course and Clerkship Rotation Forms.

SELF-STUDY QUESTIONS

Describe the frequency with which students receive formative assessment in addition to summative evaluations. Discuss the effectiveness of the system to ensure the timeliness of performance feedback to students in the preclinical and clinical years.

SURVEY REPORT GUIDE

Note if narrative assessments are provided in those preclinical courses where the format of the course would permit such feedback. Also note any clerkships that do not include narratives as part of their assessment of student performance

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Do students receive a narrative assessment for either formative or summative purposes?

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ED-33

ED-33. There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.

The phrase "integrated institutional responsibility" implies that an institutional body (commonly a curriculum committee) will oversee the medical education program as a whole. An effective central curriculum authority will exhibit the following characteristics:

- Faculty, medical student, and administrative participation.
- Expertise in curricular design, pedagogy, and evaluation methods.
- Empowerment, through bylaws or decanal mandate, to work in the best interests of the institution without regard for parochial or political influences or departmental pressures.

The phrase "coherent and coordinated curriculum" implies that the medical education program as a whole will be designed to achieve its overall educational objectives.

Evidence of coherence and coordination includes the following characteristics:

- Logical sequencing of the various segments of the curriculum.
- Content that is coordinated and integrated within and across the academic periods of study (i.e., horizontal and vertical integration).
- Methods of pedagogy and medical student assessment that are appropriate for the achievement of the program's educational objectives.

Curriculum management signifies leading, directing, coordinating, controlling, planning, evaluating, and reporting. Evidence of effective curriculum management includes the following characteristics:

- Evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment as a frame of reference.
- Monitoring of content and workload in each discipline, including the identification of omissions and unplanned redundancies.
- Review of the stated objectives of each individual course and clerkship rotation, as well as the methods of pedagogy and medical student assessment, to ensure congruence with programmatic educational objectives.

Minutes of the curriculum committee meetings and reports to the faculty governance and deans should document that such activities take place and should report on the committee's findings and recommendations.

DATABASE QUESTIONS

a. Provide an organizational chart for the management of the curriculum that includes the curriculum committee and its subcommittees, other relevant committees, the chief academic officer, and other individuals or groups involved in curriculum design, implementation, and evaluation.

b. Supply the title of the faculty committee with primary responsibility for the curriculum:

--

c. Provide the charge or terms of reference for this committee and the source of its authority (e.g., bylaws, mandate from the dean or faculty executive committee).

d. Describe the composition of this committee and the mechanisms for selecting its members and chair.

e. Indicate the frequency of regularly scheduled committee meetings during a typical academic year: (check)

	Weekly
	Biweekly
	Monthly
	Bimonthly
	Other (describe)

f. If this committee has standing subcommittees, describe their charge or role, membership, and reporting relationships to the parent committee.

g. Describe the roles of the curriculum committee and any subcommittees, the chief academic officer or associate dean for educational programs and their staffs, interdisciplinary course committees (if relevant), and the departments in each of the following areas:

- i. Developing and reviewing the institutional objectives for the educational program
- ii. Reviewing the objectives of individual courses and clerkship rotations
- iii. Ensuring the use of appropriate teaching methods or instructional formats
- iv. Ensuring that content is coordinated and integrated within and across academic periods of study
- v. Ensuring the use of appropriate methods to assess student performance

- vi. Monitoring the quality of individual faculty members' teaching
 - vii. Monitoring the overall quality and outcomes of courses/clerkship rotations
 - viii. Monitoring the outcomes of the curriculum as a whole
-

SELF-STUDY QUESTIONS

Assess the adequacy of the system for planning and managing the curriculum and ensuring that it is coherent and coordinated. Do the curriculum as a whole and its component parts undergo regular, systematic review? Describe the effectiveness of the procedures in place to identify and rectify any problems in the curriculum as a whole and in individual courses and clerkships (provide specific illustrative examples). Provide evidence that the school monitors the content covered in the curriculum to ensure that all desired content is covered, that gaps or unwanted redundancies do not occur, and that there is appropriate horizontal and vertical integration among content areas.

SURVEY REPORT GUIDE

Describe the mechanisms used for curriculum planning, implementation, evaluation, management, and oversight, including the roles of faculty, faculty committees (e.g., the curriculum committee and its subcommittees, if any), the departments, and the central medical school administration. Refer, as needed, to the organizational chart for curriculum management, which should be included in the text or the Appendix. Provide the team's assessment of the effectiveness of the school's curriculum management processes. Provide evidence that there is integrated institutional responsibility for the curriculum. Cite any evidence that the curriculum is coherent and coordinated. For example, note the extent of content integration among courses and across academic periods, and describe how this integration is achieved.

