

# Connections

## Medical Students (MS) Standard

Below is a list of MS Standards. If you click on a standard number it will take you to the page with corresponding *connections*.

[MS-1](#)

[MS-14](#)

[MS-27-A](#)

[MS-2](#)

[MS-15](#)

[MS-28](#)

[MS-3](#)

[MS-16](#)

[MS-29](#)

[MS-4](#)

[MS-17](#)

[MS-30](#)

[MS-5](#)

[MS-19](#)

[MS-31](#)

[MS-6](#)

[MS-20](#)

[MS-31-A](#)

[MS-7](#)

[MS-21](#)

[MS-32](#)

[MS-8](#)

[MS-22](#)

[MS-33](#)

[MS-9](#)

[MS-23](#)

[MS-34](#)

[MS-10](#)

[MS-24](#)

[MS-35](#)

[MS-11](#)

[MS-25](#)

[MS-36](#)

[MS-12](#)

[MS-26](#)

[MS-37](#)

[MS-13](#)

[MS-27](#)

# MS-1

**MS-1. Through its requirements for admission, a medical education program should encourage potential applicants to acquire a broad undergraduate education, including study of the humanities, the natural sciences, and the social sciences.**

Ordinarily, four years of undergraduate education are necessary to prepare for entrance into an M.D. degree program. However, some special programs (e.g., combined baccalaureate-M.D. programs) may permit a reduction in this time period. A broad-based undergraduate education is increasingly important for the development of physician competencies outside of the scientific knowledge domain. (Approved by the LCME October 2010)

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## **DATABASE QUESTIONS**

- a. List all college courses or subjects, including associated laboratories, required for admission to the medical school.
  - b. Identify any courses that are recommended, but not required, for admission to the medical school.
  - c. Describe the process by which the medical school determined its premedical course requirements. How often and by whom are premedical course requirements reviewed?
- 

## **SELF-STUDY QUESTIONS**

Critically review the medical school's admissions criteria and the process of recruitment and selection of medical students, and evaluate their effectiveness. How are the medical education program's selection criteria validated in the context of its mission and other mandates?

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## **SURVEY REPORT GUIDE**

Summarize the requirements for admission, including any courses or topics that are recommended, but not required.

[Back to homepage](#)

# MS-2

**MS-2. A medical education program should restrict its premedical course requirements to those deemed essential preparation for successful completion of its curriculum.**

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## **DATABASE QUESTIONS**

- a. List all college courses or subjects, including associated laboratories, required for admission to the medical school.
  - b. Identify any courses that are recommended, but not required, for admission to the medical school.
  - c. Describe the process by which the medical school determined its premedical course requirements. How often and by whom are premedical course requirements reviewed?
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## **SELF-STUDY QUESTIONS**

Critically review the medical school's admissions criteria and the process of recruitment and selection of medical students, and evaluate their effectiveness.

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## **SURVEY REPORT GUIDE**

Summarize the requirements for admission, including any courses or topics that are recommended, but not required.

[Back to homepage](#)

# MS-3

**MS-3. The faculty of an institution that offers a medical education program must develop criteria, policies, and procedures for the selection of medical students that are readily available to potential and current applicants and their collegiate advisors.**

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## **DATABASE QUESTIONS**

- a. Briefly describe the process of medical student selection, beginning with receipt of the initial application forms and proceeding through preliminary screening for receipt of supplementary application materials, selection for an interview, the interview process, acceptance, the formal offer of admission, and matriculation. For each step, describe the means and selection criteria by which decisions are made and identify the individuals or groups involved in making those decisions.
  - b. Describe the manner in which the medical school's student selection criteria are published and disseminated to potential and actual applicants, their advisors, and others.
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## **SELF-STUDY QUESTIONS**

Critically review the medical school's admissions criteria and the process of recruitment and selection of medical students, and evaluate their effectiveness. How are the medical education program's selection criteria validated in the context of its mission and other mandates?

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## **SURVEY REPORT GUIDE**

Describe the admissions process, including the processes for review of initial applications, for selection of applicants to receive supplementary application materials and to be interviewed, and for selection of applicants to receive offers of admission. Comment on the appropriateness of selection criteria in light of the school's mission, goals, and educational objectives and describe how the criteria are shared with potential applicants and their advisors.

[Back to homepage](#)

# MS-4

**MS-4. The final responsibility for accepting students to a medical school must rest with a formally constituted medical school admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, must be specified in bylaws or other medical school policies. Faculty members must constitute the majority of voting members at all meetings.**

The composition of the medical school admission committee typically reflects the school's mission. The committee may include individuals other than faculty members, including community members and medical students. While individuals other than faculty members may hold voting privileges, they will not, in aggregate, constitute a majority of voting members at any meeting.

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## DATABASE QUESTIONS

- a. Provide a table or list of the current members of the admissions committee, including each member's title and year of appointment to the committee. Identify the current admissions committee chair (name and title). Describe the process by which the chair is selected; the chair's term of service; and the maximum number of terms a chair can serve, if any limit has been set. For all admissions committee members, describe the length of the initial appointment, the opportunities for reappointment, and the maximum length of service, if any.
- b. Describe the process by which admissions committee members are trained and prepared for their duties.
- c. Describe the source of final authority for admission decisions. Describe the process by which final admission decisions are made and identify the individuals or groups involved in making those decisions. Describe the circumstances surrounding any admissions committee decisions or recommendations that have been overruled or rejected since the last full accreditation survey.
- d. If the medical school sponsors or participates in combined professional degree programs (e.g., M.D.-Ph.D., M.D.-M.P.H.), describe the role of the medical school admissions committee in the initial assessment of and final decision-making about candidates for these programs.

## **SELF-STUDY QUESTIONS**

Assess the effectiveness of medical school policies to ensure that selection of students is a faculty responsibility and that there is no conflict of interest in the selection process.

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## **SURVEY REPORT GUIDE**

Describe the composition of the admissions committee and how committee members are selected and oriented. Comment on the perceived integrity of the admissions process, including the role of the admissions committee in making the final admissions decision.

[Back to homepage](#)

# MS-5

**MS-5. A medical education program must have a sufficiently large pool of applicants who possess national level qualifications to fill its entering class.**

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## DATABASE QUESTIONS

- a. Describe the process by which the size of the entering class is determined and identify the individuals or groups involved in making that decision. Does the school have special agreements with external entities within or outside of the U.S. (e.g., international universities, foreign governments) by which some entering students are selected? If so, describe the nature of the agreements and the number of students selected.
- b. In the following table, indicate the total number of medical students enrolled in each academic year of the medical curriculum; if there are combined programs (e.g., M.D.-Ph.D., M.D.-M.P.H.), include only those students enrolled in the M.D. portion of the curriculum in the current academic year.

