

# *Connections*

## **Educational Resources (ER) Standard**

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# ER-1

**ER-1. A medical education program must notify the LCME and the CACMS, when applicable, of any substantial change in the number of enrolled medical students or in the resources available to the institution, including the faculty, physical facilities, or finances.**

If the medical education program plans to increase its entering medical student enrollment above the threshold of 10% or 15 medical students in one year, or 20% in three years, the program is required to provide prior notification to the LCME and the CACMS, when applicable. Notification to the LCME must occur by January 1st of the year preceding expansion; notification to the CACMS must occur by September 1st of the year preceding the planned expansion. This notification is required for a medical education program planning to increase class size on its main campus and/or in existing functionally separate instructional sites (without any expansion in the curriculum years that the functionally separate instructional site covers).

A medical education program that plans to start a new functionally separate instructional site or to expand an existing functionally separate instructional site (e.g., from a one-year or two-year program to a four-year program) is required to provide notification of the plans to the LCME and to the CACMS, when applicable, by January 1st of the year preceding the planned creation or expansion of the functionally separate instructional site.

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## DATABASE QUESTIONS

- a. Complete the following table for the anticipated number of new medical students to be admitted in each of the indicated years. If the number is unknown, use "N/A."

	2012	2013	2014	2015	2016
# of New Students					

NOTE: Unless the school states otherwise, the LCME will assume that the program uses the fiscal year of July 1 - June 30.

- b. Summarize trends in the funding sources available to the medical school, including an analysis of their stability. Using data from the Longitudinal Statistical Summary Report (LSSR) or other documentation, explain any substantive changes during the PAST three years for the medical school in the following areas:
- i. Total revenues

- ii. Operating margin
  - iii. Revenue mix
  - iv. Market value of endowments
  - v. Debt service
  - vi. Outstanding debt
  - vii. Departmental reserves
- c. Describe any substantive changes in financial resources anticipated by the medical school over the NEXT three years in the following areas and explain the reasons for the anticipated changes:
- i. Total revenues
  - ii. Revenue mix
  - iii. Obligations and commitments
  - iv. Reserves (amount and sources)
- d. Describe any substantive changes in institutional resources anticipated by the medical school over the NEXT three years in the following areas:
- i. Number of faculty
  - ii. Faculty mix
  - iii. Hospital and other clinical affiliations
  - iv. Graduate medical education programs
  - v. Physical facilities
- e. Describe the medical school's annual budget process and the budgetary authority of the medical school dean. Does the medical school have a consolidated budget process that includes all medical school departments, the clinical practice plan, and/or the health system? Describe the roles and membership of any committees involved in budget planning. Is the medical school's budget approved by the governing board and/or officials of the parent university or, in the case of an investor-owned for-profit medical education program, by the corporate parent of the institution? Is the approval of the governing board required for tuition and fee rates for undergraduate medical students?

- f. Describe the ways in which the medical school's governance, through its board of directors and its organizational structure, supports the effective management of its financial resources. Describe how lines of authority are defined, the internal controls that are in place, the degree of oversight provided by the state/parent/governing board in managing medical school resources, and the relationship between the dean and department chairs in managing departmental resources.
- g. Describe the role of medical school management and administrative systems (e.g., financial, human resources, student information, room inventory, and sponsored programs) in serving the information needs of the medical school leadership. Describe any plans to replace outdated systems and any improvements made since the last full survey visit. Describe the nature and frequency of the financial reports provided to the medical school dean. In the Appendix, provide three examples of recent reports.
- h. Describe the ways in which current and projected capital needs for the missions of the medical school are being addressed. Describe the medical school's policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).
- i. Describe the extent to which financial reserves have been used to balance the operating budget in recent years.
- j. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year.
- k. Provide a revenue and expenditures history for the current fiscal year (based on budget projections) and for each of the past three fiscal years. For U.S. medical schools, the format for the history and the data for the three completed fiscal years should be obtained from the "Rev\_Exp\_History" tab of the school's completed LCME Part I-A Annual Financial Questionnaire. For Canadian medical schools, use the Canadian Faculty of Medicine Financial Summary as the data source, as appropriate.
- l. In the Appendix, provide a copy of the most recent LCME Part I-A Annual Financial Questionnaire, including the Signature Page and excluding the Scratch Pad page (a total of 8 pages). Also, please provide the school's responses to the Web-based companion survey to the LCME Part I-A Annual Financial Questionnaire, the "Overview of Organization and Financial Characteristics." For Canadian medical schools, provide a copy of the Canadian Faculty of Medicine Financial Summary.
- m. If tuition and fees comprise more than 50% of the medical school's total annual revenues, describe the school's plan to reduce dependence on tuition and fees.