Comment on whether an effective system is in place to ensure that problems identified during curricular reviews are corrected.

Provide a summary of those individuals or groups that receive the data on each measure of program effectiveness and report on how the data are used for educational program review and change.

Note any concerns about student "workload" (e.g., duty hours, amount of time required in clinical activities of low educational value) indicated in the student analysis or in student interviews.

Note: The survey team report will have, as appendices, a schematic showing the placement of courses and clerkships within each academic period, and the

organizational chart for management of the curriculum (from this item- ED-33), provided by the school.

ED-34

ED-34. The faculty of a medical education program must be responsible for the detailed design and implementation of the components of the curriculum.

Faculty members' responsibilities for the medical education program include, at a minimum, the development of specific course or clerkship rotation objectives, selection of pedagogical and assessment methods appropriate for the achievement of those objectives, ongoing review and updating of content, and evaluation of course, clerkship rotation, and teacher quality.

DATABASE QUESTIONS

Provide examples of the types of changes that can be implemented at the level of the course or clerkship rotation and the types of changes that require curriculum committee or other central approval prior to implementation.

See also the Required Course and Clerkship Rotation Forms and information for standards [ED-33](#) and [ED-46/ED-47](#).

SELF-STUDY QUESTIONS

Assess the adequacy of the system for planning and managing the curriculum and ensuring that it is coherent and coordinated. Do the curriculum as a whole and its component parts undergo regular, systematic review? Describe the effectiveness of the procedures in place to identify and rectify any problems in the curriculum as a whole and in individual courses and clerkships (provide specific illustrative examples). Provide evidence that the school monitors the content covered in the curriculum to ensure that all desired content is covered, that gaps or unwanted redundancies do not occur, and that there is appropriate horizontal and vertical integration among content areas.

SURVEY REPORT GUIDE

Describe the mechanisms used for curriculum planning, implementation, evaluation, management, and oversight, including the roles of faculty, faculty committees (e.g., the curriculum committee and its subcommittees, if any), the departments, and the central medical school administration. Refer, as needed, to the organizational chart for curriculum management, which should be included in the text or the Appendix. Provide the team's assessment of the effectiveness of the school's curriculum management processes. Provide evidence that there is integrated institutional responsibility for the curriculum. Cite any evidence that the curriculum is coherent and coordinated. For

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example, note the extent of content integration among courses and across academic periods, and describe how this integration is achieved.

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ED-35

ED-35. The objectives, content, and pedagogy of each segment of a medical education program's curriculum, as well as of the curriculum as a whole, must be designed by and subject to periodic review and revision by the program's faculty.

DATABASE QUESTIONS

- a. Describe the process of formal faculty review for each of the listed curriculum elements. Include in the description the frequency with which such reviews are conducted, the means by which they are conducted, under whose auspices (e.g., the department, the curriculum committee) they are undertaken, the administrative support that exists for such reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee) that receive the results of the evaluations.
 - i. Required courses
 - ii. Required clerkship rotations
 - iii. Individual years or academic periods of the curriculum
 - iv. The entire curriculum
- b. Provide a copy of any standardized templates used for course and clerkship rotation reviews and any standardized forms used by students for the evaluation of courses and/or clerkship rotations. Include a sample review in the Appendix.

See also information for standards [ED-33](#) and [ED-46](#).

SELF-STUDY QUESTIONS

Assess the adequacy of the system for planning and managing the curriculum and ensuring that it is coherent and coordinated. Do the curriculum as a whole and its component parts undergo regular, systematic review? Describe the effectiveness of the procedures in place to identify and rectify any problems in the curriculum as a whole and in individual courses and clerkships (provide specific illustrative examples). Provide evidence that the school monitors the content covered in the curriculum to ensure that all desired content is covered, that gaps or unwanted redundancies do not occur, and that there is appropriate horizontal and vertical integration among content areas.

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SURVEY REPORT GUIDE

Indicate whether a regular (systematic) review takes place of the courses and clerkships, as well as of segments of the curriculum and the curriculum as a whole, including a review of learning objectives, content, and methods of teaching. Describe how these reviews are conducted and which individuals and/or groups participate in the review process and receive the results.