	First Year	Second Year	Third Year	Fourth Year	Total
Total # of Enrolled Medical Students					

- c. If not included in the response to the previous question, provide similar tables of enrollment by curricular year for students in the following categories: (1) students enrolled in a combined baccalaureate-M.D. program and (2) students enrolled in each joint degree program (e.g., M.D.-Ph.D., M.D.-M.P.H.). For this item, include students who are enrolled in, for example, the Ph.D. portion of an M.D.-Ph.D. program in the current academic year.
- d. If students in combined baccalaureate-M.D. programs or other joint degree programs are not drawn from the same applicant pool as regular medical school applicants, briefly describe the size and characteristics of the applicant pools for each such program.

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

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## SELF-STUDY QUESTIONS

Critically review the medical school's admissions criteria and the process of recruitment and selection of medical students, and evaluate their effectiveness. Is the size of the applicant pool appropriate for the established class size, both in terms of number and quality?

Evaluate the number of students of all types (e.g., medical students, residents, visiting medical students, graduate students in basic sciences) in relation to the constellation of resources available for teaching (e.g., number of faculty members, space, clinical facilities, patients, educational resources, student services).

Evaluate the sufficiency of qualified applicants in relation to the number of students matriculated, as well as in terms of premedical GPAs, MCAT scores, and any other relevant data predicting academic success in medical school.

Evaluate the total number of students enrolled (including students in combined or joint degree programs) relative to the resources available for their education.

**Note:** The survey team report will have, as appendices, student enrollment by class year, and the mean MCAT scores and premedical GPAs for past three entering classes, provided by the school.

[Back to homepage](#)

# MS-6

**MS-6. A medical education program must select for admission medical students who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become effective physicians.**

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## **DATABASE QUESTIONS**

- a. Briefly describe the methods used during the admissions process to evaluate and document the personal or professional characteristics of medical school applicants.
- b. If a standard form is used for applicant interviews, supply a copy of the form and describe the ways in which it is used.
- c. Describe the composition of the pool of individuals who interview medical students, including the total number, student or faculty status, and admissions committee membership. Describe how interviewers who are not members of the admissions committee are selected and trained. Describe how information from applicants that is collected during the interview is considered during the selection process.

*See also Part A, items (a.) and (b.) in this section of the database.*

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## **SELF-STUDY QUESTIONS**

Critically review the medical school's admissions criteria and the process of recruitment and selection of medical students, and evaluate their effectiveness. How are the medical education program's selection criteria validated in the context of its mission and other mandates?

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## **SURVEY REPORT GUIDE**

Evaluate the sufficiency of qualified applicants in relation to the number of students matriculated, as well as in terms of premedical GPAs, MCAT scores, and any other relevant data predicting academic success in medical school.

Note: The survey team report will have, as an appendix, student the mean MCAT scores and premedical GPAs for past three entering classes, provided by the school.

[Back to homepage](#)

# MS-7

**MS-7. At a medical education program, the selection of individual medical students for admission must not be influenced by any political or financial factors.**

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## **DATABASE QUESTIONS**

- a. Provide a table or list of the current members of the admissions committee, including each member's title and year of appointment to the committee. Identify the current admissions committee chair (name and title). Describe the process by which the chair is selected; the chair's term of service; and the maximum number of terms a chair can serve, if any limit has been set. For all admissions committee members, describe the length of the initial appointment, the opportunities for reappointment, and the maximum length of service, if any.
  - b. Describe the process by which admissions committee members are trained and prepared for their duties.
  - c. Describe the source of final authority for admission decisions. Describe the process by which final admission decisions are made and identify the individuals or groups involved in making those decisions. Describe the circumstances surrounding any admissions committee decisions or recommendations that have been overruled or rejected since the last full accreditation survey.
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## **SELF-STUDY QUESTIONS**

Assess the effectiveness of medical school policies to ensure that selection of students is a faculty responsibility and that there is no conflict of interest in the selection process.

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## **SURVEY REPORT GUIDE**

Describe the composition of the admissions committee and how committee members are selected and oriented. Comment on the perceived integrity of the admissions process, including the role of the admissions committee in making the final admissions decision.

[Back to homepage](#)

# MS-8

**MS-8. A medical education program must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission.**

Because graduates of U.S. and Canadian medical schools may practice anywhere in their respective countries, it is expected that an institution that offers a medical education program will recognize its collective responsibility for contributing to the diversity of the profession as a whole. To that end, a medical education program should work within its own institutions and/or collaborate with other institutions to make admission to medical education programs more accessible to potential applicants of diverse backgrounds. Institutions can accomplish that aim through a variety of approaches, including, but not limited to, the development and institutionalization of pipeline programs, collaborations with institutions and organizations that serve students from disadvantaged backgrounds, community service activities that heighten awareness of and interest in the profession, and academic enrichment programs for applicants who may not have taken traditional pre-medical coursework.

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## DATABASE QUESTIONS

- a. Indicate whether the medical school has and/or has access to dedicated resources (e.g., an office, specific staff) for the administration of programs and partnerships to enhance the pool of applicants to medical school, both locally and nationally. If so, describe the organizational locus of the individuals involved in this effort (e.g., in the dean's office, in a university office) and the funding source(s) and time commitment(s) of these individuals.
- b. Describe the major programs in place at the institution that were established to enhance diversity in the pool of well-prepared applicants for admission to medical school, both locally and nationally. For each major program, describe the following:
  - i. The type and purpose of the program and the population(s) to which the program is directed
  - ii. The length of time the program has been in place
  - iii. The program's enrollment data for the three most recent academic years
  - iv. The funding source(s) for the program or partnership
- c. Describe the major partnerships or community relationships in place at the institution that were established to enhance diversity in the pool of well-prepared applicants for

admission to medical school, both locally and nationally. For each major partnership, describe the:

- i. Type of partnership or community relationship
  - ii. Length of time the partnership or community relationship has been in place
  - iii. Frequency of communications and modes of interaction with partners
- d. Describe the means by which the outcomes of these programs/partnerships are tracked. Provide outcome data for program and partnership participants, indicating those participants who were successful in gaining admission to the medical school, other medical schools, other health professions schools, and other health-related graduate programs.
- i. Provide data for the three most recent academic years if program or partnership participants were undergraduate college students.
  - ii. Provide data for the six most recent academic years if program or partnership participants were pre-college students.

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### **SELF-STUDY QUESTIONS**

Describe the school's successes in broadening diversity among medical school applicants. How well are the school's programs to enhance the diversity of the medical school applicant pool functioning? How effective are the school's efforts to track pipeline program graduates?

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### **SURVEY REPORT GUIDE**

Note the existence of programs, partnerships, and/or processes in place (e.g., pipeline programs, institutional collaborations) to support development of a pool of well-qualified applicants to medical school. Describe how the school is tracking the success of these programs.

[Back to homepage](#)

# MS-9

**MS-9. A medical education program must develop and publish technical standards for the admission, retention, and graduation of applicants or students with disabilities, in accordance with legal requirements.**

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## **DATABASE QUESTIONS**

Provide a copy of the medical school's technical standards for the admission, retention, and graduation of applicants with disabilities. Describe the means by which the technical standards are disseminated to potential and actual applicants, enrolled medical students, faculty, and others.

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## **SELF-STUDY QUESTIONS**

Evaluate whether the information available to prospective students, including information about admission criteria and technical standards, is current, accurate, complete, and easily accessible.