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## SELF-STUDY QUESTIONS

None.

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## SURVEY REPORT GUIDE

If relevant, begin the section with a brief discussion of any planned changes in medical student enrollment or institutional resources.

**Note:** The survey team report will have, as an appendix, student enrollment by class year, provided by the school.

# ER-2

**ER-2. The present and anticipated financial resources of a medical education program must be adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.**

The costs of conducting an accredited educational program leading to the M.D. degree should be supported from diverse sources (e.g., income from tuition, endowments, and earnings by the faculty, support from the parent institution, annual gifts, grants from organizations and individuals, appropriations by government). Evidence for compliance with this standard will include documentation of adequate financial reserves to maintain the medical education program in the event of unexpected revenue losses and demonstration of effective fiscal management of the medical education program's budget.

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## DATABASE QUESTIONS

- a. Complete the following table for the anticipated number of new medical students to be admitted in each of the indicated years. If the number is unknown, use "N/A."

	2012	2013	2014	2015	2016
# of New Students					

NOTE: Unless the school states otherwise, the LCME will assume that the program uses the fiscal year of July 1 - June 30.

- b. Summarize trends in the funding sources available to the medical school, including an analysis of their stability. Using data from the Longitudinal Statistical Summary Report (LSSR) or other documentation, explain any substantive changes during the PAST three years for the medical school in the following areas:

viii. Total revenues

ix. Operating margin

x. Revenue mix

xi. Market value of endowments

xii. Debt service

- xiii. Outstanding debt
  - xiv. Departmental reserves
- c. Describe any substantive changes in financial resources anticipated by the medical school over the NEXT three years in the following areas and explain the reasons for the anticipated changes:
- v. Total revenues
  - vi. Revenue mix
  - vii. Obligations and commitments
  - viii. Reserves (amount and sources)
- d. Describe any substantive changes in institutional resources anticipated by the medical school over the NEXT three years in the following areas:
- vi. Number of faculty
  - vii. Faculty mix
  - viii. Hospital and other clinical affiliations
  - ix. Graduate medical education programs
  - x. Physical facilities
- e. Describe the medical school's annual budget process and the budgetary authority of the medical school dean. Does the medical school have a consolidated budget process that includes all medical school departments, the clinical practice plan, and/or the health system? Describe the roles and membership of any committees involved in budget planning. Is the medical school's budget approved by the governing board and/or officials of the parent university or, in the case of an investor-owned for-profit medical education program, by the corporate parent of the institution? Is the approval of the governing board required for tuition and fee rates for undergraduate medical students?
- f. Describe the ways in which the medical school's governance, through its board of directors and its organizational structure, supports the effective management of its financial resources. Describe how lines of authority are defined, the internal controls that are in place, the degree of oversight provided by the state/parent/governing board in managing medical school resources, and the relationship between the dean and department chairs in managing departmental resources.

- g. Describe the role of medical school management and administrative systems (e.g., financial, human resources, student information, room inventory, and sponsored programs) in serving the information needs of the medical school leadership. Describe any plans to replace outdated systems and any improvements made since the last full survey visit. Describe the nature and frequency of the financial reports provided to the medical school dean. In the Appendix, provide three examples of recent reports.
- h. Describe the ways in which current and projected capital needs for the missions of the medical school are being addressed. Describe the medical school's policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).
- i. Describe the extent to which financial reserves have been used to balance the operating budget in recent years.
- j. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year.
- k. Provide a revenue and expenditures history for the current fiscal year (based on budget projections) and for each of the past three fiscal years. For U.S. medical schools, the format for the history and the data for the three completed fiscal years should be obtained from the "Rev\_Exp\_History" tab of the school's completed LCME Part I-A Annual Financial Questionnaire. For Canadian medical schools, use the Canadian Faculty of Medicine Financial Summary as the data source, as appropriate.
- l. In the Appendix, provide a copy of the most recent LCME Part I-A Annual Financial Questionnaire, including the Signature Page and excluding the Scratch Pad page (a total of 8 pages). Also, please provide the school's responses to the Web-based companion survey to the LCME Part I-A Annual Financial Questionnaire, the "Overview of Organization and Financial Characteristics." For Canadian medical schools, provide a copy of the Canadian Faculty of Medicine Financial Summary.
- m. If tuition and fees comprise more than 50% of the medical school's total annual revenues, describe the school's plan to reduce dependence on tuition and fees.

