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**Data Collection Instrument**

**for Full Accreditation Surveys**

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**Published April 2024**

**For Medical Education Programs with**

**Full Accreditation Surveys in the 2025-26 Academic Year**

LCME® *Data Collection Instrument* for Full Accreditation Surveys in the 2025-26 Academic Year

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# Standard 1: Mission, Planning, Organization, and Integrity

**A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.**

### Supporting Documentation

1. Provide map(s) illustrating the locations of affiliated hospitals and of any regional campuses.

2. Provide a brief summary of major changes occurring since the time of the last full survey visit in areas such as clinical resources/partnerships, major curriculum changes/new programs, new teaching sites/campuses, and/or new facilities.

## **1.1 Strategic Planning and Continuous Quality Improvement**

**A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term** **programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program’s compliance with accreditation standards.**

### Narrative Response

a. Provide the mission statement of the medical school and note when it was last approved.

b. Include the date of the medical school’s most recent strategic plan and describe the process used for strategic plan development. Note whether that plan is stand-alone or is in conjunction with the sponsoring organization (e.g., university, health system). How often and by whom is the strategic plan reviewed and/or revised?

c. Describe how, when, and by what individual(s)/group(s) the outcomes of the school’s strategic plan are monitored and acted upon. Provide two examples of outcomes from the most recent strategic goals/objectives and a description of the actions or activities undertaken to evaluate and act on the outcomes.

d. Describe the personnel and other resources available for continuous quality improvement (CQI) activities related to the medical education program, including those supporting monitoring of LCME elements.

e. When was the school’s CQI process for monitoring accreditation elements most recently reviewed/revised? How and by whom were the elements currently selected for monitoring identified and approved? Identify who has core responsibility for and authority to manage the CQI effort.

f. Complete the following table that illustrates the monitoring process for each selected element (add rows as needed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Element Monitored | Timing of Monitoring of the Element | Data Source(s) Used to Monitor the Element | Individuals/Groups Receiving the Results | Individual/Group Responsible for Taking Action |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

g. Provide two examples of actions taken in response to the school’s CQI monitoring of accreditation elements and describe how the school has determined/will determine if the actions are successful.

### Supporting Documentation

1. The current strategic plan of the medical school or the plan of the sponsoring organization that includes the medical school.

## 1.2 Conflict of Interest Policies

**A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.**

### Narrative Response

a. Place an “X” next to each unit for which the primary institutional governing board is directly responsible:

|  |  |
| --- | --- |
|  | University system |
|  | Parent university |
|  | Health science center |
|  | Medical school |
|  | Other (describe): |

b. If the primary institutional governing board is responsible for any units in addition to the medical school (e.g., other colleges), is there a separate/subsidiary board or board committee for the medical school?

c. Is the medical school part of a for-profit, investor-owned entity? If so, identify any board members, administrators, or faculty members who are shareholders/investors/administrators in the holding company for the medical school.

d. Place an “X” next to each area in which the medical school or sponsoring organization has a faculty conflict of interest policy:

|  |  |
| --- | --- |
|  | Conflict of interest in research |
|  | Conflict of private interests of faculty with academic/teaching/responsibilities |
|  | Conflict of interest in commercial support of continuing medical education |

e. Describe the strategies for identifying and managing actual or perceived conflicts of interest for the following groups:

* + Medical school/sponsoring organization governing board
	+ Medical school administrators
	+ Medical school faculty

### Supporting Documentation

1. Policies and procedures intended to prevent or address financial or other conflicts of interest among governing board members, medical school administrators, and medical school faculty (including recusal from discussions or decisions if a potential conflict occurs).

## 1.3 Mechanisms for Faculty Participation

**A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities** **for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.**

### Supporting Data

|  |
| --- |
| **Table 1.3-1 | Standing Committees** |
| List all major standing committees of the medical school and provide the requested information for each, including whether members are *all appointed* (A), *all self-nominated/peer-nominated*/*peer*-*selected* (S), or *both appointed and self-nominated/peer-nominated/peer-selected* (B), and whether the committee is charged with making *recommendations* (R), is *empowered to take action* (A), or *both* (B). |
| Committee | Reports to | Total Voting Members | Total FacultyVoting Members\* | MembershipSelection (A/S/B) | Authority(R/A/B) |
|  |  |  |  |  |  |

\* This excludes individuals with administrative titles.

### Narrative Response

a. Summarize how the selection process for faculty committees ensures that there is an opportunity for input from and participation by the general faculty in the governance process.

b. Describe how the medical school obtains input from faculty on proposed changes to policy and on other issues of importance. Describe one recent specific example of where faculty provided such input, and how and by which individuals/groups that input was considered.

c. List any mechanisms other than faculty meetings (e.g., written or electronic communications) that are used to inform faculty about new or modified policies and issues of importance at the medical school.

## 1.4 Affiliation Agreements

**In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school’s faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum the following:**

1. The assurance of medical student and faculty access to appropriate resources for medical student education
2. The primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students
3. The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
4. 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
5. The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment

### Supporting Data

|  |
| --- |
| **Table 1.4-1 | Affiliation Agreements** |
| For each clinical teaching site used for the inpatient portion of required clinical clerkships, including hospitals in the medical school’s/university’s own health system, provide the page number(s) in the current affiliation agreement or, in cases in which the medical school and the health system are one and the same, in an executed letter of commitment where passages containing the following information appear. Add rows as needed.1. Assurance of medical student and faculty access to appropriate resources for medical student education
2. Primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students
3. Role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
4. 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
5. Shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment
 |
|  |  | Page Number(s) in Agreement |
| Clinical teaching site | Date agreement last signed | 1.Access to resources | 2.Primacy of program | 3.Faculty appointments | 4.Environmental hazard | 5.Learning environment |
|  |  |  |  |  |  |  |

1. How does the school ensure the primacy of the educational program for ambulatory sites that have a significant role in required clinical experiences?

### Supporting Documentation

1. The signed/executed affiliation agreement for each clinical teaching site at which students complete the inpatient portions of required (core) clinical clerkships/experiences and/or integrated longitudinal clerkships/experiences. This does not include inpatient clinical sites only used for electives or selectives. *Note: Each affiliation agreement should be saved as a separate document.*

2. For ambulatory sites (e.g., clinics, group practices) that have a significant role in required clinical clerkships/experiences, provide a copy of the template memoranda/letters of understanding or other formal agreements by which the medical school ensures the primacy of the medical education program in the areas included in the element.

3. For individual physicians who have a significant role in required clinical clerkships/experiences, provide a copy of the template letter of agreement or of faculty appointment by which the medical school ensures the primacy of the medical education program in the areas included in the element.

## 1.5 Bylaws

**A medical school promulgates bylaws or similar policy documents that describe the responsibilities of the dean and the faculty and the charges to the school’s standing committees.**

### Narrative Response

a. Provide the page number(s) in formally approved documents (e.g., bylaws or other policy documents) where each of the following is described, and note when and by whom each of these documents was last reviewed and approved:

1. responsibilities of the dean

2. responsibilities of the faculty

3. charges to the school’s standing committees

b. Briefly describe how these formal documents are made available to the faculty.

### Supporting Documentation

1. Formally approved document(s) as noted above.

## 1.6 Eligibility Requirements

**A medical school ensures that its medical education program meets all eligibility requirements of the LCME for initial and continuing accreditation, including receipt of degree-granting authority and accreditation by a regional accrediting body of either the medical school or its sponsoring organization.**

### Narrative Response

a. Provide the state in which the institution is chartered/legally authorized to offer the MD degree.

b. Place an “X” next to the institutional accrediting body that accredits the medical school or sponsoring organization:

|  |  |
| --- | --- |
|  | Higher Learning Commission (HLC) |
|  | Middle States Commission on Higher Education (MSCHE) |
|  | New England Commission of Higher Education (NECHE) |
|  | Northwest Commission on Colleges and Universities (NWCCU) |
|  | Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) |
|  | WASC Senior College and University Commission (WSCUC) |

c. Provide the current institutional accreditation status of the medical school or its sponsoring organization and the year of the next accreditation survey.

# Standard 2: Leadership and Administration

**A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.**

## 2.1 Administrative Officer and Faculty Appointments

**The senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the governing board of the institution.**

### Supporting Data

|  |
| --- |
| **Table 2.1-1 | Administrative Officer and Faculty Appointments** |
| Complete this table for each category of appointee. Use “A “if the category is *directly and solely appointed* by the Board of Trustees or “D” if the Board of Trustees has *delegated the appointment to another appointing authority* (e.g., the president, provost, or dean). If the Board of Trustees has no role in the appointment of individuals in that category, leave the cell blank. |
| Medical School Dean | Medical School Administrators | Medical School Faculty |
|  |  |  |

## 2.2 Dean’s Qualifications

**The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school**.

### Narrative Response

a. List the missions of the medical school (e.g., education, research) for which the dean has formal leadership responsibility as specified in the dean’s formal position description.

b. Provide a brief summary of the dean’s experience and qualifications to provide leadership in each of the medical school’s mission areas for which the dean has responsibility.

### Supporting Documentation

1. Dean’s abbreviated curriculum vitae.

2. Dean’s position description from bylaws or other policy documents. If the dean has an additional role (e.g., vice president for health/academic affairs, provost), include that position description as well.

## 2.3 Access and Authority of the Dean

**The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the medical school and to other institutional officials in order to fulfill decanal responsibilities; there is a clear definition of the dean’s authority and responsibility for the medical education program.**

### Narrative Response

a. Describe the dean’s formal (organizational) interactions with and access to sponsoring organization and health system administrators. Provide examples to illustrate that the dean interacts with these administrators in discussions of and planning related to the needs of the medical education program.

b. Summarize the formal mechanisms that are used by the dean to exercise authority over faculty who participate in the medical education program but are not employed by the medical school.

### Supporting Documentation

1. Organizational chart(s) illustrating the relationship of the medical school dean to sponsoring organization administration and to the administrators of the health system, health science center and/or affiliated teaching hospitals (if relevant).

## 2.4 Sufficiency of Administrative Staff

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish effectively the missions of the medical school.

### Supporting Data

|  |
| --- |
| **Table 2.4-1a |** **The Members of the Office of the Associate Dean for Students/Student Affairs are Accessible.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-1b | The Office of the Associate Dean for Students/Student Affairs Leadership and Staff are Aware of Student Concerns.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-1c | The Office of the Associate Dean for Students/Student Affairs Leadership and Staff Respond to Student Problems.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-2a | The Members of the Office of the Associate Dean for Educational Programs/Medical Education are Accessible.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-2b | The Office of the Associate Dean for Educational Programs/Medical Education Leadership and Staff are Aware of Student Concerns.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-2c | The Office of the Associate Dean for Educational Programs/Medical Education Leadership and Staff Respond to Student Problems.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 2.4-3 | Department Chair Staffing** |
| Provide the requested information regarding current department chairs. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed. |
| Name of department | Name of incumbent | Date appointed | For acting/interim chairs, date previous incumbent left |
|  |  |  |  |

|  |
| --- |
| **Table 2.4-4 | Number of Department Chair Vacancies** |
| Indicate the number of vacant/interim department chair positions for each of the listed academic years (as available). |
| AY 2023-24 | AY 2024-25 | AY 2025-26 |
|  |  |  |

|  |
| --- |
| **Table 2.4-5 | Dean’s Administrative Staff** |
| Provide the requested information regarding current members of the dean’s administrative staff. Include those individuals with dean and director titles. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed. |
| Name of incumbent | Title | % Effort dedicated to administrative role | Date appointed | For acting/interim dean’s staff, date previous incumbent left |
|  |  |  |  |  |

### Narrative Response

a. If any members of the dean’s administrative staff hold interim/acting appointments, describe the status and timeline of recruitment efforts to fill each of the position(s).

b. If there are any interim/acting department chairs, describe the status and timeline of recruitment efforts to fill the position(s).

### Supporting Documentation

1. Organizational chart of the dean’s office.

## 2.5 Responsibility of and to the Dean

**The dean of a medical school with one or more regional campuses is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus is administratively responsible to the dean.**

*Note: Only schools operating one or more regional campus(es) should respond to Element 2.5.* See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definition of regional campus.

### Supporting Data

|  |
| --- |
| **Table 2.5-1 | Regional Campus(es)** |
| Provide the requested information for each regional campus. Add rows as needed. |
| Campus | Location | Phase(s)\* of the Curriculum Taught at the Campus | Title of Principal Academic Officer |
|  |  |  |  |
|  |  |  |  |

\* Phases of the curriculum (pre-clerkship, clerkship/clinical)

### Narrative Response

a. Describe the reporting relationship between the medical school dean/CAO and the principal academic officer at each regional campus.

b. Describe how the medical school dean/designated chief academic officer (CAO) oversees the following:

1. the conduct and quality of the medical education program at all regional campuses

2. the adequacy of campus faculty in terms of numbers and areas of expertise

3. the adequacy of resources (e.g., patient volume and type, infrastructure, facilities)

Provide one example of how the dean/CAO participated in addressing a problem related to campus educational program resources and/or quality.

c. Describe the reporting relationships of other campus administrators (e.g., student affairs) to administrators at the central (administrative) campus.

d. Describe the ways in which the principal academic officer(s) at regional campus(es) are integrated into the administrative structures of the medical school (e.g., as a member of the Executive Committee/Dean’s Cabinet).

### Supporting Documentation

1. Position description for the role of the principal academic officer at the regional campus(es).

## 2.6 Functional Integration of the Faculty

**At a medical school with one or more regional campuses, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and data sharing).**

*Note: Only schools operating one or more regional campus(es) should respond to Element 2.6.* See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definition of regional campus.