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## **SURVEY REPORT GUIDE**

Note whether the school possesses and disseminates technical standards for admission.

[Back to homepage](#)

# MS-10

**MS-10. A medical education program's catalog and other informational, advertising, and recruitment materials must present a balanced and accurate representation of the mission and objectives of the program, state the requirements for the M.D. degree and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkship rotations offered by the program.**

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## **DATABASE QUESTIONS**

- a. Provide a copy of the current medical school bulletin or catalog. If a hard-copy catalog is no longer published, indicate the Web site URL for the requested material. Include specific Web site URL(s) that provide information about the requirements for admission to the M.D. program and all associated joint degree programs, the most recent academic calendar for each curricular option, all required courses and clerkship rotations, the medical school's criteria for selecting medical students, and the student selection process. Include printed copies of the relevant Web pages in the Appendix.
  - b. In the Appendix, provide samples of any recruitment or advertising materials related to the medical school that are made available online, in the media, or in hard copy to potential applicants, health professions advisors, or others.
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## **SELF-STUDY QUESTIONS**

Evaluate whether the information available to prospective students, including information about admission criteria and technical standards, is current, accurate, complete, and easily accessible.

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## **SURVEY REPORT GUIDE**

Comment on the accuracy of the school catalog or equivalent materials in portraying the educational program and admission requirements. Indicate how informational materials about the school and its requirements are disseminated (e.g., hard-copy and/or electronic formats).

[Back to homepage](#)

# MS-11

**MS-11. A medical education program's catalog or other informational materials must enumerate the program's criteria for selecting students for admission and describe the application and admission processes.**

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## **DATABASE QUESTIONS**

- a. Provide a copy of the current medical school bulletin or catalog. If a hard-copy catalog is no longer published, indicate the Web site URL for the requested material. Include specific Web site URL(s) that provide information about the requirements for admission to the M.D. program and all associated joint degree programs, the most recent academic calendar for each curricular option, all required courses and clerkship rotations, the medical school's criteria for selecting medical students, and the student selection process. Include printed copies of the relevant Web pages in the Appendix.
  - b. In the Appendix, provide samples of any recruitment or advertising materials related to the medical school that are made available online, in the media, or in hard copy to potential applicants, health professions advisors, or others.
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## **SELF-STUDY QUESTIONS**

Evaluate whether the information available to prospective students, including information about admission criteria and technical standards, is current, accurate, complete, and easily accessible.

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## **SURVEY REPORT GUIDE**

Comment on the accuracy of the school catalog or equivalent materials in portraying the educational program and admission requirements. Indicate how informational materials about the school and its requirements are disseminated (e.g., hard-copy and/or electronic formats).

[Back to homepage](#)

# MS-12

**MS-12. The resources used by an institution that offers a medical education program to accommodate the requirements of any visiting and transfer medical students must not significantly diminish the resources available to already enrolled medical students.**

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## DATABASE QUESTIONS

Complete the following table for each of the past three academic years:

Number of:	Most Recently Completed Academic Year	One Year Prior	Two Years Prior
Transfer students into the second year			
Transfer students into the third year			
Transfer students into the fourth year			
Visiting students taking required clerkship rotations			
Visiting students taking elective courses			

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## SELF-STUDY QUESTIONS

Evaluate whether the acceptance of transfer students, or visiting students in the school's affiliated teaching hospitals, affects the educational program of regular medical students (i.e., in the context of competition with the school's own medical students for available resources, patients, educational venues, etc.).

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## SURVEY REPORT GUIDE

Evaluate whether adequate resources are available to accommodate the numbers of transfer students accepted by the school. How does the medical school ensure that visiting students do not diminish the resources available to enrolled students.

[Back to homepage](#)



transfers	Source schools:								
Year 3 transfers	Number:								
	Source schools:								
Year 4 transfers	Number:								
	Source schools:								

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### **SELF-STUDY QUESTIONS**

Assess the comparability of credentials of transfer and visiting students and the effectiveness of systems to verify the credentials of visiting students.

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### **SURVEY REPORT GUIDE**

Describe the policy for accepting transfer students, including the requirement for the comparability of their academic achievement. Discuss the academic qualifications of transfer students relative to currently enrolled students.

[Back to homepage](#)

# MS-14

**MS-14. A medical education program must ensure that prior coursework taken by a medical student who is accepted for transfer or admission with advanced standing is compatible with the coursework at the level of the program to be entered.**

## DATABASE QUESTIONS

- a. Describe the process of selecting transferring medical students or students for admission with advanced standing.
- b. Describe the process by which the medical school determines whether the academic work and academic achievement of medical students applying for transfer or for admission with advanced standing are equivalent to the academic work and academic achievement of students in the class that they will join.
- c. If any transfer or advanced standing medical students were admitted for the current academic year, complete the following table:

	Mean Undergraduate GPA	Mean MCAT Biological Science Score	Mean MCAT Physical Science Score	Mean MCAT Verbal Reasoning Score	Modal MCAT Writing Sample	Mean Total Score, USMLE Step 1	Mean Total Score, USMLE Step 2 CK
Year 2 transfers							
Second-year class members							
Year 3 transfers							
Third-year class members							
Year 4 transfers							
Fourth-year class members							

- d. If any transfer medical students were admitted from non-LCME-accredited medical schools since the last full accreditation survey, complete the following table:

		2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Year 2 transfers	Number:								
	Source schools:								
Year 3 transfers	Number:								
	Source schools:								
Year 4 transfers	Number:								
	Source schools:								

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### **SELF-STUDY QUESTIONS**

Assess the comparability of credentials of transfer and visiting students and the effectiveness of systems to verify the credentials of visiting students.

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### **SURVEY REPORT GUIDE**

Describe the policy for accepting transfer students, including the requirement for the comparability of their academic achievement. Discuss the academic qualifications of transfer students relative to currently enrolled students.

[Back to homepage](#)

# MS-15

**MS-15. A medical education program should accept a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.**

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## **DATABASE QUESTIONS**

If the medical school has admitted one or more transfer medical students to the final year of the medical education program during any of the past three academic years, describe the circumstances surrounding the admission decision.

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## **SELF-STUDY QUESTIONS**

Assess the comparability of credentials of transfer and visiting students and the effectiveness of systems to verify the credentials of visiting students.

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## **SURVEY REPORT GUIDE**

Note: if transfer students are accepted into the final year of the program.

[Back to homepage](#)

# MS-16

**MS-16. A medical education program should verify the credentials of each visiting medical student, maintain a complete roster of visiting students, approve each visiting student's assignments, and provide a performance assessment for each visiting student.**

The institution that offers a medical education program is expected to establish protocols or requirements for health records, immunizations, exposure to infectious agents or environmental hazards, insurance, and liability protection comparable to those for its own enrolled medical students.

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## DATABASE QUESTIONS

- a. Describe the process by which the medical school verifies the credentials of and grants approval for medical students from other medical schools to take clerkship rotations or electives at the institution.
- b. Identify the medical school or university staff member who is responsible for maintaining an accurate and current roster of visiting medical students. Describe the information included in the roster and the manner in which it is used.