ED-36

ED-36. The chief academic officer of a medical education program must have sufficient resources and authority to fulfill his or her responsibility for the management and evaluation of the curriculum.

The dean often serves as the chief academic officer, with ultimate individual responsibility for the design and management of the medical education program as a whole. He or she may, however, delegate operational responsibility for curriculum oversight to a vice dean or associate dean.

Examples of the kinds of resources needed by the chief academic officer to ensure effective delivery of the medical education program include:

- Adequate numbers of teachers who have the time and training necessary to achieve the medical education program's objectives.
- Appropriate teaching space for the methods of pedagogy employed in the medical education program.
- Appropriate educational infrastructure (e.g., computers, audiovisual aids, laboratories).
- Adequate educational support services (e.g., examination grading, classroom scheduling, faculty training in methods of teaching and assessment).
- Adequate support and services for the efforts of the curriculum management body and for any interdisciplinary teaching efforts that are not supported at a departmental level.

The chief academic officer must have explicit authority to ensure the implementation and management of the medical education program and to facilitate change when modifications to the curriculum are determined to be necessary.

DATABASE QUESTIONS

- a. Provide the name and title of the chief academic officer responsible for the medical education program. If the dean has delegated responsibility for the medical student educational program to an associate dean or other individual, provide the name and title of the latter individual.

Name:	
Title:	

- b. Provide a position description for the individual responsible for the medical education program leading to the M.D. degree, if this person is not the dean.

- c. Briefly describe the infrastructure that is under the authority of the chief academic officer (e.g., an office of medical education) whose primary purpose is to provide administrative or academic support for the planning, implementation, evaluation, and oversight of the curriculum. List the individuals, with their titles, in this administrative structure and the percent FTE contribution of each individual to this effort. Note the reporting relationships of the directors of any such office.
- d. Indicate whether there a specific budget for the medical education program. If so, describe how the budget is determined and how and by whom the budgeted funds are allocated to departments and/or individual faculty.

See also information for standards [ED-33](#) and [ED-35](#) and *Required Course and Clerkship Rotation Forms*.

SELF-STUDY QUESTIONS

Does the chief academic officer have sufficient resources and authority to ensure that the educational program is planned and implemented in a way to achieve institutional goals and learning objectives?

SURVEY REPORT GUIDE

Note if, in the opinion of the survey team, the chief academic officer has sufficient and appropriate resources to support the design, implementation, and evaluation of the curriculum, including individuals who can assist in program implementation (such as an Office of Medical Education) .

ED-37

ED-37. A faculty committee of a medical education program must be responsible for monitoring the curriculum, including the content taught in each discipline, so that the program's educational objectives will be achieved.

The committee, working in conjunction with the chief academic officer, should ensure that each academic period of the curriculum maintains common standards for content. Such standards should address the depth and breadth of knowledge required for a general professional education, the currency and relevance of content, and the extent of redundancy needed to reinforce learning of complex topics. The final year should complement and supplement the curriculum so that each medical student will acquire appropriate competence in general medical care regardless of subsequent career specialty.

DATABASE QUESTIONS

- a. Describe the frequency with which and the means by which curricular content is monitored and the ways in which the results of the monitoring are used. For example, is a curriculum database used? Note which individuals, committees, and units (such as departments) receive the results of the reviews of curriculum content.
- b. Describe the means by which gaps and unwanted redundancies in curricular content are identified and corrected. If a curriculum database is used, identify those individuals who have access to it and who have responsibility for monitoring and updating its content.
- c. Describe how the monitoring of curriculum content is used to support horizontal and vertical curriculum integration (e.g., through longitudinal content themes).
- d. Illustrate how the curriculum committee would know where in the curriculum “patient safety” and “clinical nutrition” are taught. For example, if there is a curriculum database, provide print-outs of the results of searches for these two topics. If a curriculum database is not used, illustrate the information that is available and describe the sources of the information that can be used to identify the presence of these topics in the curriculum.

See also information for standard [ED-33](#).

SELF-STUDY QUESTIONS

Assess the adequacy of the system for planning and managing the curriculum and

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ensuring that it is coherent and coordinated. Do the curriculum as a whole and its component parts undergo regular, systematic review? Describe the effectiveness of the procedures in place to identify and rectify any problems in the curriculum as a whole and in individual courses and clerkships (provide specific illustrative examples). Provide evidence that the school monitors the content covered in the curriculum to ensure that all desired content is covered, that gaps or unwanted redundancies do not occur, and that there is appropriate horizontal and vertical integration among content areas.