### Narrative Response

a. Describe how faculty members in each discipline are functionally integrated across regional campuses at the department and medical school levels, including whether there are activities such as joint faculty meetings/retreats and visits by departmental and medical school (e.g., dean, dean’s staff) leadership. Provide examples of the occurrence of such activities in the past two years.

b. Describe how medical school policies and/or faculty bylaws ensure the participation of faculty based at regional campuses in medical school governance (e.g., in committee membership).

c. List the number of faculty member(s) and/or senior administrative staff member(s) based at the regional campus(es) currently serving on each of the standing committees of the medical school as specified in institutional bylaws/policies.

### Supporting Documentation

1. Organizational chart(s) illustrating the relationship of the site directors of pre-clerkship courses to course directors (if relevant).

2. Organizational chart(s) illustrating the relationship of clerkship site directors to clerkship directors (if relevant).

# Standard 3: Academic and Learning Environments

**A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students’ attainment of competencies required of future physicians.**

## 3.1 Resident Participation in Medical Student Education

**Each medical student in a medical education program participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited program of graduate medical education.**

### Narrative Response

a. Provide the percentage of medical students in the current graduating class who will complete one or more required clinical experiences or selectives at an inpatient or outpatient site where residents participate in medical student teaching/supervision. For schools with regional campuses, provide these data by campus.

b. If residents are not present at any of the sites where all required clinical experiences are conducted for some or all students (e.g., at a longitudinal integrated clerkship site or a regional campus) or if some or all students do not have the opportunity to interact with residents prior to residency application, describe how medical students learn about the expectations and requirements of the next phase of their training.

## 3.2 Community of Scholars/Research Opportunities

**A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.**

### Supporting Data

|  |
| --- |
| **Table 3.2-1a | I Have Access to Research Opportunities.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 3.2-1b | The Medical School Supports Student Participation in Research.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. Describe how faculty scholarship is fostered in the medical school, including the infrastructure and other resources available to support faculty scholarship (e.g., a formal mentorship program, a research office, support for grant development, seed funding for research project development).

b. If medical students are required to participate in research, describe how students, including students at regional campuses, are assisted in identifying a research project and a mentor, and informed about project requirements.

c. If research is not a requirement for medical students, briefly describe the opportunities for interested students to participate in research, including how they are informed about research opportunities. If the medical school has one or more regional campuses, note how students at each campus have access to research opportunities.

d. Describe the funding, personnel, and other resources available to support medical student participation in research and/or other scholarly activities.

## 3.3 Diversity Programs and Partnerships

**A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.**

### Supporting Data

|  |
| --- |
| **Table 3.3-1 | Offers Made to Applicants to the Medical School** |
| Provide the total number of offers of admission to the medical school made to individuals in the school’s mission-aligned diversity categories for the indicated academic years. Add rows as needed for each diversity category. |
| School-identifiedDiversity Category | 2024 Entering Class | 2025 Entering Class |
| # of Declined Offers | # of Enrolled Students | TotalOffers | # of Declined Offers | # of Enrolled Students | TotalOffers |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Table 3.3-2 | Enrolled Students in the School’s Mission-Aligned Diversity Categories** |
| Provide the requested information for the 2024-25 academic year on the number and percentage of enrolled students in each of the school-identified diversity categories. |
| School-identifiedDiversity Category | First Year Students Number (%) | All Students Number (%) |
|  |  |  |

|  |
| --- |
| **Table 3.3-3 | Diversity Programs and Partnerships** |
| List each current program aimed at broadening the diversity of qualified medical school applicants. Provide the average enrollment (by year or cohort), target participant group(s) (e.g., college, high school, other students), and a description of any partners/partnerships, if applicable. Add rows as needed. |
| Program | Year Initiated | Target Participants | Average Enrollment | Partners |
|  |  |  |  |  |

### Narrative Response

a. Describe how the medical school expresses its commitment to the value of diversity in the academic learning environment, for example in its mission statement or in other documents such as its strategic plan.

b. Provide the categories of mission-aligned student diversity. If the category requires a definition (e.g., the specific definition of “rural” or “socioeconomically disadvantaged”), provide that as well.

c. Describe the medical school’s activities directed toward recruiting a pool of applicants and retaining a body of students who possess the backgrounds and experiences consistent with the school’s mission-aligned diversity categories.

d. Describe how the medical school ensures that its faculty and senior administrative staff are prepared to support its diverse student body. How does the school determine that this support is adequate and effective?

e. Describe how the medical school monitors and evaluates the effectiveness of its diversity programs and partnerships to develop a diverse national pool of medical school applicants. Provide evidence of program effectiveness, such as the number of participants and data on program outcomes.

### Supporting Documentation

1. Provide the mission statement, strategic plan excerpt, or policy that demonstrates the school’s commitment to the value of diversity in the academic learning environment.

## 3.4 Anti-Discrimination Policy

**A medical school has a policy in place to ensure that it does not discriminate on the basis of age, disability, gender identity, national origin, race, religion, sex, sexual orientation or any basis protected by federal law.**

### Narrative Response

a. Does the medical school’s anti-discrimination policy include all the protected categories required in the Element? If not, note what is missing.

b. Describe how the medical school’s anti-discrimination policy is made known to members of the medical education community.

### Supporting Documentation

1. The medical school’s formal anti-discrimination policy (or the sponsoring organization’s policy that applies to the medical school).

## 3.5 Learning Environment/Professionalism

**A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.**

### Supporting Data

|  |
| --- |
| **Table 3.5-1 | Professional Behaviors** |
| List the professional behaviors that medical students are expected to develop, the location(s) in the curriculum where there are formal learning experiences and/or assessments related to these behaviors, and the methods used to assess student attainment of each behavior. Add rows as needed. |
| Behavior | Location(s) in Curriculum | Assessment Method(s) |
|  |  |  |

### Narrative Response

a. Describe how the required professional behaviors are made known to students, faculty, residents, and others in the medical education learning environment.

b. Summarize the procedures used by medical students, faculty, or residents to report observed incidents of unprofessional behavior or concerns with the learning environment. Describe the way in which the medical school ensures that allegations of unprofessional behavior or concerns with the learning environment can be made and investigated without fear of retaliation.

c. Describe the methods and tools used to evaluate the learning environment in order to identify positive and negative influences on the development of medical students’ professional behaviors, especially in the clinical setting. Include the timing of these evaluations, what specifically is being evaluated, and the individuals or groups who are provided with and empowered to act on the results. Describe the process(es) used for follow-up when reports of unprofessional behavior have been made. Note if there is one individual or a committee that ensures all reports of unprofessional behavior are addressed.

d. Provide two specific examples of strategies that recently have been used to enhance positive or mitigate negative aspects of the learning environment.

### Supporting Documentation

1. Examples of the types of instruments used to evaluate the learning environment.

## 3.6 Student Mistreatment

**A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.**

### Supporting Data

For medical education programs with regional campuses, provide data for each campus.

|  |
| --- |
| **Table 3.6-1a | Student Mistreatment Experiences**  |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) for the listed year on the percentage of respondents reporting experiences with each of the following behaviors during medical school. |
|  | AAMC GQ 2024 |
| Never | Once | Occasionally | Frequently |
| School % | National % | School % | National % | School % | National % | School % | National % |
| Publicly embarrassed |  |  |  |  |  |  |  |  |
| Publicly humiliated  |  |  |  |  |  |  |  |  |
| Threatened with physical harm |  |  |  |  |  |  |  |  |
| Physically harmed  |  |  |  |  |  |  |  |  |
| Required to perform personal services |  |  |  |  |  |  |  |  |
| Subjected to unwanted sexual advances |  |  |  |  |  |  |  |  |
| Asked to exchange sexual favors for grades or other rewards |  |  |  |  |  |  |  |  |
| Denied opportunities for training or rewards based on gender |  |  |  |  |  |  |  |  |
| Subjected to offensive, sexist remarks/names |  |  |  |  |  |  |  |  |
| Received lower evaluations/grades based on gender  |  |  |  |  |  |  |  |  |
| Denied opportunities for training or rewards based on race or ethnicity |  |  |  |  |  |  |  |  |
| Subjected to racially orethnically offensive remarks/names  |  |  |  |  |  |  |  |  |
| Received lower evaluations or grades solely because of race or ethnicity rather than performance  |  |  |  |  |  |  |  |  |
| Denied opportunities for training or rewards based on sexual orientation |  |  |  |  |  |  |  |  |
| Subjected to offensive remarks, names related to sexual orientation |  |  |  |  |  |  |  |  |
| Received lower evaluations or grades solely because of sexual orientation rather than performance  |  |  |  |  |  |  |  |  |
| Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 3.6-1b | Student Mistreatment Experiences**  |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) for the listed year on the percentage of respondents reporting experiences with each of the following behaviors during medical school. |
|  | AAMC GQ 2025 |
| Never | Once | Occasionally | Frequently |
| School % | National%  | School % | National%  | School % | National % | School % | National%  |
| Publicly embarrassed |  |  |  |  |  |  |  |  |
| Publicly humiliated  |  |  |  |  |  |  |  |  |
| Threatened with physical harm |  |  |  |  |  |  |  |  |
| Physically harmed  |  |  |  |  |  |  |  |  |
| Required to perform personal services |  |  |  |  |  |  |  |  |
| Subjected to unwanted sexual advances |  |  |  |  |  |  |  |  |
| Asked to exchange sexual favors forgrades or other rewards |  |  |  |  |  |  |  |  |
| Denied opportunities for training or rewards based on gender |  |  |  |  |  |  |  |  |
| Subjected to offensive, sexist remarks/names |  |  |  |  |  |  |  |  |
| Received lower evaluations/grades based on gender  |  |  |  |  |  |  |  |  |
| Denied opportunities for training or rewards based on race or ethnicity |  |  |  |  |  |  |  |  |
| Subjected to racially or ethnically offensive remarks/names  |  |  |  |  |  |  |  |  |
| Received lower evaluations or grades solely because of race or ethnicity rather than performance  |  |  |  |  |  |  |  |  |
| Denied opportunities for training or rewards based on sexual orientation |  |  |  |  |  |  |  |  |
| Subjected to offensive remarks, names related to sexual orientation |  |  |  |  |  |  |  |  |
| Received lower evaluations or grades solely because of sexual orientation rather than performance  |  |  |  |  |  |  |  |  |
| Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 3.6-2a | The Medical School’s Student Mistreatment Policy is Clear.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 3.6-2b | I am Aware There is a Process for Reporting Student Mistreatment and Know Where to Find It.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 3.6-2c | I am Aware of the Medical School’s Activities to Prevent Student Mistreatment.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 3.6-2d | The Medical School’s Activities to Prevent Student Mistreatment are Effective.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. Describe how, when, and by whom medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff are informed about the medical school’s definition of mistreatment and the medical student mistreatment policies.

b. Describe how and when medical students, including visiting students, are informed about the procedures for reporting alleged incidents of mistreatment.

c. Describe the procedures used by medical students, faculty, or residents to report individual or observed incidents of alleged mistreatment in the learning environment and identify the individuals to whom reports can be directed. Describe the way in which the medical school ensures that allegations of mistreatment can be made and investigated without fear of retaliation. Describe the process(es) used for follow-up when reports of alleged mistreatment have been made.

d. How, by whom, and how often are summative data on the frequency of medical students experiencing mistreatment collected and reviewed? Are these summative data shared with relevant members of the medical education community?

e. Note recent actions that have been taken in response to school-identified mistreatment incidents and/or data from the AAMC GQ or student surveys related to the incidence of mistreatment.

f. Describe recent educational activities for medical students, faculty, and residents that were directed at preventing student mistreatment.

### Supporting Documentation

1. Formal medical school or sponsoring organization policies on student mistreatment, including the formal definition of mistreatment, the policies and/or procedures for responding to allegations of medical student mistreatment and the avenues for reporting and mechanisms for investigating reported incidents.

# **Standard 4: Faculty Preparation, Productivity, Participation, and Policies**

**The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.**

## 4.1 Sufficiency of Faculty

**A medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the institution.**

### Supporting Data

|  |
| --- |
| **Table 4.1-1 | Total Faculty**  |
| Provide the total number of full-time, part-time, and volunteer faculty in the basic science and clinical departments for each listed academic year (as available). |
|  | Full-Time Faculty Employed by the Medical School or Clinical Affiliate\* | Part-Time or Volunteer Faculty Involved in Teaching Medical Students |
| Academic Year | Basic Science\* | Clinical | Basic Science | Clinical |
| 2023-24 |  |  |  |  |
| 2024-25 |  |  |  |  |
| 2025-26 |  |  |  |  |

\* Full-time basic science faculty may be based in either basic science or clinical departments

|  |
| --- |
| **Table 4.1-2 | Basic Science Faculty**  |
| List each of the medical school’s *basic science* disciplines and the department where the faculty are based (basic science or clinical department) and provide the number of faculty in that discipline and department who are teaching medical students. Do not include faculty in basic science disciplines who have no role in medical student education (e.g., have a full-time research role). Only list those disciplines (e.g., pathology) included in the basic science faculty counts in Table 4.1-1. Schools with one or more regional campus(es) should also provide the campus name. Add rows as needed. |
| Campus | Discipline | Department | Full-Time Faculty | Full-Time Vacant | Part-Time and Volunteer Faculty |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Table 4.1-3 | Clinical Faculty** |
| List the medical school’s *clinical departments* and provide the number of clinical (MD/DO) faculty in each department. Only list departments included in the faculty counts in Table 4.1-1. Schools with one or more regional campus(es) should provide the campus name in each row. Add rows as needed. |
| Campus | Department | Full-Time Faculty | Full-Time Vacant | Part-Time and Volunteer Faculty |
|  |  |  |  |  |
|  |  |  |  |  |

### Narrative Response

a. Provide general definitions, as used by the school, for the categories of full-time, part-time, and volunteer faculty.

b. Provide the amount or range of protected time for course and clerkship directors. Summarize how the amount of protected time was determined and its sufficiency evaluated.

c. Describe any situations where there have been recent problems identifying sufficient faculty with the appropriate expertise and time to teach medical students (e.g., to provide lectures in a specific content area, to serve as small group facilitators, to serve as clinical skills teachers). Note where in the curriculum these problems occurred and how and by whom they have been/are being addressed.

d. Describe anticipated attrition in the basic science and clinical faculty who participate in the medical education program over the next three years, including faculty retirements.

e. Describe faculty recruitments, by discipline, planned over the next three academic years. Provide the anticipated timing of these activities and whether these recruitments are included in the projected budget for the relevant year(s). Note if these are new recruitments or to replace faculty who have retired/left the institution.

f. List the basic science disciplines and clinical departments where faculty have primary and ongoing teaching responsibilities for students other than the school’s own medical students. Describe how the school ensures that this does not compromise the availability of faculty to contribute to the medical education program.