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## SELF-STUDY QUESTIONS

Assess the comparability of credentials of transfer and visiting students and the effectiveness of systems to verify the credentials of visiting students.

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## SURVEY REPORT GUIDE

Assess the effectiveness of the system for verifying the credentials of and registering visiting students.

[Back to homepage](#)

# MS-17

**MS-17. A medical education program must ensure that any medical student visiting for clinical clerkship rotations and electives demonstrates qualifications comparable to those of the medical students he or she would join in those experiences.**

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## **DATABASE QUESTIONS**

- a. Describe the process by which the medical school verifies the credentials of and grants approval for medical students from other medical schools to take clerkship rotations or electives at the institution.
  - b. Identify the medical school or university staff member who is responsible for maintaining an accurate and current roster of visiting medical students. Describe the information included in the roster and the manner in which it is used.
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## **SELF-STUDY QUESTIONS**

Assess the comparability of credentials of transfer and visiting students and the effectiveness of systems to verify the credentials of visiting students.

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## **SURVEY REPORT GUIDE**

Note the process used to ensure that visiting students have comparable credentials to those of enrolled students.

[Back to homepage](#)

# MS-18

**MS-18. A medical education program must have an effective system of academic advising for medical students that integrates the efforts of faculty members, course directors, and student affairs officers with its counseling and tutorial services.**

There should be formal mechanisms at the medical education program for medical student mentoring and advocacy at each instructional site. The roles of various participants in the advisory system should be defined and disseminated to all medical students. A medical student should have the option of obtaining advice about academic issues or academic counseling from individuals who have no role in making promotion or assessment decisions about him or her.

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## DATABASE QUESTIONS

- a. Describe the elements of the academic advisory system for medical students and how these elements integrate with each other as an effective system. Describe how and when medical students in academic difficulty are identified. Describe the types of assistance available to medical students experiencing academic difficulty, including any assistance available from medical school and other sources (e.g., the parent university).
- b. Describe any programs designed to assist entering medical students who may be at academic risk in adapting to the academic and personal demands of medical school.
- c. Complete the following table for the most recently concluded academic year:

Number of Medical Students Who:	Academic Year				Total
	First	Second	Third	Fourth	
Withdrew or were dismissed					
Transferred to another medical school					
Repeated the entire academic year					
Repeated one or more required courses or clerkship rotations					
Moved to a decelerated curriculum					

Took a leave of absence due to academic problems					
Took a leave of absence for academic enrichment (including research or a joint degree program)					
Took a leave of absence for personal reasons					

- d. Estimate the percentage of students who experience significant academic difficulty and undergo remediation (e.g., a decelerated curriculum, a repeated year, a leave of absence), but who continue to struggle academically (i.e., who withdraw or are dismissed for academic reasons).
- e. Estimate the percentage of a typical entering class that graduates in four years, and provide the overall graduation rate for a typical class.

Four-year Graduation Rate	Overall Graduation Rate

- f. Provide data from the AAMC GQ or the AAMC CGQ, the independent student analysis, and/or internal school surveys on student satisfaction with academic advising and counseling services.

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

### SELF-STUDY QUESTIONS

Comment on the levels of student attrition and academic difficulty in relation to the medical education program’s admission requirements, academic counseling efforts, and remediation programs. Evaluate the efficacy of the program’s system for early identification and remediation of students in academic difficulty. Describe the counseling and remediation systems that are in place, and assess their effectiveness.

### SURVEY REPORT GUIDE

Summarize the academic advisory system in place at the school, including any programs designed to identify and assist potentially high-risk students in the entering class or students who experience academic difficulty during the curriculum. Describe the resources that are available within the school and its parent university to support students who are in academic difficulty. Discuss the attrition rate and the proportion of

students who have taken a leave of absence. Comment on the effectiveness of the school's efforts to identify students experiencing academic difficulty and on the efficacy of remediation activities. Identify how the school assures that there are mechanisms in place to prevent conflicts of interest in the academic advisory system.

[Back to homepage](#)

# MS-19

**MS-19. A medical education program must have an effective system in place to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.**

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## DATABASE QUESTIONS

- a. Describe the medical school's system for career and residency counseling. Provide information on the formal (required) activities that occur for students in each year of the curriculum and the informal activities available to some or all students. Provide a description of the resources available to medical students to support their career investigations, including written and/or online materials, and describe how these materials are used.
  - b. Identify the individual(s) primarily responsible for providing guidance to medical students about their intramural and extramural elective choices for each year of the curriculum. Note the role(s) or title(s) (e.g., student affairs dean, college advisor, departmental faculty advisor) of the individual(s) responsible for the formal approval of medical students' elective courses in each year of the curriculum.
  - c. Provide data from the AAMC GQ or the AAMC CGQ, the independent student analysis, and/or internal school surveys on student satisfaction with the career advising system and with guidance in the choice of electives.
  - d. List the principal components of the medical school's system of assessment that are employed in the composition of the formal Medical Student Performance Evaluation (MSPE, for U.S. medical schools) or the Medical Student Performance Record (MSPR, for Canadian medical schools).
  - e. Indicate the individual(s) primarily responsible for preparation of the MSPE/MSPR and include two representative examples for recent graduates (redacting all personally identifiable information) in the Appendix.
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## SELF-STUDY QUESTIONS

In the context of data from the student independent analysis and data from the most recent AAMC Medical School Graduation Questionnaire/AAMC-AFMC Canadian Graduation Questionnaire, as well as recent NRMP Match rates, evaluate the effectiveness of the systems in place for career counseling, residency preparation, preparation of the MSPE, and the selection of elective courses.

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## **SURVEY REPORT GUIDE**

Describe the system for career counseling and for counseling about application to residency, including formal and informal activities offered by curriculum year. Include the advisors who are available to students and the training that they receive for their roll. Provide data from the independent student analysis and/or the AAMC GQ on student satisfaction with the availability and utility of the career advising program. Report on how well students perform in the NRMP or CaRMS.

Briefly summarize the process for generating the annual Medical Student Performance Evaluation (“dean’s letter”).

Summarize the process of advising students about their choice of electives and describe how and by whom elective choices are screened.

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## **LCME EXPERIENCE SECRETARIAT COMMENTS**

This standard consists of four overlapping areas: elective advising, career advising, the creation of the MSPE, and applying to residency programs. As with most standards, the key issues are revealed in the database questions. The operative word in the first database question is “system.” There must be a system in place for both career advising and elective advising. It is not enough to have numerous career-related events, such as special interest groups for different specialties; there must be a calendar of both required advising events and optional events. A typical minimum calendar of required sessions might include some time at the first-year orientation regarding the structure of the four-year career advising program. While they are not required to do so, schools often introduce their students to the AAMC Careers in Medicine program and website, which provides resources to augment the school-provided required sessions. In the second year, schools often provide students with information about how the MSPE is created and about upcoming opportunities to explore different specialty choices as they begin their core clinical training. Schools often use a required third-year session to revisit the MSPE and to advise about residency interview strategies. Thus, the key is that there is a systematic approach that provides complementary required and optional career planning sessions to students.