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### SELF-STUDY QUESTIONS

Discuss the adequacy of, the stability of, and the balance among the various sources of financial support for the medical education program and school (i.e., state and local appropriations, income from patient care, proceeds from endowments, tuition income, research income, hospital revenues). Discuss the implications of any downward trends

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in specific revenue sources. Describe the financial prospects for the medical school over the next five years. Note if there are any departments in financial difficulty. Are there systems/policies in place to address departmental financial difficulties?

Describe how the school has positioned its clinical enterprise (faculty practice plan/organization and structure of healthcare system) for achieving optimal results in the local health care environment. Is planning related to the clinical enterprise occurring? Are medical school leaders involved in such planning? How effective is this planning in meeting institutional goals?

Describe how present and future capital needs are being and will be addressed. Is the financial condition of the school such that these needs are being and will continue to be met?

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## SURVEY REPORT GUIDE

Briefly describe recent trends in the school's revenue sources and expenditures, and describe the current and anticipated fiscal condition of the school. Note any major changes or anticipated changes in revenue sources or dependencies on particular revenue sources that might suggest present or future problems. If there is a current or potential fiscal imbalance, assess whether the school has a credible plan to address it.

Using the Annual Financial Questionnaire and information obtained on site, briefly describe the clinical enterprise, (i.e., the system linking the principal hospital(s), the related healthcare system, the faculty practice plan, and the clinical faculty/hospital staff). Describe the condition of the healthcare market in which the school is located and the strength of the school's position in that market.

Note whether the school is planning to engage or is currently engaged in any major construction or renovation projects or other initiatives that require substantial capital investment. If so, describe how capital needs are being or will be addressed.

Comment on the general adequacy of funding to support departmental missions. If any departments were noted in the Institutional Setting section as having financial problems, provide the specifics here, including departmental or school plans to resolve the financial issues.

Conclude with a statement about the school's overall financial status and prospects.

**Note:** The survey team report will generally have, as an appendix, the Four-year Revenue and Expenditure Summary and current Annual Financial Questionnaire.

# ER-3

**ER-3. Pressure for institutional self-financing must not compromise the educational mission of the medical education program or cause it to enroll more medical students than its total resources can accommodate.**

Reliance on medical student tuition should not be so great that the quality of the medical education program is compromised by the need to enroll or retain inappropriate numbers of medical students or medical students whose qualifications are substandard.

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## DATABASE QUESTIONS

- a. Briefly describe the extent to which faculty productivity requirements in research or clinical service have affected the medical school's ability to maintain its commitment to medical student education.
- b. Describe whether the medical school's need to generate revenue is affecting decisions related to current and anticipated student enrollment.

*Also see Section III, Part A (g. and h.) and information for standard FA-2 in Section IV: Faculty.*

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## SELF-STUDY QUESTIONS

Comment on the degree to which pressures to generate revenue (from tuition, patient care, or research funding) affect the desired balance of activities of faculty members. What mechanisms are in place to support the accomplishment of the educational mission?

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## SURVEY REPORT GUIDE

Evaluate whether the school's educational programs are suffering or being endangered by underfinancing, by undue productivity pressures for faculty research or patient care, by the need to increase class size to enhance tuition revenue, or by other factors.

# ER-4

**ER-4. A medical education program must have, or be assured the use of, buildings and equipment appropriate to achieve its educational and other goals.**

The facilities of the medical education program should include offices for faculty, administrators, and support staff; laboratories and other space appropriate for the conduct of research; medical student classrooms and laboratories; lecture hall(s) sufficiently large to accommodate a full year's class and any other students taking the same courses; space for medical student use, including medical student study space; space and equipment for library and information access; and space for the humane care of animals when animals are used in teaching or research.