## 4.2 Faculty Appointment Policies

**A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve the faculty, the appropriate department heads, and the dean and provides each faculty member with written information about term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.**

### Narrative Response

a. Describe how and when faculty members are notified of the following:

1. Terms and conditions of employment, including privileges

2. Benefits

3. Compensation, including policies on practice earnings

4. Assignment to a faculty track

b. Describe how and when faculty members are notified about their responsibilities and effort allocation in teaching, research and, where relevant, patient care and indicate whether such notification occurs on a regularly scheduled basis.

### S**upporting Documentation**

1. Medical school or sponsoring organization’s policies describing each faculty track. Note when and by whom these policies were last reviewed and approved.

2. Policies and procedures for initial faculty appointment, renewal of appointment, promotion, granting of tenure (if relevant), and dismissal. Note when and by whom these procedures were last reviewed and approved.

## 4.3 Scholarly Productivity

**The faculty of a medical school demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.**

### Supporting Data

|  |
| --- |
| **Table 4.3-1 | Scholarly Productivity**  |
| Provide the total number of each type of scholarly work, by department (basic science and clinical), from the most recently completed year (academic or calendar year, whichever is used in the medical school’s accounting of faculty scholarly efforts). Only count each article/book chapter once per department. |
| Department | Articles inPeer-Review Journals | Published Books/Book Chapters | Faculty Co-Investigators orPI’s on Extramural Grants | Other Peer-Reviewed Scholarship\* |
|  |  |  |  |  |
| \*Provide a definition of “other peer-reviewed scholarship,” if this category is used: |
| Provide the year used for these data:  |

### Narrative Response

a. Describe the medical school’s expectations for faculty scholarship by faculty track, including whether scholarly activities are required for retention, promotion, and the granting of tenure for some or all faculty.

## 4.4 Feedback to Faculty

**A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on academic performance and progress toward promotion and, when applicable, tenure.**

### Narrative Response

a. Describe which categories of faculty receive formal feedback from departmental (i.e., the department chair or division/section chief) or other programmatic or institutional (e.g., center directors, program leaders, senior administrators) leaders on their academic performance, progress toward promotion and, if relevant, tenure, and how and when this feedback occurs

b. Summarize the type(s) of feedback provided to other categories of faculty (e.g., volunteer/adjunct) who are not included in the requirement to receive the feedback specified above (i.e., the formal feedback from the department chair/departmental leadership).

**Supporting** Documentation

1. Medical school or sponsoring organization policies that require faculty to receive regular formal feedback on their performance and their progress toward promotion and, if relevant, tenure, including when and by whom these policies were last reviewed and approved.

## 4.5 Faculty Professional Development

**A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and research to enhance his or her skills and leadership abilities in these areas.**

### Narrative Response

a. Describe the organizational placement (e.g., faculty development office, medical school dean’s office, university office) of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Provide the percentage of effort allocated by each of these individuals to faculty development activities.

b. Describe how faculty members are informed about the availability of in-person or virtual faculty development programming related to teaching and assessment skills. How does the medical school ensure that faculty development can be accessed by faculty at all instructional sites, including clinical affiliates and regional campuses?

c. Describe how problems with an individual faculty member’s teaching and assessment skills are identified and how and by whom they are remediated.

d. Describe the availability of funding to support faculty members’ participation in professional development activities related to their own discipline/specialty (e.g., attendance at professional meetings) and to their teaching role (e.g., attendance at regional/national medical education meetings).

e. Provide examples of formal activities at the departmental, medical school, and/or sponsoring organization level to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement. List the categories of personnel (e.g., biostatisticians, grant reviewers) available to assist faculty in acquiring and enhancing such skills.

f. Describe the specific programs or activities offered to assist faculty in preparing for promotion.

## 4.6 Responsibility for Medical School Policies

**At a medical school, the dean and a committee of relevant medical school administrators and faculty representatives determine the governance and policymaking processes within their purview.**

### Narrative Response

a. Describe the standing or other committee, such as an executive committee, in which the dean, relevant medical school administrators, and faculty representatives determine the governance and policy-making processes of the medical school. Describe the committee’s membership, charge or purpose, scope of authority and areas within its purview, and how often it meets.

b. Briefly describe how the faculty have input to this committee.

c. Provide examples of concerns addressed by the committee and actions taken by the committee to address those concerns during the most recent academic year.

# Standard 5: Educational Resources and Infrastructure

**A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.**

### Supporting Data

|  |
| --- |
| **Table 5.0-1 | Medical School Revenue Sources** |
| Provide the requested revenue totals from the LCME Part I-A Annual Financial Questionnaire (AFQ) for each indicated fiscal year (FY) and the *percentage of total revenues* represented by each amount. Use the “total revenues” from the AFQ for this calculation.  |
|  | FY 2023 | FY 2024 |
|  | $ | % of Total Revenues | $ | % of Total Revenues |
| Total tuition and fees revenues |  |  |  |  |
|  Revenues from tuition and fees (T&F) assessed to medical students |  |  |  |  |
|  Revenues from T&F assessed to grad students in med school programs  |  |  |  |  |
|  Revenues from continuing medical education programs  |  |  |  |  |
|  Other tuition and fees revenues  |  |  |  |  |
| Total expenditures and transfers from government and parent support  |  |  |  |  |
|  Total federal appropriations |  |  |  |  |
|  Total adjusted state and parent support  |  |  |  |  |
|  Total local appropriations  |  |  |  |  |
| Total grants and contracts  |  |  |  |  |
|  Total direct costs - federal government  |  |  |  |  |
|  State and local government grants and contracts  |  |  |  |  |
|  Other grants and contracts direct expenditures |  |  |  |  |
|  Total facilities and administration costs expenditures  |  |  |  |  |
| Practice plans total revenues  |  |  |  |  |
| Total expenditures and transfers from hospital funds  |  |  |  |  |
|  Total expenditures and transfers from university hospital funds |  |  |  |  |
|  Total expenditures and transfers from VA hospital funds  |  |  |  |  |
|  Total expenditures and transfers from other affiliated hospital funds  |  |  |  |  |
| Restricted gift funds expended |  |  |  |  |
| Unrestricted gift funds expended |  |  |  |  |
| Expenditure of income from restricted endowment funds  |  |  |  |  |
| Expenditure of income from unrestricted endowment funds  |  |  |  |  |
| Total other revenues  |  |  |  |  |
| Total revenues  |  |  |  |  |
| Total expenses and transfers  |  |  |  |  |

## 5.1 Adequacy of Financial Resources

**The present and anticipated financial resources of a medical school are derived from diverse sources and are adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.**

### Narrative **Response**

a. Summarize trends in each of the funding sources available to the medical school, including an analysis of their stability. Describe any substantive changes in the following areas during fiscal years 2023, 2024, 2025, and 2026 (based on current projections).

1. Total revenues

2. Operating margin

3. Revenue mix

4. Market value of endowments

5. Medical school reserves

6. Debt service

7. Outstanding debt

8. Departmental reserves

b. Describe any substantive changes anticipated by the medical school in the following areas during the three fiscal years following the fiscal year in which your full survey visit will take place and explain the reasons for any anticipated changes.

1. Total revenues

2. Revenue mix

3. Obligations and commitments (e.g., ongoing commitments based on prior chair searches)

4. Reserves (amount and sources)

c. Describe the medical school’s annual budget process and the role and authority of the medical school dean in budget development and approval.

d. Describe the ways in which the medical school’s governance, through its organizational structure, supports the effective management of its financial resources.

e. Describe the ways that funding for the current and projected capital needs of the medical school is being addressed.

f. Describe the medical school’s policy and practice with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

g. Describe whether and for what purpose(s) financial reserves, or other sources, have been used to balance the operating budget over the past three fiscal years.

h. Summarize the key findings resulting from the most recent external financial audits of the medical school (including medical school departments) and/or its sponsoring organization.

### Supporting Documentation

1. The medical school’s responses to the most recent LCME Part I-A Annual Financial Questionnaire (AFQ), consisting of the items below.

a. Signed Signature Page

b. Current Funds Revenues, Expenditures, and Transfers – Data Entry Sheet

c. Schedules A-E

d. Revenues and Expenditures History

2. The medical school’s responses to the web-based companion survey to the LCME Part I-A AFQ, the “Overview of Organization and Financial Characteristics Survey.”

3. A revenue and expenditures summary for fiscal years 2023, 2024,2025, and 2026 (based on current projections). Use the format and row labels from the “Revenues and Expenditures History” page of the LCME Part I-A AFQ (i.e., from the last page of the AFQ).

4. A copy of the most recent audited financial statements for the medical school and/or its sponsoring organization.

## 5.2 Dean’s Authority/Resources

**The dean of a medical school has sufficient resources and budgetary authority to fulfill the dean’s responsibility for the quality and sustainability of the medical education program.**

### Narrative **Response**

a. Note if the medical school dean serves as the chief academic officer (CAO) of the medical education program\*. If the dean is not the CAO and responsibility for management of the medical education program is delegated to an associate dean or other individual serving as CAO, provide the name and title of this individual, and the percentage of time the individual devotes to this administrative responsibility.

|  |  |  |
| --- | --- | --- |
| Name | Title | % Effort in the CAO Role  |
|  |  |  |

See the Glossary *of Terms for LCME Accreditation* *Standards and Elements* at the end of this DCI for the LCME definition of chief academic officer.

b. Describe how the dean/CAO participates in institution-level/system-level planning to ensure that the resource needs of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are considered.

c. Describe the budgetary authority of the medical school dean in accessing funds from the medical school budget.

d. Describe how and by whom the budget to support the planning and delivery of the school’s medical education program is developed and approved, and how it is allocated to departments and administrative units.

e. Provide the names and titles of the staff leadership (e.g., director of assessment, director of institutional computing) of groups/units responsible for providing administrative or academic support for the planning, implementation, and evaluation of the curriculum and for student assessment. DO NOT include the academic leadership of the medical education program (e.g., associate dean for medical education) under “staff leadership”. Include the percentage of time contributed by each individual to this effort. Add rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Staff Leader | Title | To Whom Does the Staff Leaders Report | % Effort to Support the Medical Education Program | # of Staff Reporting to Leader |
|  |  |  |  |  |

## 5.3 Pressures for Self-Financing

**A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school’s educational mission.**

### Supporting Data

|  |
| --- |
| **Table 5.3-1 | Tuition and Fees**  |
| Percentage of total revenue from tuition and fees as reported on the LCME Part I-A Annual Financial Questionnaire (AFQ) section titled “Current Funds Revenues, Expenditures and Transfers – Data Entry Sheet” for the indicated years. Please calculate each percentage by dividing “Total Tuition and Fees Revenues” by “Total Revenues Reported.” |
| FY 2021 | FY 2022 | FY 2023 | FY 2024 |
|  |  |  |  |

### Narrative Response

a. Describe how and at what administrative level (e.g., the medical school, the sponsoring organization administration, the board of trustees, the legislature) the size of the medical school entering class ultimately is set. How does the school/institutional leadership ensure that the number of medical students does not exceed available resources (i.e., faculty and educational facilities)?

b. Describe the process used for and the groups involved in setting tuition and fees for the medical school.

c. Describe how and by whom pressures to generate funding from clinical care, research, and/or tuition are being managed to prevent negative effects on the medical education program.

## 5.4 Sufficiency of Buildings and Equipment

**A medical school has, or is assured the use of, buildings and equipment sufficient to achieve its educational, clinical, and research missions.**

### Supporting Data

|  |
| --- |
| **Table 5.4-1 | Pre-clerkship Classroom Space** |
| Provide the requested information on the types of classroom space (lecture hall, laboratory, clinical skills teaching/ simulation space, small group discussion room, etc.) used for each instructional format during *the pre-clerkship* medical curriculum. Only include space used for regularly scheduled medical school classes, including laboratories and clinical teaching/assessment activities. Add rows as needed. |
| Room Type/Purpose | # of Roomsof this Size/Type | Seating Capacity(provide a range if variable across rooms) | Building(s) in WhichRooms are Located |
|  |  |  |  |

|  |
| --- |
| **Table 5.4-2 | The Medical School’s Pre-clerkship Lecture Halls and Large Group Classroom Facilities Are Suitable For The Educational Sessions That Are Held in Them.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.4-3 | The Medical School’s Pre-clerkship Small Group Teaching Spaces Are Suitable For The Educational Sessions That Are Held in Them.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. If educational spaces used for required classes in the pre-clerkship medical curriculum (e.g., lecture halls, laboratories, small group rooms) are shared with other schools/programs, provide the office or individual responsible for scheduling the spaces and note if the medical education program has priority in scheduling decisions.

b. If classrooms or lecture halls are shared by students in different years of the medical school curriculum, describe how and by whom the spaces are scheduled and how allocation of the space is managed.

c. Describe any recent challenges in obtaining access to needed large-group and small group teaching spaces for the pre-clerkship phase of the curriculum and how and by whom these have been/are being resolved.

d. Describe any recent or current pre-clerkship phase teaching space renovations or construction. If there has been a recent increase in class size or a curriculum change that requires different teaching spaces, note how these changes have been accommodated (e.g., increases in room size, type, and/or number).

e. Describe the facilities used for teaching and assessment of students’ clinical and procedural skills and their location(s). Note if this space is also used for other purposes or programs. If so, describe how scheduling is managed to avoid potential conflicts.

f. Describe how research space is organized within the medical school. Describe how the medical school determines if the available research space is adequate.

g. Describe any substantive changes in facilities for education and/or research anticipated by the medical school over the *next three academic years.* Note if any renovation or new construction is planned.