The need for a systematic approach to career planning also applies to a school’s approach to elective advising. Both systems involve an easily identifiable “go-to person” in an appropriate medical school office who is charged with the responsibility for advising students about career and elective choices. During survey visits, teams often ask students to answer the question, “Who would you go to if...” they needed help with

choosing a specialty or a residency program or selective a series of electives appropriate to their educational and career goals.

How do teams know if the system is working or the person is known? The third database question tells you the answer. The Graduation Questionnaire, independent student analysis, match rate, and conversations with students on site will be primary sources of validation of the effectiveness of the system.

[Back to homepage](#)

# MS-20

**MS-20. If a medical student at a medical education program is permitted to take electives at another medical education program or institution, there should be a centralized system in the dean's office at the home program to review the proposed extramural electives prior to approval and to ensure the return of a performance assessment by the host program.**

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## **DATABASE QUESTIONS**

- a. Describe the process by which medical students' extramural elective choices are screened prior to their being permitted to enroll.
- b. Describe the system for collecting performance assessments for medical students completing extramural electives.

*See also information for standard MS-19.*

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## **SELF-STUDY QUESTIONS**

In the context of data from the student independent analysis and data from the most recent AAMC Medical School Graduation Questionnaire/AAMC-AFMC Canadian Graduation Questionnaire, as well as recent NRMP Match rates, evaluate the effectiveness of the systems in place for career counseling, residency preparation, preparation of the MSPE, and the selection of elective courses.

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## **SURVEY REPORT GUIDE**

Summarize the process of advising students about their choice of electives and describe how and by whom elective choices are screened.

[Back to homepage](#)

# MS-21

**MS-21. The process of applying for residency programs at a medical education program should not disrupt the general medical education of its medical students.**

A medical education program will develop policies and procedures to minimize the disruption of any required educational or assessment activities of its medical students during the residency application, interview, and match processes.

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## **DATABASE QUESTIONS**

How does the medical school handle potential scheduling conflicts between required academic activities (e.g., fourth-year courses or selectives, examinations) and residency interviews?

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## **SELF-STUDY QUESTIONS**

In the context of data from the student independent analysis and data from the most recent AAMC Medical School Graduation Questionnaire/AAMC-AFMC Canadian Graduation Questionnaire, as well as recent NRMP Match rates, evaluate the effectiveness of the systems in place for career counseling, residency preparation, preparation of the MSPE, and the selection of elective courses.

---

## **SURVEY REPORT GUIDE**

Comment on the mechanisms used by the school to prevent the residency application process from interfering with scheduled academic activities.

[Back to homepage](#)

# MS-22

**MS-22. A medical education program should not provide a Medical Student Performance Evaluation/Dean's Letter required for the residency application of a medical student until November 1 of the student's final year.**

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## **DATABASE QUESTIONS**

What is the earliest date for the release or provision of the MSPE/MSPR or other documents supporting applications to residency programs?

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## **SELF-STUDY QUESTIONS**

In the context of data from the student independent analysis and data from the most recent AAMC Medical School Graduation Questionnaire/AAMC-AFMC Canadian Graduation Questionnaire, as well as recent NRMP Match rates, evaluate the effectiveness of the systems in place for career counseling, residency preparation, preparation of the MSPE, and the selection of elective courses.

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## **SURVEY REPORT GUIDE**

Briefly summarize the process for generating the annual Medical Student Performance Evaluation ("dean's letter").

Note: The survey team report will have, as an appendix, a Sample Medical Student Performance Evaluation ("dean's letter"), provided by the school.

[Back to homepage](#)

# MS-23

## **MS-23. A medical education program must provide its medical students with effective financial aid and debt management counseling.**

In providing financial aid services and debt management counseling, the medical education program should alert medical students to the impact of non-educational debt on students' cumulative indebtedness.

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### **DATABASE QUESTIONS**

- a. Provide the name, title, and date of appointment of the financial aid director. Is the position of financial aid director a medical school or university-level position? Is it a full-time or part-time position? To whom does the financial aid director report?
  - b. Identify the office(s) and/or individual(s) who provide financial aid services to medical students. Describe the means by which medical students obtain financial aid advice and services when they are at educational sites geographically distant from the location of the financial aid office (e.g., during clinical rotations).
  - c. Describe the personnel, space, equipment, and other resources available to the financial aid office. Identify any other student groups (e.g., allied health students, graduate students) that are served by the financial aid office. Indicate the number of financial aid staff members who are available specifically to assist medical students. Are the resources available to the financial aid office adequate to allow it to carry out its responsibilities? If not, please explain.
  - d. Describe the system for effective counseling of medical students about debt management. When in the curriculum and in what format(s) do debt management counseling sessions occur? Note which of the counseling sessions are optional and which are mandatory. Describe the means by which medical students' questions about debt management are answered. Describe the types of information about debt management (e.g., online, printed) that are available to medical students.
  - e. Provide data from the AAMC GQ or the AAMC CGQ, the independent student analysis, and/or internal school surveys on student satisfaction with financial aid counseling and services.
- 

### **SELF-STUDY QUESTIONS**

Evaluate the level of tuition and fees in relation to the amount of graduates' accumulated debt and to the level of financial aid needed and available. Provide an

analysis of the trends in tuition and debt levels. Describe the efforts in place to minimize medical student indebtedness and comment on the effectiveness of these efforts.

Describe the adequacy and availability of financial aid services and debt management programs.

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### **SURVEY REPORT GUIDE**

Comment on the organization, staffing, operation, and accessibility of the financial aid office and note if the office serves students enrolled in other schools in addition to the medical school. Indicate whether it has sufficient staff to meet the needs of enrolled medical students. Briefly summarize the formal and informal programs and services for counseling students about financial aid and debt management, and provide data on student perceptions of the availability and utility of such efforts.

[Back to homepage](#)

# MS-24

**MS-24. A medical education program should have mechanisms in place to minimize the impact of direct educational expenses on medical student indebtedness.**

As key indicators of the medical education program's compliance with this standard, the LCME and the CACMS consider average medical student debt, including the debt of current students and graduates and trends over the past several years; the total number of medical students with scholarship support and average scholarship support per student; the percentage of total financial need supported by institutional and external grants and scholarships; and the presence of activities at the programmatic or institutional levels to enhance scholarship support for medical students. In addition, the LCME and the CACMS will consider the entire range of other activities in which the program could engage (e.g., limiting tuition increases, supporting students in acquiring external financial aid).

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## DATABASE QUESTIONS

- a. Provide a copy of the medical school's most recent LCME Part I-B Financial Aid Questionnaire.
- b. Describe current activities at the medical school or the university level to increase the amount and availability of scholarship and grant support for medical students. For example, is there a current fund-raising campaign devoted to increasing scholarship resources? If so, what is the goal of the campaign, its level of success to date, and the timeframe for completion?

*See also information for standard [MS-23](#) and Part A, items (g.) and (h.) in this section of the database.*

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## SELF-STUDY QUESTIONS

Evaluate the level of tuition and fees in relation to the amount of graduates' accumulated debt and to the level of financial aid needed and available. Provide an analysis of the trends in tuition and debt levels. Describe the efforts in place to minimize medical student indebtedness and comment on the effectiveness of these efforts.