SURVEY REPORT GUIDE

Indicate how curricular content is monitored, including the presence of a formal curriculum inventory. What processes are in place to ensure that there are no gaps or unintended redundancies.

ED-38

ED-38. The committee responsible for the curriculum at a medical education program, along with program's administration and leadership, must develop and implement policies 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 clinical clerkship rotations.

Attention should be paid to the time commitment required of medical students, especially during the clinical years. Medical students' hours should be set after taking into account the effects of fatigue and sleep deprivation on learning, clinical activities, and health and safety.

DATABASE QUESTIONS

- a. Describe the means by which the curriculum committee or the relevant subcommittee(s), as well as course and clerkship rotation leaders, monitor the academic and clinical workload of medical students within and across individual courses and clerkship rotations.
- b. Describe any policies limiting the amount of scheduled time for medical students in a given week during the preclinical phase of the curriculum.
- c. Summarize any medical school policies on medical student duty hours, including on-call requirements for clinical rotations. Describe the means by which these policies are disseminated to faculty, residents, and students.
- d. Describe the mechanisms by which the effectiveness of duty hours policies is evaluated.
- e. Describe the mechanisms that exist for reporting violations of duty hours policies and the steps that are taken after a report of a violation is received.

See also information for standard [ED-5-A](#) and *Required Courses and Clerkship Rotations, Part A, items (A.) and (B.)*.

SELF-STUDY QUESTIONS

How does the curriculum committee ensure that students have sufficient time for learning? Evaluate the educational workload and the balance between education and

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service in the clinical years. Have effective policies been developed and implemented that address the amount of time that students spend in required activities. Assess the effectiveness of the mechanisms used to monitor student duty hours.

SURVEY REPORT GUIDE

Note if there is a formal policy related to the amount of time students spend in required activities. Describe whether and how the educational workload of students is monitored to ensure that there is appropriate time for independent learning and that duty hours in the clinical years are appropriate.

ED-39

ED-39. The chief academic officer of a medical education program must be responsible for the conduct and quality of the educational program and for ensuring the adequacy of faculty at all instructional sites.

DATABASE QUESTIONS

Note: Questions for standard ED-39 should be completed only by medical schools that operate geographically separate instructional sites/campuses, as defined in the instructions for completing the database.

- a. List each geographically separate instructional site/campus, its location, and the name and title of the principal academic officer at the site.

Campus	Location	Name and Title of Principal Academic Officer

- b. Describe the role of the medical school's chief academic officer in oversight of the conduct and quality of the educational program at all sites. Describe the reporting relationships between the principal academic officer at each geographically separate instructional site/campus, the dean, and the chief academic officer of the medical school, if that individual is someone other than the dean.
- c. For each geographically separate instructional site/campus (including the central medical school campus), indicate the average number of students in a given academic year at that site. The total number of students across sites for each academic year should equal the total student enrollment for that year of the medical curriculum.

Campus	# of Students in Year One	# of Students in Year Two	# of Students in Year Three	# of Students in Year Four
Total				

SELF-STUDY QUESTIONS

For schools that operate geographically separate campuses, evaluate the effectiveness of mechanisms to ensure that educational quality, curricular content, and student services are consistent across sites. Evaluate the effectiveness of the governance model used to ensure that the chief academic officer is responsible for the program's conduct and quality and that faculty across campuses have input into the management and evaluation of the educational program. In order to determine the comparability of teaching and student assessment across campuses, review such things as the patterns of grades and indicators of student performance and satisfaction.

SURVEY REPORT GUIDE

Comment on the administrative relationship between the school and its geographically separate campuses. An organizational chart describing the relationship between the central medical school campus and distributed campus administrations should be included in the Appendix.

ED-40

ED-40. The principal academic officers at each instructional site of a medical education program must be administratively responsible to the program's chief academic officer.

DATABASE QUESTIONS

Note: Questions for standard ED-40 should be completed only by medical schools that operate geographically separate instructional sites/campuses, as defined in the instructions for completing the database.

- a. List each geographically separate instructional site/campus, its location, and the name and title of the principal academic officer at the site.