## 5.5 Resources for Clinical Instruction

**A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings that have adequate numbers and types of patients (e.g., acuity, case mix, age, gender).**

### Supporting Data

|  |
| --- |
| **Table 5.5-1 | Inpatient Teaching Sites by Clerkship** |
| List all *inpatient teaching sites* at which medical students take one or more required clerkships. List the required clerkships as column headings. Indicate the clerkship(s) offered at each site by placing an “X” in the appropriate column. Schools with regional campuses should include the campus name for each facility. Add columns and rows as needed. |
| Facility Name/Campus (if applicable) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.5-2 | Inpatient Teaching Facilities** |
| Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship) taking place at an inpatient facility. Only provide information for clinical services used for required clinical clerkships at each hospital. Schools with regional campuses should include the campus name for each facility. Add rows as needed. |
| Facility Name/Campus(if applicable) | Clerkship | Average Daily Inpatient Census | Average # of Students per Rotation (range) |
| MD Students From This School | Medical Students (MD/DO) from This or Other Schools |
|  |  |  |  |  |

|  |
| --- |
| **Table 5.5-3 | Ambulatory Teaching Sites by Clerkship** |
| For each *type of* *ambulatory teaching site* used for one or more required clerkships, indicate the clerkship(s) offered at this type of site by placing an “X” in the appropriate column. List the required clerkships as column headings. Add rows and columns as needed. |
| Facility Type |  |  |  |  |  |  |  |
| University Hospital Clinic |  |  |  |  |  |  |  |
| Community Hospital Clinic |  |  |  |  |  |  |  |
| Community Health Center |  |  |  |  |  |  |  |
| Private Physician Office |  |  |  |  |  |  |  |
| Rural Clinic/AHEC |  |  |  |  |  |  |  |
| Other Type of Site (list) |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.5-4** **| I Have Sufficient Access to Patients During the Required Clerkships to Complete the Required Clinical Encounters/Skills and to Meet the Clerkship Objectives.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

### Narrative Response

a. Describe any substantive changes anticipated by the medical school over the next three academic years in l sites (inpatient and/or ambulatory) for required clinical education experiences. Note if the needed clinical sites have been identified or if the search for additional sites is ongoing.

## 5.6 Clinical Instructional Facilities/Information Resources

**Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.**

### Supporting Data

|  |
| --- |
| **Table 5.6-1 | Inpatient Hospital Clerkship Resources** |
| List each hospital used for the inpatient portion of one or more required clinical clerkships. Indicate whether the indicated resource is available for medical student use by placing an “X” in the appropriate column heading. Schools with regional campuses should include the campus name for each facility. Add rows as needed. |
| Facility Name/Campus (if applicable) | Lecture/Conference Rooms | Computers and Internet Access |
|  |  |  |

|  |
| --- |
| **Table 5.6-2 | The Educational/Teaching Spaces at Hospitals are Suitable for the Sessions That are Held in Them.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

|  |
| --- |
| **Table 5.6-3 | I Have Access to Workspace and Computers to Enter Patient Notes at Hospitals/Clinical Sites.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

### Narrative Response

a. Comment on the adequacy of infrastructure resources to support medical student education at each inpatient and outpatient site (excluding private physician offices) used for required clinical clerkships, including space for teaching (lectures/conference rooms), and access to information technology.

b. Describe any problems with the ability to access educational resources at one or more inpatient or outpatient sites and the steps being taken to address the identified problems. Note the means by which the problems were identified.

## 5.7 Security, Student Safety, and Disaster Preparedness

**A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.**

### Supporting Data

|  |
| --- |
| **Table 5.7-1a | I Feel Safe and Secure on the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.7-1b | I Feel Safe and Secure at Clinical Sites.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

### Narrative Response

a. Describe the security system(s) in place and the personnel available to provide a safe learning environment for medical students during the times/situations listed below. If the medical school has regional campuses, describe the security systems in place at each campus.

1. During regular classroom hours on campus

2. Outside of regular classroom hours on campus

3. At clinical teaching sites

b. Based on student feedback from the ISA, note any issues related to campus or clinical site safety and security.

c. Describe how medical students are protected at instructional sites that may pose special physical dangers (e.g., during interactions with patients in detention facilities, in the emergency department).

d. Describe how medical students and faculty are informed of institutional emergency and disaster preparedness policies and plans and how they are notified in the case of emergency situations.

## 5.8 Library Resources/Staff

**A medical school provides ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the institution.**

### Supporting Data

|  |
| --- |
| **Table 5.8-1a | I am Able to Access Library Resources and Holdings From Any Location On and Off the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.8-1b | I Have Access to Library Support Personnel and Services.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.8-2 | Medical School Library Resources and Space** |
| Provide the following information for the most recent academic year. Schools with regional campuses may add rows for each additional library. |
| Library/Campus (as appropriate) | Total Current Journal Subscriptions (all formats) | # of Book Titles(all formats) | # of Databases | Total User Seating |
|  |  |  |  |  |

|  |
| --- |
| **Table 5.8-3 | Medical School Library Staffing** |
| Provide the number of staff FTEs in the following areas, using the most recent academic year. Schools with regional campuses may add rows for each additional library/campus. |
| Professional Staff | Technical andParaprofessional Staff | Part-Time Staff(e.g., student workers) |
|  |  |  |

### Narrative Response

a. List any other schools and/or program(s) served by the main medical school library.

b. List the regular staffed library hours. If there are additional hours during which medical students have access to all or part of the library for study, provide these as well.

c. Describe whether members of the medical school library staff are involved in curriculum planning, curriculum governance (e.g., by participation in the curriculum committee or its subcommittees), or in the delivery of any part of the medical education program.

d. Describe medical student and faculty access to electronic and other library resources across all locations, including regional campuses. Are the library resources, including information resources (e.g., journals, databases) and personnel support available to medical students and faculty at sites separate from the medical school campus?

## 5.9 Information Technology Resources/Staff

**A medical school provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the institution.**

### Supporting Data

|  |
| --- |
| **Table 5.9-1a | I Have Access to Support from Technology Staff.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.9-1b | I am Able to Access Online Course and Clerkship Instructional Materials From Any Location On and Off the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.9-2 | Medical School IT Resources** |
| Provide the following information based on the most recent academic year. Schools with regional campuses should specify the campus in each row. |
| Campus (if applicable) | Is there a wireless network on campus?(Y/N) | Is there a wireless network in classrooms and study spaces?(Y/N) | Are there sufficient electrical outlets in educational spaces to allow computer use?(Y/N) |
|  |  |  |  |

|  |
| --- |
| **Table 5.9-3 | Medical School IT Services Staffing** |
| Provide the number of IT staff FTEs dedicated/available to the medical school in the following categories, using the most recent academic year. Schools with regional campuses may add rows for each additional campus. |
| Total # of IT Staff FTEs  | Professional Staff(describe) | Technical andSupport Staff(describe) | Part-Time Staff(e.g., student workers) |
|  |  |  |  |

### Narrative Response

a. Describe how the school ensures reliability and accessibility of a wireless network in classrooms and study spaces. If the school has regional campuses, include the description by campus.

b. Describe the availability of telecommunications technology that links all instructional sites/campuses and how information technology (IT) services support the delivery of distributed education, as relevant.

c. Describe how medical students, residents, and faculty can access educational resources (e.g., curriculum materials) from off-campus sites, including teaching hospitals and ambulatory teaching sites.

d. Summarize how the medical school determines the adequacy of IT systems to support the educational program.

e. Describe the ways that staff members in the IT services unit are involved in curriculum planning, delivery, and evaluation for the medical school, including the creation and maintenance of tools (e.g., learning management systems, curriculum database) for these purposes.

## 5.10 Resources Used by Transfer/Visiting Students

**The resources used by a medical school to accommodate any visiting and transfer medical students in its medical education program do not significantly diminish the resources available to already enrolled medical students.**

### Narrative Response

a. Describe which individuals or groups are responsible for reviewing the sufficiency of personnel and patient resources to decide the following:

1. The number of transfer students accepted into each year of the curriculum

2. The number of visiting students accepted for electives by departments

## **5.11** Study/Lounge/Storage Space/Call Rooms

**A medical school ensures that its medical students at each campus and affiliated clinical site have adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.**

### Supporting Data

|  |
| --- |
| **Table 5.11-1a | I Have Access to Pre-clerkship Study Space on the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.11-1b | I Have Access to Space Where I can Read About my Patients at Hospitals/Clinical Sites.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

|  |
| --- |
| **Table 5.11-2 | I Have Access to Relaxation Space for Pre-clerkship Students on the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.11-3 | Call Room Availability** |
| List each hospital used for required clinical clerkships, including regional campuses. Place a “Y” (yes) if there is required call in one or more clerkships at that hospital and a “Y” (yes) if there is call room availability for medical students at the site. |
| Hospital | Required Medical Student Night Call in One or More Clerkship(s)? | Call Rooms Available for Medical Students? |
|  |  |  |

|  |
| --- |
| **Table 5.11-4a | I Have Access to Secure Storage Space for my Personal Belongings on the Medical School Campus.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 5.11-4b | I Have Access to Secure Storage Space For my Personal Belongings at Hospitals/Clinical Sites.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

### Narrative Response

a. Summarize how the availability of space for student study and personal lockers or other secure storage areas for student belongings on the central medical school campus, at each facility used for required clinical clerkships, and on each regional campus (if applicable) is being monitored to ensure adequacy for students in the pre-clerkship and clerkship portions of the curriculum. Also note if there is relaxation space for students on the central medical school campus. Note if the identified space is solely for medical student use or if it is shared with others.

b. For each site and clerkship where there is overnight call, describe the call rooms available for medical students, their location, and their security.

## 5.12 Required Notifications to the LCME

**A medical school notifies the LCME of any substantial change in the number of enrolled medical students; of any decrease in the resources available to the institution for its medical education program, including faculty, physical facilities, or finances; of its plans for any major modification of its medical curriculum; and/or of anticipated changes in the affiliation status of the program’s clinical facilities. The program also provides prior notification to the LCME if one or more class size increases will result in a cumulative increase in the size of the entering class at the main campus and/or in one or more existing regional campuses of 10% or 15 students, whichever is smaller, starting at the entering class size/campus yearly enrollment in place at the time of the medical school’s last full survey; and/or the school accepts a total of at least 10 transfer students into any year(s) of the curriculum.**

**A medical school makes a public disclosure of its LCME accreditation status and must disclose that status accurately. For developing medical schools that have not achieved accreditation, accurate statements, include, but are not limited to, the current accreditation status of the program and the anticipated timing of review for accreditation by the LCME. Any incorrect or misleading statements made by a program about LCME accreditation actions or the program’s accreditation status must immediately be corrected or clarified by an official notification announcement. For already-accredited programs, failure to make timely correction or clarification may result in reconsideration of the program’s accreditation status. The information provided to the public must include contact information for the LCME so that the information can be verified. Such contact information includes the URL or the LCME website and the LCME email address.**

### Supporting Data

|  |
| --- |
| **Table 5.12-1 | New Medical Student Admissions** |
| Provide the number of new medical students (not repeating students) admitted in each of the indicated academic years.  |
| 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
|  |  |  |  |  |  |  |  |

### Supporting Documentation

1. Provide a copy of any notifications made to the LCME of changes in medical student enrollment, curriculum, finances, change on ownership/governance, clinical affiliations, agreements for shared faculty, and/or other institutional resources and of any formal disclosures of its accreditation status since the last full survey.

2. Provide a copy of the announcement from the website of the medical school or its sponsoring organization that the medical education program is accredited by the LCME and includes the contact information of the LCME/LCME Secretariat so that the information about accreditation status can be verified.

# Standard 6: Competencies, Curricular Objectives, and Curricular Design

**The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.**

### Supporting Data

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| --- |
| **Table 6.0-1 | Pre-clerkship Phase Instructional Formats** |
| Using the most recently completed academic year (e.g., 2024-25), list each course in the pre-clerkship phase of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that “small group” includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. If “other” is selected, describe the other format in the text. Add rows as needed. |
|  | Number of Formal Instructional Hours Per Course |
| Course | Lecture | Lab | Small Group | Patient Contact\* | Other | Total |
|  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

\* Includes interactions with simulated patients

|  |
| --- |
| **Table 6.0-2 | The Clerkship Phase - Clerkship Length and Formal Instructional Hours per Clerkship** |
| Provide data from the most recently completed academic year (e.g., 2024-25) on the total number of weeks and formal instructional hours (lectures, conferences, and teaching rounds) for each required block clerkship or discipline in a longitudinal integrated clerkship in the clerkship phase of the curriculum. Provide a range of instructional hours if there is significant variation across sites. Note that hours devoted solely to patient care activities should NOT be included as instructional time. Add rows as needed. |
| Clerkship | Total Weeks | Typical Hours per Week of Formal Instruction |
|  |  |  |

### Narrative Response

a. Describe the general structure of the curriculum by phase (i.e., pre-clerkship, clerkship, “other” phase if relevant). In the description, refer to the placement of courses/clerkships as contained in the curriculum schematic requested below. For courses/clerkships where the title may not clearly indicate the content, indicate the disciplines included.

b. Provide a separate, brief description of each parallel curriculum (track). Include the following information in each description, and highlight the difference(s) from the curriculum of the standard medical education program:

1. The location where the parallel curriculum is offered (main campus or regional campus)

2. The focus of the parallel curriculum, including the additional objectives that students must master

3. The general curriculum structure (including the sequence of courses/clerkships in each curriculum year/phase)

4. The number of students participating in each year/phase of the parallel curriculum during the 2024-25 academic year

Refer to the definition of parallel curriculum track contained in the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of the DCI and in *Functions and Structure of a Medical School.*

### Supporting Documentation

1. Provide a schematic or diagram that illustrates the structure of the curriculum for the 2024-25 academic year. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkships in each year, illustrating when one curriculum phase ends and the next begins. If the structure of one or more years of the curriculum has changed significantly since 2024-25 was completed (i.e., a new curriculum or curriculum year has been implemented), include a schematic of the new curriculum, labeled with the year it was first introduced.