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## DATABASE QUESTIONS

- a. Complete the following table of teaching facilities for each building in which medical students participate in regularly scheduled classes, including laboratories. Do not include classrooms located in clinical facilities.

Building:		
Year Constructed:		Year of Last Major Renovation:
Type of Room*	Seating Capacity	Main Educational Use(s)**

\*Lecture hall, science lab, conference room, small-group discussion room, etc. If several rooms of similar type and seating capacity are used, simply indicate the total number of such rooms in parentheses.

\*\*Lectures, small-group discussion, dissection, wet labs, slide study, etc.

- b. Indicate the title and organizational placement of the school staff member responsible for scheduling and coordinating the use of these facilities. Indicate whether these facilities are shared with other educational programs. Describe any recurrent problems in gaining access to needed teaching space.
- c. Summarize the number and locations of rooms used for small-group teaching and for laboratories. If there has been an increase in class size, describe whether small-group and laboratory teaching space has expanded to accommodate the increased enrollment.

- d. Describe the facilities used for teaching physical examination skills, conducting standardized patient examinations, and administering OSCEs. Describe any special facilities that are used only for clinical skills instruction or assessment of medical students (i.e., not used for patient care). Note any recurrent problems or shortcomings with the facilities used to teach and assess students' clinical skills.
- e. Complete the table below showing the number of faculty offices, research laboratories, and net square footage for each academic department of the medical school. Add rows as needed.

Department Name	# of Offices	Total Net Sq Ft (Offices)	# of Research Labs	Total Net Sq Ft (Labs)

- f. If the school's animal care facilities are accredited by the American Association for Laboratory Animal Care (AALAC), provide the date of last review and the accreditation status of the facility. Describe the safeguards in place to ensure adequate space for the humane care of animals used in teaching and research.

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**SELF-STUDY QUESTIONS**

Describe how present and future capital needs are being and will be addressed. Is the financial condition of the school such that these needs are being and will continue to be met?

Evaluate the adequacy of the general facilities for the teaching, research, and service activities of the medical school. Are the opportunities for educational excellence or educational change (e.g., introduction of small group teaching, opportunities for active learning) or for the attainment of other medical school missions constrained by space concerns? Describe the likelihood that needed space or space upgrading will be available in the near future. Have enrollment increases led to space constraints? If so, describe how these constraints are currently being addressed.

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## SURVEY REPORT GUIDE

Make brief summary comments about the age, size, appearance, and quality of the school's general facilities (not including hospitals). Assess whether the space available for teaching and research is adequate for the current number of students, for the current or desired curriculum structure, for the number of existing and anticipated faculty and, for current research activity and any anticipated research expansion. Describe any changes that are anticipated in either enrollment or curriculum structure that could affect the need for or adequacy of the space dedicated to education. Comment on whether the space for faculty, research, and educational activities is organized to best advantage (i.e., distributed vs. consolidated). If new construction is planned or underway, describe the proposed new facilities and the timetable for completion.

Summarize student opinion data regarding the quality of educational space and regarding safety and security, both on campus and at clinical teaching sites.

**Note:** The survey team report will have, as an appendix , the table(s) of teaching facilities, faculty offices and research labs, provided by the school.

# ER-5

**ER-5. A medical education program should have appropriate security systems in place at all instructional sites.**

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## **DATABASE QUESTIONS**

- a. Describe the security systems and personnel that are used to provide a safe study and learning environment for medical students during and outside of regular duty and class hours on campus and at clinical teaching sites.
  - b. Describe any special protections available to medical students if they are exposed to physical danger in the learning environment (e.g., during interactions with patients in detention facilities).
  - c. Describe existing and proposed initiatives to prepare for natural and other disasters and emergencies, including planning activities, mandatory training, and resources available to the medical school's students, faculty, and staff.
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## **SELF-STUDY QUESTIONS**

Discuss the adequacy of security systems on each campus and at affiliated educational sites.

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## **SURVEY REPORT GUIDE**

Summarize student opinion data regarding the quality of educational space and regarding safety and security, both on campus and at clinical teaching sites.

# ER-6

**ER-6. A medical education program must have, or be assured the use of, appropriate resources for the clinical instruction of its medical students.**

The clinical resources at the medical education program should be sufficient to ensure the breadth and quality of ambulatory and inpatient teaching. These resources include adequate numbers and types of patients (e.g., acuity, case mix, age, gender) and physical resources.