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## SURVEY REPORT GUIDE

Describe recent trends in tuition and fees and in the overall cost of attending the medical school.

Indicate whether the loans and scholarships that are available to students meet their needs. Note any trends in the amount of institutional funding for grants and scholarships, and describe any institutional initiatives for enhancing funding for student scholarship support. Cite the average debt of indebted students in comparison with national norms, and comment on trends in debt levels in the context of institutional initiatives to limit educational debt.

**Note:** The survey team report will have, as an appendix, a copy of the most recent LCME Part I-B Financial Aid Questionnaire (from the Standard-MS-24) provided by the school.

[Back to homepage](#)

# MS-25

**MS-25. An institution that offers a medical education program must have clear and equitable policies for the refund of a medical student's tuition, fees, and other allowable payments.**

“Other allowable payments” may include payments made for health insurance, disability insurance, a parking permit, student housing, and other similar services for which a student may no longer be eligible following withdrawal.

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## **DATABASE QUESTIONS**

Describe the medical school's policy for refunding tuition and fee payments to medical students who withdraw or are dismissed from enrollment.

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## **SELF-STUDY QUESTIONS**

Evaluate the level of tuition and fees in relation to the amount of graduates' accumulated debt and to the level of financial aid needed and available. Provide an analysis of the trends in tuition and debt levels. Describe the efforts in place to minimize medical student indebtedness and comment on the effectiveness of these efforts.

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## **SURVEY REPORT GUIDE**

Report on whether the school's policies for tuition and fee refunds are equitable, and appropriate.

[Back to homepage](#)

# MS-26

**MS-26. A medical education program must have an effective system of personal counseling for its medical students that includes programs to promote the well-being of medical students and facilitate their adjustment to the physical and emotional demands of medical education.**

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## **DATABASE QUESTIONS**

- a. Describe the medical school's system for personal counseling of medical students and comment on its accessibility, confidentiality, and effectiveness. Note especially the individuals available to provide personal counseling and their locations.
  - b. Briefly summarize any medical school programs designed to facilitate medical students' ongoing adjustment to the physical and emotional demands of medical school.
- 

## **SELF-STUDY QUESTIONS**

Evaluate the adequacy and availability of student support, including levels of student satisfaction, in the area of personal counseling and mental health services, including their confidentiality, absence of conflict of interest, and accessibility.

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## **SURVEY REPORT GUIDE**

Describe the personal counseling services available to students, and comment on their accessibility and confidentiality. Provide an assessment of the effectiveness of those efforts, and summarize student opinion on that matter. Report on any programs available to promote student well-being and/or facilitate their adjustment to the demands of medical school.

[Back to homepage](#)

# MS-27

**MS-27. A medical education program must provide medical students with access to diagnostic, preventive, and therapeutic health services.**

Medical students should have timely access to needed preventive, diagnostic, and therapeutic medical and mental health services at sites in reasonable proximity to the locations of their required educational experiences. Students should be supplied with information about where and how to access health services at all locations where required training occurs. Students with school-sponsored health insurance policies should also be informed about coverage for necessary services. Medical schools also should have policies and/or practices that permit students to be excused from classes or clinical activities to seek needed care.

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## **DATABASE QUESTIONS**

- a. Describe the system for providing preventive, diagnostic, and therapeutic health services, including the location(s) of health care sites, hours of operation, and services provided. Describe the means by which the costs of services are covered.
  - b. Describe the process by which the medical school ensures that medical students at all instructional sites/campuses, including those who are completing required away rotations, have information about and access to needed health services.
- 

## **SELF-STUDY QUESTIONS**

Evaluate the adequacy and availability of student support, including levels of student satisfaction, in the area of personal counseling and mental health services, including their confidentiality, absence of conflict of interest, and accessibility.

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## **SURVEY REPORT GUIDE**

Summarize the health services available to students, and evaluate their cost, accessibility, and confidentiality. If there is a student health center, note its location, staffing, and hours of operation. Are students provided with information on how to access health services?

[Back to homepage](#)

# MS-27-A

**MS-27-A. The health professionals at a medical education program who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services.**

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## **DATABASE QUESTIONS**

Describe the policies, procedures, and practices that ensure that the providers of sensitive health, psychiatric, or psychological care to medical students (e.g., for substance abuse, sexually transmitted diseases) will not be in a position at some present or future time to assess their academic performance or take part in decisions regarding their advancement and/or graduation. Include copies of relevant medical school policies and/or procedures.

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## **SELF-STUDY QUESTIONS**

Evaluate the adequacy and availability of student support, including levels of student satisfaction, in the area of personal counseling and mental health services, including their confidentiality, absence of conflict of interest, and accessibility.

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## **SURVEY REPORT GUIDE**

Describe the school's efforts to ensure that those responsible for providing psychiatric or psychological counseling and other sensitive health services to medical students are not also involved in their academic evaluation or in decisions about their promotion or graduation.

[Back to homepage](#)

# MS-28

**MS-28. A medical education program must make health insurance available to each medical student and his or her dependents and provide each medical student with access to disability insurance.**

---

## **DATABASE QUESTIONS**

- a. Indicate whether health insurance is available to all medical students and their dependents and briefly describe the scope of benefits and premium costs. Who pays the insurance premium?
  - b. Indicate whether disability insurance is available to medical students and describe the means by which medical students are informed of its availability.
- 

## **SELF-STUDY QUESTIONS**

Evaluate the adequacy and availability of student support, including levels of student satisfaction, in the area of health and disability insurance.

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## **SURVEY REPORT GUIDE**

Note the school's requirements for student health insurance, including the availability of insurance for students' dependents, and the cost of insurance for students and their dependents. Note also the availability and cost of disability insurance for students.

[Back to homepage](#)

# MS-29

**MS-29. A medical education program should follow accepted guidelines in determining immunizations requirements for its medical students.**

A medical education program in the U.S. should follow guidelines issued by the Centers for Disease Control and Prevention, along with those of relevant state agencies. A medical education program in Canada should follow the guidelines of the Laboratory Center for Disease Control and relevant provincial agencies.

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## **DATABASE QUESTIONS**

- a. Briefly describe the medical school's immunization policies and procedures for its medical students. Describe the process by which these policies were developed.
  - b. Describe the process by which the immunization status of medical students is monitored.
- 

## **SELF-STUDY QUESTIONS**

Evaluate the adequacy and availability of student support, including levels of student satisfaction, in the area of preventive and therapeutic health services, including immunizations.

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## **SURVEY REPORT GUIDE**

Report whether students are adequately screened for immunization status and have access to appropriate vaccinations.

[Back to homepage](#)

# MS-30

## **MS-30. A medical education program must have policies that effectively address medical student exposure to infectious and environmental hazards.**

The medical education program's policies regarding medical student exposure to infectious and environmental hazards should include: 1) the education of medical students about methods of prevention; 2) the procedures for care and treatment after exposure, including a definition of financial responsibility; and 3) the effects of infectious and environmental disease or disability on medical student learning activities. All registered students (including visiting students) should be informed of these policies before undertaking any educational activities that would place them at risk.