2. A schematic of any parallel curricula (tracks).

## 6.1 Program and Learning Objectives

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

### Supporting Data

|  |
| --- |
| **Table 6.1-1 | Competencies, Program Objectives, and Outcome Measures** |
| List each general competency expected of graduates, the related medical education program objectives, and the outcome measure(s) specifically used to assess students’ attainment of each related education program objective. Add rows as needed. |
| General Competency | Medical Education Program Objective(s)Linked to the Competency | Outcome (Assessment) Measure(s) for Each Objective |
|  |  |  |

|  |
| --- |
| **Table 6.1-2 | I am Aware of the School’s Medical Educational Program Objectives.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. Provide the year in which the current medical education program objectives were last reviewed and approved.

b. Describe how medical education program objectives are disseminated to each of the following groups:

1. Medical students

2. Faculty with responsibility for teaching, supervising, and/or assessing medical students

c. Describe how learning objectives for each required course and clerkship are disseminated to each of the following groups:

1. Medical students

2. Faculty with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship

3. Residents with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship

Also see the response to Element 9.1.

d. Summarize student awareness of the medical education program objectives.

## 6.2 Required Clinical Experiences

**The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.**

### Supporting Data

|  |
| --- |
| **Table 6.2-1 | Required Clinical Experiences**  |
| For each required clinical clerkship or clinical discipline within a longitudinal integrated clerkship, list and describe each patient type/clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility. |
| Clerkship/Clinical Discipline | Patient Type/Clinical Condition | Procedures/Skills | Clinical Setting | Level of Student Responsibility\* |
|  |  |  |  |  |

\* Select the one minimal level of student responsibility that is expected of all students in order to meet requirements of the clerkship.

### Narrative Response

a. Provide a definition for the terms used under “level of student responsibility” in Table 6.2-1. That definition should clearly describe what the students are expected to do in that situation (e.g., observe, participate, perform).

b. Describe how, when, and by what group(s) the current list of patient types/clinical conditions and skills and the list of alternatives to remedy gaps when students are unable to access a required encounter or perform a required skill were last reviewed and approved. Note how often and by what individual(s)/group(s) the required clinical encounters/required skills and the alternatives to remedy gaps are reviewed.

c. Describe how medical students, faculty, and residents are informed of the required clinical encounters and skills and the expected level of student responsibility for each.

## 6.3 Self-Directed and Life-Long Learning

**The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences that allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students’ self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills from faculty and/or staff.**

### Supporting Data

|  |
| --- |
| **Table 6.3-1** **| The Curriculum Provides Sufficient Practice in the Skills of Self-Directed Learning as Defined by the LCME.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. List the courses in which self-directed learning activities (as defined in the language of Element 6.3) occur during the pre-clerkship phase of the curriculum. Describe the learning activities in which students engage in all of the following components of self-directed learning in a unified sequence and indicate how and by whom student achievement of these skills is assessed and feedback provided. Use the names of relevant courses from Table 6.0-1 when answering.

1. Self-assessment of their learning needs

2. Independent identification, analysis, and synthesis of relevant information

3. Independent and facilitator appraisal of the credibility of information sources

4. Assessed on and receive feedback on their information-seeking skills

## 6.4 Inpatient/Outpatient Experiences

**The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.**

### Supporting Data

|  |
| --- |
| **Table 6.4-1 | Percentage Total Clerkship Time\*** |
| Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. If the amount of time spent in each setting varies across sites, provide a range. Add rows as needed. |
| Required Clerkship | Percentage of Total Clerkship Time |
| % Ambulatory | % Inpatient |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\* Complete a separate table for each parallel track and campus.

### Narrative Response

a. What mechanisms are used by the curriculum committee, a curriculum subcommittee, or another authority to determine that the balance between inpatient and ambulatory experiences is appropriate for students to meet the learning objectives and the clinical requirements for each clerkship and for the clerkship phase of the curriculum?

## 6.5 Elective Opportunities

**The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and expand their understanding of medical specialties, and to pursue their individual academic interests.**

### Supporting Data

|  |
| --- |
| **Table 6.5-1 | Required Elective Weeks\*** |
| Provide the number of required weeks of elective time in each phase of the curriculum. |
| Phase | Total Required Elective Weeks |
|  |  |
|  |  |
|  |  |
|  |  |

\* Complete a separate table for each parallel track and campus.

### Narrative Response

a. Describe how the medical school ensures that sufficient electives are available to meet the educational needs of medical students.

## 6.6 Service-Learning/Community Service

**The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and/or community service activities.**

### Supporting Data

|  |
| --- |
| **Table 6.6-1 | I Have Access to Service-Learning/Community Service Opportunities.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. Summarize the opportunities for medical students to participate in service-learning and/or community service, including the general types of service-learning and/or community service activities that are available.
See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definitions of service-learning and community service.

b. How are students informed about the availability of service-learning and/or community service activities? Provide school data, as available, on the level of students’ participation in service-learning and/or community service activities.

c. Describe how the medical school encourages and supports service-learning and/or community service activities through the provision of funding and/or staff support.

## 6.7 Academic Environments

**The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.**

### Supporting Data

|  |
| --- |
| **Table 6.7-1 | Continuing Medical Education** |
| If the medical school and/or its clinical affiliates are accredited by the ACCME to sponsor continuing medical education for physicians, use the table below, adding rows as needed, to indicate each sponsoring organization’s current accreditation status, the length of accreditation granted, and the year of the next accreditation review. |
| Program Sponsor | Accreditation Status | Length of Accreditation Term |
|  |  |  |

### Narrative Response

a. Describe examples of informal opportunities (i.e., activities not a required part of the medical school curriculum) that are available for medical students to interact with students from graduate and/or professional degree programs. How does the medical school support such interactions?

b. Describe how medical students are exposed to continuing medical education activities for physicians.

## 6.8 Education Program Duration

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

### Supporting Data

|  |
| --- |
| **Table 6.8-1 | Number of Scheduled Weeks per Curriculum Phase** |
| Use the table below to report the number of scheduled weeks of instruction in each phase1 of the curriculum (do not include vacation time). Refer to the Supporting Documentation section for Standard 6 if the medical school offers one or more parallel curricula (tracks). 2 |
| Curriculum Phase | Number of Scheduled Weeks |
| Pre-clerkship phase |  |
| Clerkship phase |  |
| Other phase (as defined by the school) |  |
| Total weeks of scheduled instruction |  |

1The pre-clerkship phase is the time prior to the start of the required clinical clerkships. The clerkship phase includes the time for required clinical and other related activities. “Other phase” may be a separate portion of the curriculum following the completion of required clerkships.

2Note any differences for parallel tracks and/or campuses.

# Standard 7: Curricular Content

**The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.**

## 7.1 Biomedical, Behavioral, Social Sciences

**The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary medical science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.**

### Supporting Data

|  |
| --- |
| **Table 7.1-1 | Curricular Content** |
| For each topic area, place an “X” under each column to indicate the phases in which the learning objectives related to each topic are taught and assessed.  |
| Topic Areas | Phases Where Topic Areas Are Taught and Assessed |
| Pre-clerkship Phase | Clerkship Phase | Other\* |
| Biochemistry |  |  |  |
| Biostatistics and Epidemiology |  |  |  |
| Genetics |  |  |  |
| Gross Anatomy |  |  |  |
| Immunology |  |  |  |
| Microbiology |  |  |  |
| Pathology |  |  |  |
| Pharmacology |  |  |  |
| Physiology |  |  |  |
| Behavioral Science  |  |  |  |
| Pathophysiology of Disease |  |  |  |

\* Describe “Other”

|  |
| --- |
| **Table 7.1-2 | Basic Science Education** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who rated preparation for clinical clerkships and electives as *excellent or good* (aggregated) in the following basic medical sciences.  |
|  | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National % |
| Biochemistry |  |  |  |  |  |  |
| Biostatistics and Epidemiology |  |  |  |  |  |  |
| Genetics |  |  |  |  |  |  |
| Gross anatomy |  |  |  |  |  |  |
| Immunology |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |
| Behavioral Science |  |  |  |  |  |  |
| Pathophysiology of Disease |  |  |  |  |  |  |

|  |
| --- |
| **Table 7.1-3 | Preparation for Residency – Social Science Subjects** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization, and structure of the health care system).* |
| AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

|  |
| --- |
| **Table 7.1-4 | The Pre-clerkship Phase Prepared me for the Clerkship Phase of the Curriculum.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % ofDisagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

### Narrative Response

a. If there have been identified gaps, performance problems, or student dissatisfaction in any of the content areas listed above, summarize the steps taken to address these concerns and provide any outcomes, to date.

## 7.2 Organ Systems/Life Cycle/Prevention/Symptoms/Signs/Differential Diagnosis, Treatment Planning

**The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, and end-of-life care.**

### Supporting Data

|  |
| --- |
| **Table 7.2-1a | The Curriculum Prepares Me to Diagnose Disease.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

|  |
| --- |
| **Table 7.2-1b | The Curriculum Prepares Me to Manage Disease.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

|  |
| --- |
| **Table 7.2-1c | The Curriculum Includes Education in Disease Prevention.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 7.2-1d | The Curriculum Includes Education in Health Maintenance.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 7.2-2 | General Medical Education** |
| Place an “X” in each column indicating the courses or clerkships where each of the following topic areas is taught and assessed. Use the same course names as included in Tables 6.0-1 and 6.0-2. Add rows for course and clerkship names as needed. |
| Course/Clerkship name | Continuity of care | Preventive care | Acute care | Chronic care | Rehabilitative care | End-of- life care |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Table 7.2-3 | General Medical Education – Understanding of Common Clinical Conditions** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following ways to begin a residency program. |
|  | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National % |
| Acquired an understanding of common conditions and their management  |  |  |  |  |  |  |

## 7.3 Scientific Method/Clinical/Translational Research

**The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method and in the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care.**

### Supporting Data

|  |
| --- |
| **Table 7.3-1 | Scientific Method/Clinical/Translational Research Assessment** |
| Identify where in the curriculum medical students learn and are assessed on the scientific method and the basic scientific and ethical principles of clinical research. \* For each course or clerkship where the subject is addressed, provide the relevant learning objective(s) and the method(s) of student assessment (NOTE: if the same objective occurs in multiple courses or clerkships, just list the objective once and group the courses and/or clerkships where it occurs).  |
| Topic | Course/Clerkship | Relevant Learning Objectives | Assessment Method(s) |
| Scientific method |  |  |  |
| Scientific principles of clinical research |  |  |  |
| Scientific principles of translational research |  |  |  |
| Ethical principles of clinical and translational research |  |  |  |
| Use of biomedical statistics in medical science research and its application to patient care |  |  |  |
| How clinical and translational research is explained to patients |  |  |  |

\* See the Glossary *of Terms for LCME Accreditation* *Standards and Elements* at the end of this DCI for the LCME definitions of clinical and translational research.

## 7.4 Critical Judgment/Problem-Solving Skills

**The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical judgment based on evidence and experience, and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.**

**Supporting Data**

|  |
| --- |
| **Table 7.4-1 | General Medical Education – Skills in Decision-Making and Evidence-based Medicine** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following ways to begin a residency program. |
|  | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National % |
| Acquired basic skills in clinical decision-making and application of evidence-based information |  |  |  |  |  |  |

### Narrative Response

a. Provide two detailed examples from the pre-clerkship phase of the curriculum of where students learn about, demonstrate, and are assessed on each of the following skills. In each description, include the course(s) in which this instruction and assessment occur and provide the relevant learning objectives.

1. Skills of critical judgment based on evidence and experience

2. Skills of medical problem solving

## 7.5 Societal Problems

**The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.**

### Supporting Data

|  |
| --- |
| **Table 7.5-1 | Common Societal Problems Taught and Assessed in the Curriculum** |
| For five common societal problems identified by the school, list each of the courses/clerkships where the teaching occurs; categorize the learning objectives for that course or clerkship according to whether they address: (a) the diagnosis; (b) prevention; (c) appropriate reporting (if relevant); and (d) treatment of the medical consequences of the societal problem; and assessment method(s) for each objective. |
| Societal Problem | Course/Clerkship | List the Type of Learning Objectives in Each Course/Clerkship(a, b, c, d) | Assessment Method(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Supporting Documentation

1. Provide the learning objectives for one of the societal problems listed in the above table along with the type of each objective.