## DATABASE QUESTIONS

- a. List each inpatient teaching site at which the medical school's students take one or more of the listed required clerkship rotations\* and check the clerkship rotation(s) offered:

Inpatient Facility Name (list)	Check [√]					
	Family Medicine	Internal Medicine	Ob/Gyn	Pediatrics	Psychiatry	Surgery

\* If the medical school offers major core clerkship rotations in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health), please modify the headings accordingly.

- b. For each inpatient facility listed in the preceding table, provide the following information:

(Use a separate page for each institution)

**Facility Name:** \_\_\_\_\_

**Name of Chief Executive**

**Officer:** \_\_\_\_\_

**Year Appointed:** \_\_\_\_\_

Number of beds	
Average occupancy rate	
Average length of stay	
Number of annual admissions	
Number of outpatient visits/year	

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Number of ER visits per year	
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Clinical Service	# of Beds	Average Daily Census	# of Students per Rotation	
			The School's Medical Students	Visiting Medical Students
Family Medicine				
Internal Medicine				
Obstetrics/Gynecology				
Pediatrics				
Psychiatry				
Surgery				

c. Complete the following table for each ambulatory site\* used for required medical student education:

Site Name:		Site Type**:	
Course or Clerkship Rotation Offered	Academic Period (Year) When Offered	Duration (Weeks)	# of Students per Rotation

\*If groups of doctors' offices or preceptorial sites are used, list the total number of such sites used for a given required course or clerkship experience.

\*\*Stand-alone clinic, private offices, etc.

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### SELF-STUDY QUESTIONS

Analyze the adequacy of resources, inpatient and ambulatory, for clinical teaching. For the size of the student body, are there adequate numbers of patients and supervisors available at all sites?

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## **SURVEY REPORT GUIDE**

Describe in serial paragraphs the major hospitals and ambulatory-care facilities utilized for medical student education. If not included in the Appendix, provide data on admissions and numbers of patient visits. Provide a summary description of the network of teaching facilities, and comment on the overall quality and the collective sufficiency of resources for the clinical education of medical students. Comment on any adverse clinical teaching effects attributable to declining hospital utilization, shorter length of stay, increased patient acuity, and/or changed case mix.

# ER-7

**ER-7. Each hospital or other clinical facility of a medical education program that serves as a major instructional site for medical student education must have appropriate instructional facilities and information resources.**

Appropriate instructional facilities at each hospital or other clinical facility include areas for individual medical student study, conferences, and large group presentations (e.g., lectures). Sufficient information resources, including library holdings and access to other library systems, must either be present in the hospital or other clinical facility or readily available in the immediate vicinity. A sufficient number of computers must be readily available that allow access to the Internet and to other educational software. Call rooms and lockers, or other secure space to store personal belongings, should be available for medical student use.

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## DATABASE QUESTIONS

a. Complete the following table for each clinical facility that is used for any inpatient portion of a required core clerkship rotation. Check the appropriate columns indicating if the listed resource is generally available to students during the clerkship rotation.

Facility Name (list)	Check [ <input type="checkbox"/> ]						
	Library	Lecture or Conference Room(s)	Study Area(s)	Computers	Call Rooms	Shower or Changing Area	Lockers

b. Comment on the adequacy at each facility of the educational resources checked above and the adequacy of library and information technology services (i.e., Internet access, access to the medical education Web sites, library holdings, interactive databases, etc.) at each facility.

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## SELF-STUDY QUESTIONS

If needed, has the school been successful in expanding its clinical teaching network to address either increased enrollment or decreased patient volume? Is the patient mix appropriate?

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Are clinical facilities, equipment, and support services appropriate for exemplary patient care?

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### **SURVEY REPORT GUIDE**

Evaluate the overall quality of the educational resources for student education at the clinical teaching sites (e.g., conference and classrooms, on-call quarters, library, computers, Internet access, etc.).

Note: The survey team report will have, as an appendix, the summary data and associated tables for each clinical teaching site, provided by the school.