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### **DATABASE QUESTIONS**

- a. Describe institutional policies regarding medical student exposure to infectious and environmental hazards, including the following:
    - i. The education of medical students about methods of prevention
    - ii. The procedures for care and treatment after exposure, including definition of financial responsibility
    - iii. The effects of infectious and/or environmental disease or disability on medical student educational activities
  - b. Briefly summarize any protocols that must be followed by medical students regarding exposure to contaminated body fluids, infectious disease screening and follow-up, hepatitis-B vaccination, and HIV testing. Describe when and how students, including visiting students, learn about the procedures to be followed in the event of exposure to blood-borne or air-borne pathogens (e.g., a needle-stick injury).
  - c. Describe when in the course of their medical educations medical students learn how to prevent exposure to infectious diseases, especially from contaminated body fluids.
- 

### **SELF-STUDY QUESTIONS**

Evaluate the adequacy and availability of student support, including levels of student satisfaction, in the education of students about bodily fluid exposure, needlestick

policies, and other infectious and environmental hazards associated with learning in a patient care setting.

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## **SURVEY REPORT GUIDE**

Note how students are instructed about infectious disease prevention and protocols for treatment after exposure during the process of medical education. Summarize the school's policies related to exposure to infectious and environmental hazards and note if students are familiar with the policies and procedures to follow after exposure.

[Back to homepage](#)

# MS-31

**MS-31. In a medical education program, there should be no discrimination on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation in any of the program's activities.**

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## **DATABASE QUESTIONS**

- a. Include a copy of the medical school's anti-discrimination policy.
  - b. Describe any circumstances in which medical school applicants or students may receive differential consideration on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.
- 

## **SELF-STUDY QUESTIONS**

How effective are the medical education program and its clinical partners in ensuring an appropriate learning environment for medical students? Summarize successes and challenges in evaluating the learning environment to support positive and mitigate negative influences on students' acquisition of defined professional attributes.

---

## **SURVEY REPORT GUIDE**

Comment on the school's efforts to create an appropriate learning environment for medical students. Is there an antidiscrimination policy?

[Back to homepage](#)

# MS-31-A

**MS-31-A: A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity).**

The medical education program, including its faculty, staff, medical students, residents, and affiliated instructional sites, shares responsibility for creating an appropriate learning environment. The learning environment includes both formal learning activities and the attitudes, values, and informal "lessons" conveyed by individuals who interact with the medical student. These mutual obligations should be reflected in agreements (e.g., affiliation agreements) at the institutional and/or departmental levels.

It is expected that a medical education program will define the professional attributes it wishes its medical students to develop in the context of the program's mission and the community in which it operates. Such attributes should also be promulgated to the faculty and staff of the medical education program. As part of their formal training, medical students should learn the importance of demonstrating the attributes of a professional and understand the balance of privileges and obligations that the public and the profession expect of a physician. Examples of professional attributes are available from such resources as the American Board of Internal Medicine's Project Professionalism or the AAMC's Medical School Objectives Project.

The medical education program and its faculty, staff, medical students, and residents should also regularly evaluate the learning environment to identify positive and negative influences on the maintenance of professional standards and conduct and develop appropriate strategies to enhance the positive and mitigate the negative influences. The program should have suitable mechanisms available to identify and promptly correct recurring violations of professional standards.

---

## DATABASE QUESTIONS

- a. Provide a list or table of the professional attributes that medical students are expected to develop over the course of their medical education. Describe the process by which the list of desired attributes was developed and the groups responsible for its review and approval (e.g., faculty as a whole, curriculum committee, student government). Describe the means by which the list of desired attributes is made known to medical students, faculty members, residents, and others.
- b. Describe where in the curriculum medical students learn about these professional attributes and the importance of attaining and regularly demonstrating them. Include

in this description examples of formal instructional efforts by which medical students learn about the professional behaviors and attitudes expected of them.

- c. Briefly summarize the methods used to assess medical students' attainment of appropriate professional attributes. Include copies of any assessment instruments. Describe the means by which identified deficiencies are remediated.
- d. Describe the mechanisms used by the medical school and its clinical affiliates/partners to identify positive and negative influences on medical student professional behavior, particularly in the clinical environment. Summarize all available options by which medical students, faculty members, and/or housestaff are able to report observed incidents of unprofessional behavior exhibited by anyone in the learning environment (students, faculty, residents, others). Identify the individual(s) to whom reports of unprofessional behavior can be made.
- e. Identify the individual(s) who is/are responsible for ensuring that appropriate canons of professional behavior established by the medical school are maintained in all educational settings. Describe any policies or procedures (e.g., excerpts from affiliation agreements) establishing the shared responsibility for an appropriate learning environment in clinical settings. Describe any mechanisms (e.g., joint hospital/medical school committees) that exist to foster an appropriate learning environment.

See also information for standards [MS-32](#) and [ER-9](#).

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### **SELF-STUDY QUESTIONS**

How effective are the medical education program and its clinical partners in ensuring an appropriate learning environment for medical students? Summarize successes and challenges in evaluating the learning environment to support positive and mitigate negative influences on students' acquisition of defined professional attributes.

---

### **SURVEY REPORT GUIDE**

Has the medical school defined the professional attributes that students are expected to develop? How are students informed of these attributes? Describe how the school is working with its clinical partners to evaluate the learning environment and to mitigate any negative influences. Is the joint responsibility of the medical school and its clinical partners codified in affiliation agreements?

[Back to homepage](#)

# MS-32

**MS-32. A medical education program must define and publicize the standards of conduct for the faculty-student relationship and develop written policies for addressing violations of those standards.**

The standards of conduct need not be unique to the medical education program; they may originate from other sources (e.g., the parent institution). Mechanisms for reporting violations of these standards (e.g., incidents of harassment or abuse) should ensure that the violations can be registered and investigated without fear of retaliation.

The medical education program's policies also should specify mechanisms for the prompt handling of such complaints and support educational activities aimed at preventing inappropriate behavior.

---

## DATABASE QUESTIONS

- a. Provide a copy of any formal medical school or university statements of the standards of conduct expected in the teacher-learner relationship, including student mistreatment policies. Describe the means by which medical students, residents, faculty (full-time, part-time, and volunteer), and staff are informed about these institutional statements of expected conduct.
- b. Describe and provide a copy (or Web site URL) of any formal or informal policies and procedures for handling allegations of medical student mistreatment, including the avenues for reporting such incidents and the mechanisms for investigating them. Describe any available evidence that documents the effectiveness of such policies.
- c. How is the frequency of medical student mistreatment monitored? Include data from the AAMC GQ or the AAMC CGQ, course and clerkship rotation evaluations, the independent student analysis, and/or internal school surveys that illustrate the recent percentage of students who perceive that they have themselves experienced mistreatment or who have witnessed the mistreatment of another medical student.
- d. What actions has the medical school taken to address the level of medical student mistreatment? Describe any educational programs provided by the medical school or the parent university to prevent medical student mistreatment.