## 7.6 Structural Competence, Cultural Competence and Health Inequities

**The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address biases in themselves, in others, and in the health care delivery process. The medical curriculum includes content regarding the following:**

* The diverse manner in which people perceive health and illness and respond to various symptoms, diseases, and treatments
* The basic principles of culturally and structurally competent health care
* The importance of health care disparities and health inequities
* The impact of disparities in health care on all populations and approaches to reduce health care inequities
* The knowledge, skills, and core professional attributes needed to provide effective care in a multidimensional and diverse society

### Supporting Data

|  |
| --- |
| **Table 7.6-1 | Recognizing and Addressing Bias** |
| Provide the names of courses and clerkships that prepare students to be aware of their own gender and cultural biases and those of their peers and teachers and the methods used in that course or clerkship to deliver the content. Add rows as needed.  |
| Course/Clerkship | Instructional Formats |
|  |  |

|  |
| --- |
| **Table 7.6-2 | Structural Competence, Cultural Competence, Health Inequities, and Healthcare Disparities** |
| For each topic area\*, indicate with an “X” the phase in the curriculum where it is taught, and the methods used in that phase to assess student performance. |
| Topic | Pre-clerkship Phase | Assessment Method(s) | Clerkship Phase | Assessment Method(s) |
| Structural Competence |  |  |  |  |
| Cultural Competence |  |  |  |  |
| Health Inequities |  |  |  |  |
| Healthcare Disparities  |  |  |  |  |

\* See the Glossary *of Terms for LCME Accreditation* *Standards and Elements* at the end of this DCI for the LCME definitions of structural competence, cultural competence, health inequities, and healthcare disparities.

|  |
| --- |
| **Table 7.6-3 | General Medical Education - Preparation for Residency** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Prepared to care for patients from different backgrounds.* |
| AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

|  |
| --- |
| **Table 7.6-4 | The Curriculum Prepares Me to Care for Patients from Different Backgrounds.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

## 7.7 Medical Ethics

**The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and require medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.**

### Supporting Data

|  |
| --- |
| **Table 7.7-1 | General Medical Education - Preparation for Residency** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *I understand the ethical and professional values that are expected of the profession.* |
| AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National%  |
|  |  |  |  |  |  |

|  |
| --- |
| Table 7.7-2 | Medical Ethics Teaching and Assessment in the Curriculum |
| For each topic area, identify where in the curriculum medical students learn and are assessed on medical ethics and professionalism, including the relevant learning objectives for each course or clerkship where the subject is taught and assessed. (NOTE: if the same or similar objective occurs in multiple courses or clerkships, just list the objective once and group the courses and/or clerkships where it occurs). |
| Topic | Course/Clerkship | Learning Objectives | Assessment Method(s) |
|  |  |  |  |
| Biomedical ethics |  |  |  |
| Ethical decision-making |  |  |  |
| Professionalism |  |  |  |
| Ethical behavior in patient care |  |  |  |

### Narrative Response

a. Briefly describe where in the curriculum students are explicitly introduced to and assessed on their knowledge of the ethical principles and standards of the profession.

b. Describe the formative and/or summative assessment methods and other approaches used to identify medical students’ breaches of ethical behaviors in patient care. Note how identified breaches are remediated.

## 7.8 Communication Skills

**The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.**

### Supporting Data

|  |
| --- |
| **Table 7.8-1a | Skills of Communicating with Patients and Patients’ Families** |
| Provide the names of courses and clerkships where explicit learning objectives are taught and assessed and list the relevant learning objectives for each course and clerkship. (NOTE: if the same or similar objective occurs in multiple courses or clerkships, just list the objective once and group the courses and/or clerkships where it occurs). |
| Course/Clerkship  | Learning Objectives | Teaching Format(s) | Assessment Method(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| **Table 7.8-1b | Skills of Communicating with Physicians as Part of the Medical Team** |
| Provide the names of courses and clerkships where explicit learning objectives are taught and assessed and list the relevant learning objectives for each course and clerkship. (NOTE: if the same or similar objective occurs in multiple courses or clerkships, just list the objective once and group the courses and/or clerkships where it occurs). |
| Course/Clerkship  | Learning Objectives | Teaching Format(s) | Assessment Method(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| **Table 7.8-1c | Skills of Communicating with Non-Physician Health Professionals as Part of the Health Care Team** |
| Provide the names of courses and clerkships where explicit learning objectives are taught and assessed and list the relevant learning objectives for each course and clerkship. (NOTE: if the same or similar objective occurs in multiple courses or clerkships, just list the objective once and group the courses and/or clerkships where it occurs). |
| Course/Clerkship  | Learning Objectives | Teaching Format(s) | Assessment Method(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Table 7.8-2 | Preparation for Residency- Communication Skills**  |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Communication skills necessary to interact with patients and health professionals.* |
| AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National%  | School % | National % |
|  |  |  |  |  |  |

## 7.9 Interprofessional Collaborative Skills

**The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.**

### Supporting Data

|  |
| --- |
| **Table 7.9-1 | Interprofessional Collaborative Skills (ICS) in the Curriculum** |
| Complete this table with information on required experiences where medical students are brought together with students and/or practitioners from other health professions to learn to function collaboratively on health care teams with the goal of providing coordinated services to patients. Add rows as needed. |
| Course/Clerkship Where the Experience Occurs | Learning Objectives | Duration of the Experience (e.g., single session) | Teaching Format(s)/Setting(s) Where the Experience Occurs | The Disciplines of Other Health Professions Students (S) or Practitioners (P) | Assessment Method(s) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### Supporting Documentation

1. Examples of forms used in the assessment of medical students’ collaborative practice skills. For each example, list the course or clerkship in which the form is used and the general collaborative practice skill(s) that is/are being assessed.

# **Standard 8: Curricular Management, Evaluation, and** Enhancement

**The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.**

### Supporting Data

|  |
| --- |
| **Table 8.0-1 | Overall Satisfaction with Medical Education Program Quality**  |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) with the statement: “*Overall, I am satisfied with the quality of my medical education.”* |
| AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School % | National % | School % | National % | School % | National % |
|  |  |  |  |  |  |

## 8.1 Curricular Management

**A medical school has in place a faculty committee that has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.**

### Narrative Response

a. Provide the name of the faculty committee with primary responsibility for the oversight and management of the curriculum (e.g., “curriculum committee”). Describe the formal source of its authority (e.g., medical school faculty bylaws). Describe if there are any circumstances where the dean or other administrator or group can overrule the decision of the curriculum committee.

b. Provide the number of curriculum committee members from each membership category (e.g., basic science or clinical faculty members, course directors, students) specified in bylaws/policy. List the titles/roles of faculty and administrators who participate in the curriculum committee ex officio (e.g., associate deans, subcommittee chairs) and note which categories of ex officio members are voting and which are not. Note if there are terms for committee members.

c. If there are subcommittees of the curriculum committee, describe the charge/role of each, along with its membership categories, the number of members from each category, and the reporting relationship to the parent committee.

### Supporting Documentation

1. The formal charge to or the terms of reference of the curriculum committee, including the excerpt from the bylaws or other policy granting the committee its authority. If the subcommittees of the curriculum committee have formal charges, include those as well.

2. A list of curriculum committee members, including their voting status and membership category (e.g., faculty, student, or administrator).

3. Provide, in searchable electronic format, the most recent two years of curriculum committee minutes in the DCI Appendix. Also, have hard copies available on site for team review at the time of the survey visit.

## 8.2 Use of Medical Educational Program Objectives

**The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, and to review and revise the curriculum. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.**

### Narrative **Response**

a. Describe and provide at least one example of how the medical education program objectives have been used in the prospective selection and appropriate placement of curriculum content when making content changes to courses/clerkships and curriculum years/phases.

b. Describe whether course and clerkship objectives have been linked to the medical education program objectives, including when a curriculum change has been made. Summarize the roles and activities of course/clerkship faculty and the curriculum committee and its subcommittees in making and reviewing this linkage and note how often the linkage is reviewed.

### Supporting Documentation

1. One example from a course and one example from a clerkship illustrating the linkage of all the learning objectives of the course and the clerkship to the relevant medical education program objective(s).

## 8.3 Curricular Design, Review, Revision/Content Monitoring

**The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.**

### Supporting Data

|  |
| --- |
| **Table 8.3-1 | Role in Curriculum** |
| For each of the listed tasks, indicate the role1 of the individual(s)/group(s) listed below (D, E, R, Rec, A). If an individual/group does not have a role in a task, leave the cell blank. |
| Task | Course/Clerkship Directors andFaculty | CAO/Associate Dean for Medical Education | Office of Medical Education Staff | Curriculum Committee | Curriculum CommitteeSubcommittee(s) |
| Educational program objectives |  |  |  |  |  |
| Course/clerkship learning objectives |  |  |  |  |  |
| Course/clerkship content and instructional methods |  |  |  |  |  |
| Course/clerkship quality and outcomes |  |  |  |  |  |
| Faculty/resident teaching |  |  |  |  |  |
| Curriculum content, including horizontal and vertical integration |  |  |  |  |  |
| The outcomes of curriculum phases |  |  |  |  |  |
| The outcomes of the curriculum as a whole |  |  |  |  |  |

1Definitions:

(D) Design/develop = Develop/create the product or process that is the basis of the task (e.g., the educational program objectives, the plan and tools for course evaluation)

(E) Evaluate = Carry out a process to collect data/information on quality/outcome

(R) Review = Receive and consider the results of an evaluation of the product or process and/or of its outcomes

(Rec) Recommend = Propose an action related to the process or product based on a review or evaluation

(A) Approve/Take Action = Have final responsibility for an action related to the product or process

|  |
| --- |
| **Table 8.3-2 | Curriculum Content in the Pre-clerkship Phase is Coordinated/Integrated Within and Across Courses.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. Summarize the process for formal evaluation of the phases of the curriculum. For the most recent review of each phase, describe the following:

1. the data and information sources that were used in the evaluation,

2. the administrative support that was available for the reviews (e.g., through an office of medical education), and

3. the role of the curriculum committee in reviewing and acting on the results of the evaluation to determine if each phase is meeting its intended outcomes.

Note how often the phases of the curriculum are reviewed.

b. Note how often an evaluation of the curriculum as a whole is conducted and the administrative support available for the review. Describe the process used for the most recent evaluation of the curriculum as a whole, including how the following are reviewed:

1. The horizontal and vertical integration of curriculum content, and whether sufficient content is included and appropriately placed in the curriculum related to each of the medical education program objectives

2. Whether the instructional formats and methods of assessment support the determination of whether the medical education program objectives are met

Summarize significant changes made by the curriculum committee based on the most recent review of the curriculum as a whole.

c. List the roles (e.g., course director, course faculty, associate dean, students)of the individuals who have access to the curriculum database. List the roles and titles of the individuals who have responsibility for monitoring and updating its content.

d. Provide examples of how monitoring curriculum content and reviewing the linkage of course/clerkship learning objectives and education program objectives have been used to identify gaps and unwanted redundancies in topic areas. Use Table 8.3-1 to indicate which individuals and committees carry out, receive, and act on the results of the reviews of curriculum content.

### Supporting Documentation

1. Reports or excerpts from curriculum committee minutes illustrating the formal review of each phase of curriculum and of the curriculum as a whole and the review outcomes.

2. The results of a search of the curriculum database for curriculum content related to the topics of “immunotherapy” and “patient safety”.

## 8.4 Evaluation of Educational Program Outcomes

**A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance the quality of the medical education program as a whole. These data are collected during program enrollment and after program completion.**

### Supporting Data

|  |
| --- |
| **Table 8.4-1 | USMLE Requirements for Advancement/Graduation** |
| Place an “X” in the appropriate columns to indicate if the school’s medical students are required to take and/or pass USMLE Step 1 and Step 2 CK for advancement and/or graduation. |
|  | Take | Pass |
| Step 1 |  |  |
| Step 2 CK |  |  |

|  |
| --- |
| **Table 8.4-2 | Monitoring of Individual Medical Education Program Outcomes** |
| Provide the individuals and/or groups in the medical school that are responsible for reviewing the results of each of the indicators that are used to evaluate medical education program quality and outcomes and how often the results are reviewed. |
| Outcome Indicator | Individuals and Groups Receiving the Data | How Often These Results are Reviewed |
| Results of USMLE or other national examinations  |  |  |
| Student scores on internally developed examinations |  |  |
| Performance-based assessment of clinical skills (e.g., OSCEs) |  |  |
| Student responses on the AAMC GQ  |  |  |
| Student advancement and graduation rates |  |  |
| NRMP match results  |  |  |
| Specialty choices of graduates |  |  |
| Assessment of residency performance of graduates |  |  |

|  |
| --- |
| **Table 8.4-3 | Step 1 USMLE Results of First-time Takers** |
| Provide the requested Step 1 USMLE results of first-time takers during the three most recently completed years. |
| Year | # Examined | Percentage Passing School (national) |
|
|  |  |  |

|  |
| --- |
| **Table 8.4-4 | Step 2 CK USMLE Results of First-time Takers**  |
| Provide the requested Step 2 CK USMLE results of first-time takers during the three most recently completed academic years. |
| Academic Year | # Examined | Percentage Passing School (national) | Mean TotalScore and SD | National MeanTotal Score and SD |
| Score | SD | Score | SD |
|  |  |  |  |  |  |  |

### Narrative Response

a. Summarize the process used for evaluating whether students in aggregate are achieving each of the medical education program objectives. Note when the school last conducted an evaluation of student attainment of the EPOs and provide an excerpt from the minutes of the curriculum committee illustrating committee action(s) on the results.

b. Select three current educational program objectives from the response to Element 6.1. One example should come from each of the domains of knowledge, skills, and behaviors (e.g., professionalism). For each objective, describe how the attainment of the objective was evaluated, including the outcome data from students and graduates that were used in the evaluation and how the specific outcome data elements, in aggregate, were utilized to determine the extent to which the objective is being met.

c. Provide two examples of the steps taken to address individual outcome measures that illustrate suboptimal performance by a cohort of medical students/graduates. In selecting the examples, refer to the Glossary of Terms for LCME Accreditation Standards and Elements related to “National Norms of Accomplishment”.

### Supporting Documentation

1. Copies of graphs provided by the National Board of Medical Examiners that compare the subject area performance of national and medical school first-time takers for the USMLE Step 1 and Step 2 CK for the past three years.

## 8.5 Medical Student Feedback

**In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.**

### Supporting Data

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| **Table 8.5-1 | The Medical School Responds to Student Feedback on Courses.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 8.5-2 | The Medical School Responds to Student Feedback on Clerkships.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

### Narrative **Response**

a. Describe the methods used to collect evaluation data from medical students on course and clerkship quality, such as questionnaires, focus groups, and/or other data collection methods. Which individual(s)/office(s) have the responsibility for conducting each type of data collection?

b. Describe how medical students provide evaluation data on individual faculty, residents, and others who teach and supervise them in required courses and clerkships.

c. Describe how students are informed about actions taken or not taken based on their input regarding courses and clerkships.

d. Discuss data from the ISA on students’ satisfaction with the school’s responsiveness to student feedback on courses and clerkships.