# ER-8

**ER-8. Required clerkship rotations at a medical education program should be conducted in health care settings in which resident physicians in accredited programs of graduate medical education, under faculty guidance, participate in teaching the medical students.**

It is understood that, at some medical education programs, there may not be resident physicians at some community hospitals or community clinics or the offices of community-based physicians. In those cases, medical students must be adequately supervised by attending physicians.

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## **DATABASE QUESTIONS**

*Refer to information for standard IS-12-A in Section I: Institutional Setting.*

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## **SELF-STUDY QUESTIONS**

Are resident physicians present in at least some settings where students complete required third-year clinical clerkships?

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## **SURVEY REPORT GUIDE**

Note any clinical services without accredited residency training programs.

# ER-9

**ER-9. A medical education program must have written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.**

Written agreements are necessary with hospitals that are used regularly as inpatient sites for core clinical clerkship rotations. Additionally, affiliation agreements may be warranted with other instructional sites that have a significant role in the clinical education program.

Affiliation agreements should address, at a minimum, the following topics:

- The assurance of medical student and faculty access to appropriate resources for medical student education.
- The primacy of the medical education program over academic affairs and the education/assessment of medical students.
- The role of the medical education program in the appointment and assignment of faculty members with responsibility for medical student teaching.
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.

If department heads of the medical education program are not also the clinical service chiefs at affiliated institutions, the affiliation agreement must confirm the authority of the department head to ensure faculty and medical student access to appropriate resources for medical student education.

The medical education program should advise the LCME and the CACMS, when applicable, of anticipated changes in affiliation status of the program's clinical facilities.

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## DATABASE QUESTIONS

a. For each clinical teaching site at which students complete the inpatient portions of one or more required core clerkship rotations\*, insert a copy of the current affiliation agreement with the medical school in the Appendix (red binder).

\*Does not include clinical selectives, subspecialty, or widely dispersed, purely ambulatory clerkship rotations (e.g., at individual preceptors' offices).

b. For each inpatient clinical teaching site in (a) above, check if there is a signed affiliation agreement and if the agreement specifies the listed elements:

Clinical Teaching Site	Signed Affiliation Agreement	Guarantees Student/Faculty Access to Resources	Statement of the Primacy of the Medical Education Program	Role of Medical Education Program in Faculty Appointment/Assignment	Specification of Responsibility for Treatment/Follow-up of Student Occupational Exposure

- c. If not explicitly defined in the affiliation agreements, describe the mechanisms in place (whether formal or informal) at each site to ensure the medical school's authority to conduct educational activities for its students.

*See also information for standards MS-30 and MS-31-A in Section III: Medical Students.*

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### SELF-STUDY QUESTIONS

Describe and evaluate the interaction between the administrators of clinical affiliates used for teaching and the administrators of the medical school. Does the level of cooperation between these groups result in a smoothly operating and effective clinical education program? Are all required elements included in affiliation agreements between the medical school and its clinical partners?

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### SURVEY REPORT GUIDE

Report on whether affiliation agreements exist with all inpatient sites used for required clinical clerkships. Are the affiliation agreements up-to-date and explicit on the role of and expectations for medical students? Note if the affiliation agreements or associated memoranda of understanding include the elements defined in the annotations to standards ER-9 and MS-31-A.

# ER-10

**ER-10. In the relationship between a medical education program and its clinical affiliates, the educational program for medical students must remain under the control of the program’s faculty at each instructional site.**

Regardless of the location in which clinical instruction occurs, department heads and faculty of the medical education program must have authority consistent with their responsibility for the instruction and assessment of medical students.

The responsibility of the clinical facility for patient care should not diminish or preclude opportunities for medical students to undertake patient care duties under the appropriate supervision of the medical education program’s faculty and residents.

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## DATABASE QUESTIONS

- a. For each clinical teaching site at which students complete the inpatient portions of one or more required core clerkship rotations\*, insert a copy of the current affiliation agreement with the medical school in the Appendix (red binder).

\*Does not include clinical selectives, subspecialty, or widely dispersed, purely ambulatory clerkship rotations (e.g., at individual preceptors’ offices).

- b. For each inpatient clinical teaching site in (a) above, check if there is a signed affiliation agreement and if the agreement specifies the listed elements:

Clinical Teaching Site	Signed Affiliation Agreement	Guarantees Student/Faculty Access to Resources	Statement of the Primacy of the Medical Education Program	Role of Medical Education Program in Faculty Appointment/Assignment	Specification of Responsibility for Treatment/Follow-up of Student Occupational Exposure

- c. If not explicitly defined in the affiliation agreements, describe the mechanisms in place (whether formal or informal) at each site to ensure the medical school’s authority to conduct educational activities for its students.