Campus	Location	Name and Title of Principal Academic Officer

- b. Describe the role of the medical school's chief academic officer in oversight of the conduct and quality of the educational program at all sites. Describe the reporting relationships between the principal academic officer at each geographically separate instructional site/campus, the dean, and the chief academic officer of the medical school, if that individual is someone other than the dean.
- c. For each geographically separate instructional site/campus (including the central medical school campus), indicate the average number of students in a given academic year at that site. The total number of students across sites for each academic year should equal the total student enrollment for that year of the medical curriculum.

Campus	# of Students in Year One	# of Students in Year Two	# of Students in Year Three	# of Students in Year Four

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Total				
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SELF-STUDY QUESTIONS

For schools that operate geographically separate campuses, evaluate the effectiveness of mechanisms to ensure that educational quality, curricular content, and student services are consistent across sites. Evaluate the effectiveness of the governance model used to ensure that the chief academic officer is responsible for the program's conduct and quality and that faculty across campuses have input into the management and evaluation of the educational program. In order to determine the comparability of teaching and student assessment across campuses, review such things as the patterns of grades and indicators of student performance and satisfaction.

SURVEY REPORT GUIDE

Comment on the administrative relationship between the school and its geographically separate campuses. An organizational chart describing the relationship between the central medical school campus and distributed campus administrations should be included in the Appendix.

ED-41

ED-41. The faculty in each discipline at all instructional sites of a medical education program must be functionally integrated by appropriate administrative mechanisms.

The medical education program should be able to demonstrate the means by which faculty at each instructional site participate in and are held accountable for medical student education that is consistent with the objectives and performance expectations established by the course or clerkship rotation leadership. Mechanisms to achieve functional integration may include regular meetings or electronic communication, periodic visits to all instructional sites by the course or clerkship rotation leadership, and sharing of student assessment data, course or clerkship rotation evaluation data, and other types of feedback regarding faculty performance of their educational responsibilities.

DATABASE QUESTIONS

Note: Questions for standard ED-41 should be completed only by medical schools that operate geographically separate instructional sites/campuses, as defined in the instructions for completing the database.

- a. Describe the means by which faculty members in each discipline are functionally integrated across instructional sites/campuses to ensure the comparability of educational experiences and of student assessment (e.g., direct reporting lines to the medical school departments, visits by course and/or clerkship rotation directors and administrators, joint faculty meetings, joint planning exercises).
- b. Describe the means by which faculty at geographically separate instructional sites/campuses are integrated into medical school governance (including membership on relevant committees).

See also information for standard [ED-8](#).

SELF-STUDY QUESTIONS

For schools that operate geographically separate campuses, evaluate the effectiveness of mechanisms to ensure that educational quality, curricular content, and student services are consistent across sites. Evaluate the effectiveness of the governance model used to ensure that the chief academic officer is responsible for the program's conduct and quality and that faculty across campuses have input into the management and evaluation of the educational program. In order to determine the comparability of

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teaching and student assessment across campuses, review such things as the patterns of grades and indicators of student performance and satisfaction.

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Describe the mechanisms that exist to support functional integration and communication among the instructional sites (at all levels, including administrative, departmental, and faculty).

ED-42

ED-42. A medical education program must have a single standard for the promotion and graduation of medical students across all instructional sites.

DATABASE QUESTIONS

Note: Questions for standard ED-42 should be completed only by medical schools that operate geographically instructional sites/campuses, as defined in the instructions for completing the database.

- a. Describe the means by which the chief academic officer ensures that there is a single standard for promotion and graduation across all instructional sites/campuses.
- b. Describe any variations in criteria for the promotion or graduation of medical students at geographically separate instructional sites/campuses of the medical school.

See also information for standard MS-33 in Section IV: Medical Students.

SELF-STUDY QUESTIONS

How does the medical school ensure that there is a single standard for promotion and graduation across campuses and instructional sites?

SURVEY REPORT GUIDE

Are the standards for promotion and graduation consistent across sites?

ED-43

ED-43. A medical education program must assume ultimate responsibility for the selection and assignment of all medical students to all instructional sites or educational tracks. There must be a process whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

A medical education program having multiple instructional sites or distinct educational tracks is responsible for determining the specific instructional site or track for each medical student. That responsibility should not preclude medical students from obtaining alternative assignments if appropriate reasons are given (e.g., demonstrable economic or personal hardship) and if the educational activities and resources involved allow for such reassignment. It is understood, however, that movement among campuses may not be possible (e.g., because the instructional sites may offer different curricular tracks).