### Supporting Documentation

1. A summary of the results of student questionnaires used to evaluate each required course and clerkship for the most recently completed academic year. Include the overall response rate for the year for each course/clerkship.

## 8.6 Monitoring of Completion of Required Clinical Experiences

**A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.**

### Narrative Response

a. Describe the process(es) used by students to log the completion of their required clinical encounters and skills, including whether there is a centralized tool for logging or there are logging processes/tools at the departmental level.

b. Summarize when, how, and by whom each student’s completion of clerkship-specific required clinical encounters and skills is monitored at the level of the clerkship/required clinical experience (e.g., LIC discipline). Describe when and by whom the results of monitoring an individual student’s log are discussed with the student (e.g., as part of a mid-clerkship review).

c. Summarize when, how, and by what individuals and/or committee(s) aggregate data on students’ completion of clerkship-specific required clinical encounters and skills are monitored.

d. Describe how aggregate data on completion rates are used by clerkship directors and the curriculum committee and/or a relevant curriculum subcommittee to assess the adequacy of patient volume and case mix.

e. If there were clinical encounters or skills that needed to be satisfied with alternate methods in a significant number of cases (e.g., more than 20% of cases in aggregate or at a particular site), describe the circumstances and the steps taken to address this finding.

## 8.7 Comparability of Education/Assessment

**A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.**

**Supporting Data**

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| --- |
| **Table 8.7-1 Actions to Support Comparability** |
| Provide the requested information for each course or clerkship offered at more than one instructional site, including regional campuses. Add rows as needed. |
| Course/Clerkship | Summarize how and by whom faculty at distributed sites are informed about the learning objectives, system of student assessment, and required clinical encounters | Summarize how and how often course/clerkship leadership communicates with site leadership and faculty | Methods used to ensure that site leadership and faculty receive information about student performance and satisfaction |
|  |  |  |  |
|  |  |  |  |

### Narrative Response

a. Summarize the data and information sources that typically are used to determine if there is comparability across sites within a given course or clerkship. Note if the types of data used to evaluate comparability are determined centrally or by the individual course/clerkship director/faculty or sponsoring department.

b. Describe the individuals (e.g., site director, course/clerkship director, department chair) and/or groups (curriculum committee or a curriculum committee subcommittee) responsible for reviewing and acting on data/information related to comparability across instructional sites. In the description, note the role(s) of each individual/group.

c. Provide an example of an action taken in response to evidence of comparability problems across instructional sites in student satisfaction, completion of required clinical experiences, or student performance/grades. In this case, note how the anomalous result(s) was/were detected and by whom the action was taken to address the issue.

## 8.8 Monitoring Student Time

**The medical school faculty committee responsible for the medical curriculum and the program’s administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.**

**Supporting Data**

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| **Table 8.8-1** **| There is Adequate Available Time in the Pre-clerkship Phase for Self-Directed Learning and Other Types of Preparatory Assignments.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 8.8-2a | Student Workload in the Pre-clerkship Phase is Manageable.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 8.8-2b | Student Workload in the Required Clerkships is Manageable.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

### Narrative Response

a. Referring to the sample weekly schedules requested in the Supporting Documentation below, describe the amount of unscheduled time in an average week available for medical students in the pre-clerkship phase of the curriculum.

b. Note if medical students in the pre-clerkship phase of the curriculum have required activities outside of regularly scheduled class time, such as assigned reading or online modules that include information to prepare them for in-class activities. Do not include time for regular study or review. Describe if there has been a determination of the average amount of time students spend in such required “out-of-class” activities and how this time is accounted for in calculating student academic workload.

c. Summarize the content of policies/guidelines covering the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note whether the policies/guidelines address only scheduled in-class activities or also include required activities that must be completed outside of scheduled class time. Is the policy consistent with the amount of time actually spent by students as noted in “b” above? How are the policies/guidelines disseminated to pre-clerkship students and faculty?

d. Describe the policies relating to duty hours in the clinical clerkships and how duty hour requirements are disseminated to medical students, residents, and faculty.

e. Describe the mechanisms that exist for students to report violations of clerkship duty hours policies either during or at the completion of a clerkship, including the methods available to report without fear of retaliation, and the individuals receiving this information. Describe the steps that can be taken and the individuals responsible for each if duty hour limits are exceeded.

f. Describe when and how data on clerkship duty hours for all students are collected and how aggregate data on medical student duty hours are prepared.

g. Describe the frequency with which the curriculum committee or its relevant subcommittee(s) monitor compliance with relevant policies/guidelines related to the scheduled time in the pre-clerkship phase of the curriculum and the clinical workload of medical students.

### Supporting Documentation

1. Sample weekly schedule in the pre-clerkship phase of the curriculum.

2. Formally approved policies or guidelines addressing the amount of scheduled and required preparatory time spent during a given week during the pre-clerkship phase of the curriculum.

3. Formally approved policies or guidelines relating to duty hours for medical students during the clerkship phase of the curriculum, including on-call requirements for clinical rotations.

# Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

**A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students’ and patients’ safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities**.

### Supporting Data

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| **Table 9.0-1 | Methods of Assessment in the Pre-clerkship Phase of the Curriculum** |
| List all required courses, including clinically based courses, in the pre-clerkshipphase of the curriculum*,* adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade by placing an “X” in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of “Other.” Number each entry in that row (1, 2, etc.) and provide the corresponding number in the “Other” column. |
|  | Included in Grade |  |
| Course Name | # of Exams | InternalExam | Lab orPractical Exam | NBME SubjectExam | OSCE/SPExam | Faculty/ResidentRating | Paper orOral Pres. | Other\*(Specify) | Narrative Assessment Provided(Yes/No) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| \* Other: |

|  |
| --- |
| **Table 9.0-2 | Methods of Assessment in the Clerkship Phase of the Curriculum** |
| List all required clerkships in the clerkship phase of the curriculum, adding rows as needed. Indicate items that contribute to a grade by placing an “X” in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences. Use the row below the table to provide specifics for each occurrence of “Other.” Number each entry in that row (1, 2, etc.) and provide the corresponding number in the “Other” column. |
|  | Included in Grade |  |
| Clerkship Name | NBME Subject Exam | Internal “Written”Exams | Oral Examor Pres. | Faculty/Resident Rating | OSCE/SP Exams | Other\*(Specify) | NarrativeAssessmentProvided(Yes/No) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| \* Other: |

## 9.1 Preparation of Resident and Non-Faculty Instructors

**In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents’ and non-faculty instructors’ teaching and assessment skills and provides central monitoring of their participation in those opportunities.**

### Supporting Data

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| **Table 9.1-1 | Provision of Objectives and Orientation for Teaching in the Pre-clerkship Phase of the Curriculum** |
| List each course in the pre-clerkship phase of the curriculum in which residents, graduate students, postdoctoral fellows, and/or other non-faculty instructors teach/supervise medical students. Describe how the relevant department or the central medical school administration ensures that the learning objectives and orientation to the methods of student assessment have been provided and that this information has been received and reviewed. |
| Course  | Type(s) of Trainees Who Provide Teaching/Supervision | How Learning Objectives are Provided and Instructors are Oriented to Assessment Methods | How the Provision of Learning Objectives and Orientation to Assessment Methods are Monitored |
|  |  |  |  |

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| **Table 9.1-2 | Resident Preparation to Teach in Clerkships** |
| Briefly summarize the orientation program (s) available to residents to prepare them for their roles teaching and assessing medical students in required clinical clerkships. For each program, note whether it is sponsored by the department or the institution (D/I), whether the program is required or optional (R/O), and whether resident participation is centrally monitored (Y/N), and if so, by whom. Add rows as needed. |
| Required Clerkship | Program Name/Brief Summary | Sponsorship(D/I) | Required/Optional (R/O) | CentrallyMonitored? (Y/N) | Monitored by Whom? |
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### Narrative Response

a. Describe any institution-level (e.g., curriculum committee, GME office) policy/formal requirement that residents and others (e.g., graduate students, postdoctoral fellows) who supervise/assess medical students participate in orientation or faculty development programs related to teaching and/or student assessment.

b. Provide evidence that all residents who supervise/assess medical students in required clinical clerkships, whether they are members of the school’s own residency programs or of other programs, receive the relevant clerkship learning objectives, the list of required clinical encounters and skills, and the necessary orientation to their roles in teaching and student assessment.

c. What institutional individual/office is responsible for ensuring that all residents who supervise/assess medical students in required clinical clerkships have participated in the programs and received the informational materials (e.g., clerkship learning objectives) described above?

## 9.2 Faculty Appointments

**A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school’s faculty.**

### Narrative Response

a. Describe the process used to ensure that physicians who will supervise/assess medical students in required clinical clerkships have a faculty appointment before they start their supervisory/assessment roles.

b. Describe how, by whom, and the frequency with which the faculty appointment status of physicians who will teach and assess medical students is monitored.

c. In the event that the supervision and assessment of medical students is carried out by physicians, other health care professionals, or other members of the health care team who do not hold faculty appointments at the medical school, describe how the medical school ensures that these individuals are supervised by medical school faculty members.

## 9.3 Clinical Supervision of Medical Students

**A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student’s level of training, and that the activities supervised are within the scope of practice of the supervising health professional.**

### Supporting Data

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| **Table 9.3-1 | I am Appropriately Supervised in Clinical Settings.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

### Narrative Response

a. Describe how the school ensures that all medical students are appropriately supervised during required clinical clerkships and other required clinical experiences. How does the school ensure that faculty with supervisory responsibilities are informed of the expectations for supervision?

b. How does the school ensure that the level of responsibility delegated to a medical student is appropriate to the student’s level of training and experience during required clinical experiences and other school-sponsored clinical experiences (i.e., internal electives)?

c. What mechanisms exist for students to express any concerns about the adequacy and availability of supervision in the clinical environment? Are there mechanisms to allow reports of concerns to be submitted confidentially and without fear of retaliation? How, when, and by whom are these concerns reviewed and acted upon?

## 9.4 Assessment System

**A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students’ acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.**

### Supporting Data

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| **Table 9.4-1 | Observation of Clinical Skills**  |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who indicated that they were observed performing the following required clerkship activities. |
| Required Clerkship | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| History | Physical exam | History | Physical exam | History | Physical exam |
| School % | National %  | School % | National %  | School % | National %  | School %  | National % | School % | National %  | School % | National %  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Table 9.4-2 | Clinical Skills** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following way to begin a residency program. |
|  | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
| School %  | National % | School % | National % | School % | National%  |
| Acquired the clinical skills required to begin a residency program |  |  |  |  |  |  |

### Narrative Response

a. Describe the centralized system that ensures that each student has been assessed on the necessary clinical skills (i.e., history taking and physical examination) during the pre-clerkship phase of the curriculum to be prepared for the clerkship/clinical phase of the curriculum. Describe the methods of assessment (e.g., OSCE, standardized patient assessment, preceptor observation), the clinical skills assessed, and the locations in the pre-clerkship phase of the curriculum where assessment occurs.

b. Describe how the medical school ensures that each student has acquired and can demonstrate the necessary core clinical skills (i.e., history taking and physical examination) during the clerkship/clinical phase of the curriculum to be prepared for the next stage of training. Describe the methods of assessment, the clinical skills assessed and the locations in the clerkship/clinical phase where the assessment occurs.

### Supporting Documentation

1. Provide data from school-specific sources (e.g., clerkship evaluations and/or the ISA) on student perceptions that they were observed performing required clinical skills. Include the academic year of the data.

## 9.5 Narrative Assessment

**A medical school ensures that a narrative description of a medical student’s performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.**

### Narrative Response

a. Summarize the policy/guidelines that describe the circumstances in which narrative descriptions of a medical student’s performance will be provided (e.g., length of teacher-student interaction, group size) in each required course and clerkship. Note if these have been centrally developed and approved. How does the school ensure that narrative descriptions are provided when the specified circumstances have been met?

b. List the courses in the pre-clerkship phase of the curriculum that do not include a narrative description of performance where teacher-student interaction would permit it, and briefly describe why a narrative description is not provided.

**Supporting Documentation**

1. Sample requirements (i.e., a copy of medical school policy or guideline) related to providing narrative descriptions of student performance.

## 9.6 Setting Standards of Achievement

**A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.**

### Narrative Response

a. Describe how and by what individuals and/or groups the standards of achievement are set for the following:

1. courses and clerkships (i.e., grading criteria, passing standard)

2. the curriculum as a whole (i.e., progression, graduation)

## 9.7 Formative Assessment and Feedback

**The medical school’s curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.**

### Supporting Data

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| **Table 9.7-1 | Mid-clerkship Feedback** |
| Provide information from internal or external evaluations of required clerkships for the most recently completed academic year on the percentage of respondents who *agreed/strongly agreed* (aggregated)that they received mid-clerkship feedback for each required clerkship. Specify the data source. |
| Clerkship | Percent Agreeing that They had Received Mid-clerkship Feedback |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Year of Data:  |

|  |
| --- |
| **Table 9.7-2 | Pre-clerkship Formative Feedback** |
| Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) used to provide formative feedback during each course in the pre-clerkship phase of the curriculum. |
| Course Name | Length of Course(in Weeks) | Type(s) of Formative Feedback Provided | Timing of Formative Feedback |
|  |  |  |  |

|  |
| --- |
| **Table 9.7-3a | The Amount of Formative Feedback in Pre-clerkship Phase is Sufficient to Allow Me to Self-assess How I am Progressing in the Courses of this Phase of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| **Table 9.7-3b | The Quality of Formative Feedback in Pre-clerkship Phase Allows Me to Identify Areas in Which I Need to Improve as I Progress Through This Phase of the Curriculum.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 9.7-3c | The Amount of Formative Feedback in the Clerkship Phase Allows Me to Self-assess How I am Progressing in the Required Clerkships of this Phase.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

|  |
| --- |
| **Table 9.7-3d | The Quality of Formative Feedback in the Clerkship Phase Allows Me to Identify Areas in Which I Need to Improve as I Progress Through This Phase of the Curriculum.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that includer students who have not experienced the required clerkships.