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## SELF-STUDY QUESTIONS

Citing data from the independent student analysis and the AAMC Medical School Graduation Questionnaire/AAMC-AFMC Canadian Graduation Questionnaire, comment

on the effectiveness of school policies for addressing allegations of student mistreatment and for educating the academic community about acceptable standards of conduct in the teacher-learner relationship.

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## **SURVEY REPORT GUIDE**

Provide data on the incidence of student mistreatment. Comment on the school's student mistreatment policies and educational efforts implemented by the school to prevent mistreatment. Note whether standards of conduct have been adopted for the teacher-learner relationship and whether students, faculty, and residents are familiar with these standards. Assess whether students perceive that the school's policies and procedures regarding mistreatment are effective.

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## **LCME EXPERIENCE SECRETARIAT COMMENTS**

A school's compliance with this standard is thoroughly reviewed on all surveys because survey teams and the LCME take the issue of student mistreatment very seriously. A program may be cited for noncompliance with this standard for any of the following reasons:

- the program does not have a policy that addresses student mistreatment
- the policy does not include a process to respond to violations of the policy
- the students are not familiar with the policy (AAMC GQ data are relevant here)
- the faculty are not familiar with the policy
- the students do not know what to do if they are mistreated
- AAMC GQ data show that students do not report mistreatment because of fear of reprisal and there is a lack of evidence of a systematic approach to addressing the issue
- students do not think that the procedure followed by the faculty in responding to a complaint of mistreatment was effective
- AAMC GQ data and/or the independent student analysis indicates that student mistreatment is a problem and there is a lack of evidence of a systematic approach to addressing the issue

As with all standards, the team and the LCME look at this issue from a variety of viewpoints that include conversations with students during the survey visit, review of student questionnaire data, and discussions with faculty and administrators.

Systems that need to be in place to address this issue require networks of communication among physicians, nurses, residents, and students at all clinical training locations.

The 2011 letter from the LCME to the deans of all LCME-accredited medical schools about the need to address student mistreatment documents the LCME's concern about this issue, and it is likely that compliance with this standard will be carefully evaluated in the foreseeable future.

[Back to homepage](#)

# MS-33

**MS-33. A medical education program must publicize to all faculty and medical students its standards and procedures for the assessment, advancement, and graduation of its medical students and for disciplinary action.**

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## **DATABASE QUESTIONS**

Attach a copy of, or the Web site URL for, the medical school's standards and procedures for the assessment, advancement, and graduation of medical students, and the procedures for disciplinary action. Describe the means by which these standards and procedures are publicized to faculty members and medical students.

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## **SELF-STUDY QUESTIONS**

Evaluate the familiarity of students and course and clerkship directors with the school's standards and policies for student advancement, graduation, disciplinary action, appeal, and dismissal.

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## **SURVEY REPORT GUIDE**

Are the school's standards and procedures for student evaluation, advancement, graduation, disciplinary action, dismissal, and appeal clear? Note whether the standards and procedures are widely understood by students, faculty members, and members of the administration.

[Back to homepage](#)

# MS-34

**MS-34. A medical education program must have a fair and formal process in place for taking any action that may affect the status of a medical student.**

The medical education program's process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to promotion, graduation, or dismissal.

---

## **DATABASE QUESTIONS**

- a. Summarize the due process protections in place at the medical school when there is the possibility of the school's taking an adverse action against a medical student for academic or professionalism reasons. Include a description of the process for appeal of an adverse action, including the groups or individuals involved at each step in the process.
  - b. Describe the means by which these protections are made known to medical students.
- 

## **SELF-STUDY QUESTIONS**

Evaluate the familiarity of students and course and clerkship directors with the school's standards and policies for student advancement, graduation, disciplinary action, appeal, and dismissal.

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## **SURVEY REPORT GUIDE**

Describe the due process mechanisms that apply in cases of possible adverse action regarding a student, including timely notice of the charge or action, specification of the particulars of the situation, and opportunity for a fair and impartial hearing. Briefly summarize the options for appealing recommendations for dismissal or disciplinary action.

[Back to homepage](#)

# MS-35

**MS-35. Medical student educational records at a medical education program must be confidential and available only to those members of the faculty and administration with a need to know, unless released by the medical student or as otherwise governed by laws concerning confidentiality.**

---

## **DATABASE QUESTIONS**

Describe the general content of the medical student's academic record file. Identify the location at which medical students' academic records are maintained. Identify the institutional official(s) who is/are authorized to examine or review such records.

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## **SELF-STUDY QUESTIONS**

Review the adequacy of systems for providing students with access to their records and ensuring the confidentiality of student records.

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## **SURVEY REPORT GUIDE**

Describe the location where students' academic records are stored. Describe the system for assuring the confidentiality of student records and for making student records readily accessible to students who wish to review them.

[Back to homepage](#)

# MS-36

**MS-36. A medical student enrolled in a medical education program must be allowed to review and challenge his or her records.**

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## **DATABASE QUESTIONS**

- a. Describe the components of the student record and identify any component(s) of the record that students are not permitted to review. Provide the rationale for the institutional review policy that precludes students' review of that material.
  - b. Describe the procedure that medical students must follow in order to review or challenge their records. Describe the process in place at the medical school that ensures medical students' timely access to their records.
  - c. Describe the means by which the medical school's policies and procedures regarding medical students' access to, review of, and challenges to student records are made known to faculty and medical students.
  - d. Indicate whether there is medical school policy in place that addresses opportunities for medical students to review their performance in required course and clerkship rotations and, if necessary, to appeal an examination or course grade. If so, describe any review and appeal processes.
- 

## **SELF-STUDY QUESTIONS**

Review the adequacy of systems for providing students with access to their records and ensuring the confidentiality of student records.

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## **SURVEY REPORT GUIDE**

Describe the process for students to review and challenge their records. Note any impediments to student review or challenge of examinations or course grades.

[Back to homepage](#)

# MS-37

**MS-37. A medical education program should ensure that its medical students have adequate study space, lounge areas, and personal lockers or other secure storage facilities at each instructional site.**

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## **DATABASE QUESTIONS**

- a. Describe the quantity, quality, and accessibility of medical student study space and lounge, recreation, and relaxation areas at each instructional site/campus. Indicate whether medical students share such space or facilities with students in other programs.
  - b. Summarize the storage facilities for medical students' personal possessions and valuables (e.g., microscopes, computers, wallets/purses, clothing), both at the main or home campus and at other instructional sites/campuses.
  - c. Provide data from the AAMC GQ or the AAMC CGQ, the independent student analysis, and or internal school surveys on student satisfaction with study and relaxation space.
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## **SELF-STUDY QUESTIONS**

Assess the adequacy and quality of student study space, lounge and relaxation areas, and personal storage facilities at all educational sites. Is there sufficient and appropriate student study space?

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## **SURVEY REPORT GUIDE**

Comment on and provide student satisfaction data on the quality, quantity, and availability of study space, student lounge and relaxation areas, and storage facilities for personal belongings.

[Back to homepage](#)