*See also information for standards MS-30 and MS-31-A in Section III: Medical Students.*

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## **SELF-STUDY QUESTIONS**

Describe and evaluate the level of interaction and cooperation related especially to the medical education program that exists between the staff members of the clinical affiliates used for teaching and medical school faculty members and department heads, related especially to the education of medical students.

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## **SURVEY REPORT GUIDE**

Describe whether the clinical service chiefs are appointed by or with the concurrence of the medical school. Note whether, in clinical affiliations, the medical school faculty have control and authority for the educational programs.

# ER-11

**ER-11. An institution that provides a medical education program must provide ready access to well-maintained library facilities sufficient in size, breadth of holdings, and technology to support its educational and other missions.**

Students, faculty, and others associated with an institution that provides a medical education program should have physical or electronic access to the current and prior volumes of leading biomedical, clinical, and other relevant periodicals, self-instructional materials, and any other information resources required to support the institution's missions, including the educational program.

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## DATABASE QUESTIONS

- a. Provide the name and year of appointment for the director of the principal library for the medical school and the title of the person to whom the library director reports. Note any other schools or programs served by the library.
- b. Briefly summarize any campus-wide or consortium agreements that extend the library's access to information resources. Describe whether the library interacts with other university and affiliated hospital libraries and the means by which those interactions take place.
- c. Complete the following table, as appropriate, for the library:

Total user seating	
Number of small-group study rooms	
Number of public workstations	
Number of computer classrooms	
Number of computers or workstations in computer classrooms	

- d. Complete the following table showing library collections for the current and preceding two academic years:

	Current Academic Year	One Year Prior	Two Years Prior
Total current journal subscriptions (all formats)			
Total journal subscriptions (print only)			
Number of book titles (all formats)			

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Number of book titles (print only)			
Number of databases			
Number of external documents provided to users			
Total collection expenditures			

### SELF-STUDY QUESTIONS

Evaluate the quantity, quality, and accessibility of the print and non-print holdings of the library as a resource for medical students, graduate students, and faculty members. Evaluate the usability and functional convenience of the library and of information resources. Are hours appropriate? Is assistance available? Is study space adequate? Are resources, such as computers and audiovisual equipment, adequate? Can students access information from affiliated hospitals or from home?

### SURVEY REPORT GUIDE

Evaluate the adequacy of the library's hours, services, holdings, staff, and facilities. Note whether the library includes study and small-group conference space. Describe the quality of the library's automated databases and bibliographic search, computer, and audiovisual capabilities.

**Note:** The survey team report will have, as an appendix, the tables of library and information technology facilities, library holdings, and library/IT staff, provided by the school.

# ER-12

**ER-12. The library services at an institution that provides a medical education program must be supervised by a professional staff that is responsive to the needs of the students, faculty, and others associated with the institution.**

The library staff serving an institution that provides a medical education program should be familiar with current regional and national information resources and data systems.

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## DATABASE QUESTIONS

- a. Complete the following table describing full-time equivalent (FTE) staffing for the library:

	Library Services
Number of professional staff	
Number of technical and paraprofessional staff	
Number of clerical support staff	
Number of student or hourly support staff	

- b. Describe the mechanisms used to ensure the ongoing development and maintenance of the professional skills of staff members in the library.
- c. Describe the means by which the library supports medical education. How does the library interact with other education support units (e.g., the office of medical education or curriculum planning group, the information services unit)? Describe the ways in which staff members in the library are involved in curriculum planning and curriculum delivery. For example, do library services staff members teach in any courses that are required for medical students or serve as members or *ex officio* members of the medical school curriculum committee or its subcommittees?
- d. Describe the means by which the library:
- Addresses institutional faculty and student needs for quiet and collaborative group and individual study.
  - Provides public access workstations and printing.
- e. List the hours during which the library building and the public access computers are available to faculty members, residents, and students during the academic year.