DATABASE QUESTIONS

Note: Questions for standard ED-43 should be completed only by medical schools that operate geographically separate instructional sites/campuses, as defined in the instructions for completing the database.

- a. Describe the means by which students are assigned to the each of the medical school instructional sites/campuses (including the “main campus”).
- b. Describe the process, if any, whereby a student can appeal an initial assignment to a specific instructional site/campus or subsequently request a change in site/campus. Note any circumstances in which decisions about student selection and assignment are not made by the parent school.

SELF-STUDY QUESTIONS

For schools that operate geographically separate campuses, evaluate the effectiveness of mechanisms to ensure that educational quality, curricular content, and student services are consistent across sites. Evaluate the effectiveness of the governance model used to ensure that the chief academic officer is responsible for the program’s conduct and quality and that faculty across campuses have input into the management and evaluation of the educational program. In order to determine the comparability of teaching and student assessment across campuses, review such things as the patterns of grades and indicators of student performance and satisfaction.

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Describe the mechanisms used for selection and assignment of students to the distributed campus(es). Describe the process that allows students to request an alternative assignment.

ED-44

ED-44. In a medical education program, medical students assigned to each instructional site should have the same rights and receive the same support services.

DATABASE QUESTIONS

Note: Questions for standard ED-44 should be completed only by medical schools that operate geographically separate instructional sites/campuses, as defined in the instructions for completing the database.

- a. Describe the means by which the medical school ensures that students, regardless of instructional site/campus assignment, have the same rights and support services (e.g., financial aid, health services, personal counseling, career counseling, academic support).
- b. Indicate any student services for which personnel are available only at the main campus of the medical school or parent university and the methods by which students are able to obtain access to those individuals and the services that they provide (e.g., by email, teleconference, travel by the student to the main campus, or travel by medical school personnel to the campus).

Also see Independent Student Analysis.

SELF-STUDY QUESTIONS

For schools that operate geographically separate campuses, evaluate the effectiveness of mechanisms to ensure that educational quality, curricular content, and student services are consistent across sites. Evaluate the effectiveness of the governance model used to ensure that the chief academic officer is responsible for the program's conduct and quality and that faculty across campuses have input into the management and evaluation of the educational program. In order to determine the comparability of teaching and student assessment across campuses, review such things as the patterns of grades and indicators of student performance and satisfaction.

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Indicate whether students at the various sites have access to the same levels of support services, including academic and career counseling, financial aid advising, and health services. Summarize the appropriateness of the infrastructure to support education at each geographically-separate campus (select the appropriate standards from Faculty, Educational Resources). For example, if distance learning is used to deliver didactic instruction across campuses, describe how well this technique functions and the resources that are available to support it.

ED-46

ED-46. A medical education program must collect and use a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which its educational objectives are being met.

The medical education program should collect outcome data on medical student performance, both during program enrollment and after program completion, appropriate to document the achievement of the program's educational objectives. The kinds of outcome data that could serve this purpose include performance on national licensure examinations, performance in courses and clerkship rotations and other internal measures related to educational program objectives, academic progress and program completion rates, acceptance into residency programs, and assessments by graduates and residency directors of graduates' preparation in areas related to medical education program objectives, including the professional behavior of its graduates.

DATABASE QUESTIONS

- a. Check all indicators used by the medical school to evaluate educational program effectiveness:

<input type="checkbox"/>	Results of USMLE/MCC or other national examinations
<input type="checkbox"/>	Student scores on internally developed examinations
<input type="checkbox"/>	Performance-based assessment of clinical skills (e.g., OSCEs)
<input type="checkbox"/>	Student responses on AAMC GQ or the AAMC CGQ
<input type="checkbox"/>	Student evaluation of courses and clerkship rotations
<input type="checkbox"/>	Student advancement and graduation rates
<input type="checkbox"/>	NRMP match results or CARMS match results for Canadian medical schools
<input type="checkbox"/>	Specialty choices of graduates
<input type="checkbox"/>	Assessment of residency performance of graduates
<input type="checkbox"/>	Licensure rates of graduates
<input type="checkbox"/>	Specialty certification rates
<input type="checkbox"/>	Practice locations of graduates
<input type="checkbox"/>	Practice types of graduates
<input type="checkbox"/>	Other (specify)

For each checked item, indicate

- i. The means by which the data are collected (including response rates for questionnaires).