- f. Describe the methods used to provide faculty members, residents, and students with access to library resources from off-campus sites.
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### **SELF-STUDY QUESTIONS**

Evaluate the participation of library and information technology professionals in the development and implementation of the educational program, including the following:

- Teaching specific skills, such as instruction in computer usage and bibliographic search.
  - Teaching the skills of retrieving and managing information.
  - Interacting with the curriculum committee to coordinate various library and information resources with planned curricular design.
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### **SURVEY REPORT GUIDE**

Note any clinical services without accredited residency training programs.

Describe the location of the library and its organizational relationship to the school of medicine, including participation of library staff in the planning and implementation of the curriculum. Assess whether the library is meeting the needs of the faculty, residents, and students and whether library resources are accessible to students who are off-site. Indicate whether the library is adequately funded and whether an effective mechanism is in place to ensure faculty and student input to the school/university administration on matters of library policy and procedures.

Comment on the availability and accessibility of hardware and software for the delivery and management of the educational program. Note whether support is available to assist faculty in developing and utilizing information technology. Describe the adequacy of school efforts to cultivate self-learning behaviors and of school resources to help the faculty identify or develop educational software.

Note any problems or discontinuities in the integration of information technology on the main campus with remote campuses and clinical training sites. Indicate whether medical students have access to electronic educational resources from off-campus locations.

# ER-13

**ER-13. An institution that provides a medical education program must provide access to well-maintained information technology resources sufficient in scope and expertise to support its educational and other missions.**

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## **DATABASE QUESTIONS**

- a. Provide the name and year of appointment for the director of the information technology (IT) services unit and the title of the individual to whom the director reports. List any other schools or programs serviced by the director's unit.
  - b. Briefly summarize any campus-wide or consortium agreements that extend the IT service unit's access to information resources (e.g., university data network, Internet-2 connection). Describe whether the IT services unit interacts with university and affiliated hospital information networks and the means by which those interactions take place.
  - c. Concisely describe any improvements in facilities and equipment since the last full accreditation survey that address the changing physical and virtual learning environments for medical students and faculty members. Describe, for example, the availability of telecommunications technology that links to clinical sites or regional instructional sites/campuses.
  - d. Note if there is a wireless network on campus and whether wireless capability is available in the library, in classrooms, and in student study areas.
  - e. Note if the capability exists for medical students, residents, and faculty to access educational resources (e.g., curriculum materials, library resources) from off-campus sites.
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## **SELF-STUDY QUESTIONS**

Comment on the adequacy of information technology resources and services, particularly as they relate to medical student education. Are resources adequate to support the needs of the educational program? Are the information systems of the medical school and major clinical affiliates sufficiently well integrated to ensure achievement of the medical school's missions? Note any problems and describe any plans in place to address these problems.

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## SURVEY REPORT GUIDE

Note if there is access to well-maintained information technology resources to support the educational and other missions.

**Note:** The survey team report will have, as an appendix, the tables of library and information technology facilities, library holdings, and library/IT staff, provided by the school.

# ER-14

**ER-14. The information technology staff serving an institution that provides a medical education program must be responsive to the needs of the medical students, faculty, and others associated with the institution.**

The information services staff should facilitate the timely access of medical students, faculty, and others associated with the institution at each instructional site to information resources required by the curriculum and other missions of the institution and have sufficient expertise to facilitate their use.

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## DATABASE QUESTIONS

- a. Complete the following table describing full-time equivalent (FTE) staffing of the information technology (IT) services unit:

	Information Technology Services
Number of professional staff	
Number of technical and paraprofessional staff	
Number of clerical support staff	
Number of student or hourly support staff	

- b. Describe the mechanisms used to assure the ongoing development and maintenance of the professional skills of information technology services staff members.
- c. Describe how the information technology and services unit supports medical education, including support for instructional development and curriculum delivery. For example, are there resources available for faculty members seeking to develop or maintain Web-based teaching materials or for faculty to learn to use technology for distance education?

## SELF-STUDY QUESTIONS

Evaluate the participation of library and information technology professionals in the development and implementation of the educational program, including the following:

- Teaching specific skills, such as instruction in computer usage and bibliographic search.
- Teaching the skills of retrieving and managing information.

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- Interacting with the curriculum committee to coordinate various library and information resources with planned curricular design.
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## **SURVEY REPORT GUIDE**

Comment on the adequacy of the information technology staff and their responsiveness to the needs of medical students.