- ii. The groups or individuals that review the data (e.g., curriculum committee, department chairs) and the frequency with which the reviews occur.
- b. Describe the means by which the results of the reviews are used for curriculum evaluation and revision.
- c. Provide evidence that educational program objectives in the domains of knowledge, skills, behaviors, and attitudes are being achieved.
- d. If available, provide summary data on the performance of the medical school's graduates in the following areas:
 - i. USMLE Step 3 or MCCQE Part II
 - ii. Graduate medical education (e.g., from surveys of graduates or residency program directors)

FOR U.S. MEDICAL SCHOOLS ONLY:

- e. Indicate if students at the medical school are required to take or required to pass USMLE Steps 1 and 2. (check)

	Take	Pass
Step 1		
Step 2 CK		
Step 2 CS		

- f. **Supply graphs provided by the National Board of Medical Examiners that compare the performance of national and medical school first-time takers for USMLE Steps 1 and 2 for the past three academic years.**
- g. **For each of the past three academic years, provide results for REPEAT (not first-time) takers of USMLE Steps 1 and 2.**

STEP 1

Year	Number Examined	Percent Passing	Mean Total Score and S.D.		National Mean Total Score and S.D.	
			Score	S.D.	Score	S.D.

STEP 2 CK

Year	Number Examined	Percent Passing	Mean Total Score and S.D.		National Mean Total Score and S.D.	
			Score	S.D.	Score	S.D.

STEP 2 CS

Year	Number Examined	Percent Passing	National Percent Passing

FOR CANADIAN MEDICAL SCHOOLS ONLY:

- d. Attach the summary table (Dean's Report: Section II) of student performance on the MCCQE Part I for each of the past three academic years; include the percentage of students passing.

See also Part A, item (b.) in this section, information for standard [ED-47](#), and Required Course and Clerkship Rotation Forms.

SELF-STUDY QUESTIONS

Describe the evidence indicating that medical education program objectives are being achieved by enrolled students. Evaluate the quality of the evidence, including the appropriateness of the data elements that are used to determine if the school is achieving its medical education program objectives.

Discuss how information from and about enrolled students and graduates is used to evaluate and improve the medical education program.

SURVEY REPORT GUIDE

Describe the measures that are used to evaluate the effectiveness of the educational program. Provide a summary of those individuals or groups that receive the data on

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each measure of program effectiveness and report on how the data are used for educational program review and change

Cite evidence for educational program effectiveness, including data on program outcomes (ED-46). Comment on the presence of any evidence indicating that the objectives of the educational program are being met. Provide data on student performance in the framework of national norms of accomplishment. Include data for the past three years on USMLE Step 1 and Step 2 CK and CS performance, as well as on Step 3 performance, if available. For Canadian schools, provide the results of the Part I MCC Qualifying Examination.

Note: The survey team report will have, as appendices, the outcomes used to determine educational program effectiveness and USMLE Step 1 and Step 2 performance data (number of students examined, percent passing, mean total score, mean national total score) for first-time takers for the three most recently available years, provided by the school.

ED-47

ED-47. In assessing program quality, a medical education program must consider medical student evaluations of their courses, clerkship rotations, and teachers, as well as a variety of other measures.

It is expected that the medical education program will have a formal process to collect and use information from medical students on the quality of courses and clerkship rotations. The process could include such measures as questionnaires (written or online), other structured data collection tools, focus groups, peer review, and external evaluation.

DATABASE QUESTIONS

- a. Summarize the means by which information is collected from students on course and clerkship rotation quality. Include the methods that are used (e.g., questionnaires, focus groups) and average response rates.
- b. Describe if evaluation data are being collected on faculty, residents, and others who provide teaching or supervision in required courses and clerkship rotations.
- c. Describe any other individuals or groups providing information about course and clerkship rotation quality or the quality of faculty teaching (e.g., through peer assessment of teaching or course content).

See also information for [ED-35](#).

SELF-STUDY QUESTIONS

Discuss how information from and about enrolled students and graduates is used to evaluate and improve the medical education program.

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For students' evaluations of their courses and clerkships, describe how and by whom the data are collected (e.g., by a central office of medical education, by individual departments). Indicate whether standardized evaluations are used for courses and clerkships and note the general level of student participation in these evaluations.

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