### Narrative Response

a. Describe how the curriculum governance process, including any formal guideline, ensures that students will receive mid-course and mid-clerkship feedback.

b. Describe how and by whom the provision of mid-course and mid-clerkship feedback is monitored within individual departments and at the curriculum management level.

c. For courses/clerkships less than four weeks in duration, describe how students are provided with timely feedback on their knowledge and skills related to the course/clerkship objectives.

### Supporting Documentation

1. Any institutional guidance (i.e., curriculum governance policy or guideline) that medical students receive formative feedback by at least the mid-point of courses and clerkships of four weeks (or longer) duration.

## 9.8 Fair and Timely Summative Assessment

**A medical school has in place a system of** **fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.**

### Supporting Data

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| --- |
| **Table 9.8-1 | Availability of Final Grades** |
| For each required clinical clerkship, provide the average and the maximum number of weeks it took for students to receive grades during the listed academic years. Also provide the percentage of students who did not receive grades within 6 weeks. *If the medical school has regional campus(es) that offer the clinical years of the curriculum, provide the data requested in Table 9.8-1 for each campus.* Add rows as needed.  |
| Required clerkship | AY 2022-23 | AY 2023-24 | AY 2024-25 |
| Average | Max. | % | Average | Max. | % | Average  | Max. | % |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 9.8-2 | Pre-clerkship Summative Assessments are Pertinent to the Course Objectives and Content Taught in the Courses of This Phase of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 9.8-3 | The Manner in Which Summative Assessments Are Used to Determine a Clerkship Grade is Clear and Consistent.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

### Narrative Response

a. Note if there is a specific institutional expectation that students will receive their grades in courses and clerkships within six weeks. How is this expectation transmitted to course and clerkship directors and to departments?

b. List any courses in the pre-clerkship phase of the curriculum in which all students did not receive their grades within six weeks during the 2024-25 academic year.

c. Describe how and by whom the timing of course and clerkship grades is monitored, and the steps taken if grades are not submitted in a timely manner. How does the medical school ensure that course and clerkship grades are reported to students on schedule?

d. Summarize data from the ISA and course/clerkship evaluations (if available) related to respondents’ opinions about the fairness of summative assessments in courses and in clerkships (e.g., the assessments matched/did not match the course/clerkship learning objectives).

## 9.9 Student Advancement and Appeal Process

**A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.**

### Narrative Response

a. Describe how the medical education program monitors and ensures that a single set of core standards for promotion, advancement, and graduation is applied across all instructional sites, including regional campuses. If the medical education program has a parallel curriculum with additional academic requirements, describe how these are applied in making promotion, advancement, and graduation decisions for students in that parallel curriculum.

b. Describe how and by which individual(s) or group(s) the following decisions are made:

1) The decision to not advance a medical student to the next academic period

2) A medical student’s graduation

c. 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 following:

1) the initial decision-making process for an adverse action, and

2) the process for appeal of an adverse action taken for academic or professionalism reasons (not including a grade appeal).

Include the groups or individuals involved at each step in the process.

d. Describe the composition of the medical student promotions committee (or the promotions committees, if more than one). If the promotions committee includes course and/or clerkship directors and/or clinical faculty, describe whether a recusal policy is in place for committee members who may have a conflict of interest, such as for course/clerkship directors who have taken an action (e.g., awarded a failing grade) that contributes to the adverse academic action being proposed against a student, for clinical faculty who have provided health care to a student being reviewed., or other circumstances that the school includes as a conflicts of interest.

e. Describe how the due process policy and procedures are made known to medical students.

### Supporting Documentation

1. The policy that specifies the requirement for a single set of core standards for advancement and graduation and the standards in the case of a parallel curriculum with additional requirements.

2. The policies and procedures for disciplinary action and due process.

# Standard 10: Medical Student Selection, Assignment, and Progress

**A medical school establishes and publishes admission requirements for potential applicants to the medical education program and uses effective policies and procedures for medical student selection, enrollment, and assignment.**

### Supporting Documentation

|  |
| --- |
| **Table 10.0-1 | Applicants and Matriculants** |
| Provide data for the indicated entering classes on the total number of initial applications received in the admissions office, completed applications, applicants interviewed, acceptances issued, and new medical students matriculated for the first year of the medical curriculum. Do not include first year students repeating the year.  |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 | AY 2025-26 (as available) |
| Initial Applications |  |  |  |  |  |
| Completed Applications |  |  |  |  |  |
| Applicants Interviewed |  |  |  |  |  |
| Acceptances Issued |  |  |  |  |  |
| New Students Matriculated |  |  |  |  |  |

|  |
| --- |
| **Table 10.0-2 | Entering Student MCAT Scores** |
| If applicable, use the table below to provide *mean* MCAT scores, for new (not repeating) first year medical students in the indicated entering classes. |
|  | AY 2023-24 | AY 2024-25 | AY 2025-26 (as available) |
|  Chemical and Physical Foundations of Biological Systems  |  |  |  |
| Biological and Biochemical Foundations of Living Systems  |  |  |  |
| Critical Analysis and Reasoning Skills  |  |  |  |
| Psychological, Social, and Biological Foundations of Behavior |  |  |  |
| Total Score |  |  |  |

|  |
| --- |
| **Table 10.0-3 | Entering Student Mean GPA** |
| Provide the mean overall premedical GPA for *new (not repeating) first year medical students* in the indicated entering classes. If using a weighted GPA, please explain how the weighted GPA is calculated in the last row of the table. |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 | AY 2025-26(as available) |
| Overall GPA |  |  |  |  |  |
| Weighted GPA calculation (if applicable): |

|  |
| --- |
| **Table 10.0-4 | Medical School Enrollment** |
| Provide the total number of *enrolled* *first year medical students* (include students repeating the academic year), the number of final-year students eligible to graduate in that academic year, and the total number of medical students enrolled at the school for the indicated academic years. For students in dual-degree programs, only include those currently participating in the medical curriculum. |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 | AY 2025-26 (as available) |
| First year Students |  |  |  |  |  |
| Final-Year Graduating Students\* |  |  |  |  |  |
| Total Enrollment |  |  |  |  |  |

\* The number of students eligible to complete the AAMC GQ

## 10.1 Premedical Education/Required Coursework

**Through its requirements for admission, a medical school encourages potential applicants to the medical education program to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences, and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.**

### Narrative Response

a. Does the school require prerequisite college courses for admission? If so, how are these made known to potential applicants and their advisors.

b. List any courses or subjects that the medical school recommends, but does not require, as prerequisites for admission.

c. Describe how often and by whom premedical course requirements are reviewed. What information is used to guide decisions about the appropriateness of premedical course requirements and to determine if changes are needed?

## 10.2 Final Authority of Admission Committee

**The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors**.

### **Narrative Response**

a. Describe the composition of the medical school admission committee, including the categories of membership (e.g., faculty, students, medical school administrators, community members) and the specified number of members from each category. If there are subcommittees of the admission committee, describe their composition, role, and authority.

b. Provide the definition of a quorum for admission committee meetings. How does the admission committee process ensure that faculty members constitute a majority of voting members at all meetings?

c. Describe how admission committee members are oriented to the admission committee policies and to the admissions process.

d. Summarize the charge to the admission committee and the source of the committee’s authority (e.g., medical school bylaws). Are there circumstances where the admissions committee does not make the final admission decision (e.g., selection of applicants for admission from the waitlist)? In such cases, note if the admission committee already has classified such applicants as acceptable.

e. Have there been any circumstances when the final authority of the admission committee has been challenged, overruled, or rejected? If so, what individual or group has overruled/rejected the admission committee decision?

f. Describe how the medical school ensures that there are no conflicts of interest in the admission process and that no admission decisions are influenced by political or financial factors.

### **Supporting Documentation**

1. An excerpt from the medical school bylaws or other formal policy document that specifies the authority of, charge to, and composition of the admission committee and its subcommittees (if any) and the rules for its operation, including voting membership and definition of a quorum at meetings.

## 10.3 Policies Regarding Student Selection/Progress and Their Dissemination

**The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.**

**Supporting Data**

|  |
| --- |
| **Table 10.3-1 | The Policies for Advancement/Graduation are Clear.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. When and by whom were the policies, procedures, and criteria for medical student selection last reviewed and approved, and how they are disseminated to potential and actual applicants, their advisors, and the public.

b. For each of the following steps in the admissions process, briefly describe the procedures and criteria used to make the relevant decision and the individuals and groups (e.g., admission committee or subcommittee, interview committee) involved in the decision-making process:

1. Preliminary screening of the initial application for applicants to receive the secondary/supplementary application

2. Selection for the interview

3. The results of the interview (e.g., interview “score” or outcome result)

4. The acceptance decision

5. The creation of the wait list

6. The offer of admission, including how applicants are accepted from the wait list

c. Describe the role of the medical school admission committee in the selection of applicants for joint baccalaureate-MD program(s) or dual degree program(s) (e.g., MD/PhD), if these are present.

d. Describe how and by whom the policies for the assessment, advancement, and graduation of medical students and the policies for disciplinary action are developed, reviewed, and are made available to medical students and to faculty.

### Supporting Documentation

1. Policies and procedures for the selection, assessment, advancement, graduation, and dismissal of medical students.

2. The charge to or the terms of reference for the medical student promotions committee(s).

## 10.4 Characteristics of Accepted Applicants

**A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.**

### Narrative Response

a. Describe the personal attributes of applicants that are considered during the admission process. Describe how often and by whom the list of attributes is reviewed and approved.

b. Describe the methods used during the admission process to evaluate and document the specified personal attributes of applicants. Refer to the admission procedures as outlined in Element 10.3 to illustrate at what stage of the admission process, how, and by whom these attributes are assessed and used in the admission decision.

### **Supporting Documentation**

1. Any standard form(s) used to guide and/or to evaluate the results of applicant interviews.

## 10.5 Technical **Standards**

**A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.**

### Narrative Response

a. Describe when and by whom the technical standards were last reviewed and approved.

b. Describe how the technical standards for admission, retention, and graduation are disseminated to potential and actual applicants, enrolled medical students, faculty, and others.

c. Describe how and when medical school applicants and enrolled medical students are expected to formally document (i.e., attest) that they are familiar with and capable of meeting the technical standards with or without accommodation (e.g., by formally indicating that they have received and reviewed the standards). How, how often, and by whom is this student documentation monitored to ensure completion by all students?

### **Supporting Documentation**

1. The medical school’s technical standards for the admission, retention, and graduation of applicants and students.

## 10.6 Content of Informational Materials

**A medical school’s academic bulletin and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g., immunization) requirements for the MD degree and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the medical education program.**

### Narrative Response

a. Describe how often and by whom informational materials about the medical education program are updated. How does the leadership/administration of the medical education program ensure that the materials are complete, accurate, and timely?

b. Describe how recruitment materials about the medical education program are made available (e.g., online, in published media, as hard copy documents/brochures) to potential and actual applicants, career advisors, and the public.

### **Supporting Documentation**

1. Any recruitment materials related to the medical school.

2. Indicate where (e.g., what website) the informational materials are made available to the public and how the following information can be accessed:

a. Medical school mission and medical education program objectives

b. Admission and completion requirements (academic and other) for the MD degree and joint degree programs

c. Academic calendar for each curricular option

d. Required course and clerkship descriptions

## 10.7 Transfer Students

**A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. Transfer students who do not complete all of their required curriculum from medical schools chartered and located in the United States cannot be said to have graduated from an LCME-accredited medical education program. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.**

### Supporting Data

|  |
| --- |
| **Table 10.7-1 | Transfer/Advanced Standing Admissions** |
| Provide the number of transfer students and students with advanced standing admitted from the program types listed below into the first, second, third, and fourth year curriculum during the indicated academic years. |
|  | Year 1 | Year 2 | Year 3 | Year 4 |
| AY 2024-25 | AY 2025-26 | AY 2024-25 | AY 2025-26 | AY 2024-25 | AY 2025-26 | AY 2024-25 | AY 2025-26 |
| LCME-accredited, MD-granting medical school |  |  |  |  |  |  |  |  |
| COCA-accredited, DO-granting medical school |  |  |  |  |  |  |  |  |
| Non-MD-granting U.S. graduate or professional degree program |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 10.7-2 | Transfer Students** |
| Provide the number of transfer students for each indicated academic year.  |
|  | 2023-24 | 2024-25 | 2025-26 |
| Transfer students that entered into the second year (or into the pre-clerkship phase for a three-year program) |  |  |  |
| Transfer students that entered into the third year (or into the beginning of the clerkship phase for a three-year program) |  |  |  |
| Transfer students that entered into the fourth year (or the third year of a three-year program) |  |  |  |

### Narrative Response

a. Describe the procedures used for selecting applicants for transfer or for admission with advanced standing, including how and by what individual(s)/group(s) the comparability of the applicants’ educational experiences and prior academic achievement to those of medical students in the class that they would join is determined. List the variables (e.g., curriculum of the program the applicant is leaving, GPA, USMLE scores, MCAT scores) that are considered in making the determination of comparability.

b. Describe how policies and procedures related to transfer/admission with advanced standing are made available to potential applicants for transfer and advanced standing, their advisors, and the public.

c. If the medical school admitted one or more transfer students to the final year of the curriculum during the past three years, describe the circumstances surrounding that admission decision.

### **Supporting Documentation**

1. Medical school policies and procedures related to transfer and admission with advanced standing, including that applicants for transfer must have completed prior medical school coursework in the United States.

## 10.8 Visiting Students

A medical school does all of the following:

* Verifies the credentials of each visiting medical student
* Ensures that each visiting medical student demonstrates qualifications comparable to those of the medical students the visiting student would join in educational experiences
* Maintains a complete roster of visiting medical students
* Approves each visiting medical student’s assignments
* Provides a performance assessment for each visiting medical student
* Establishes health-related protocols for such visiting medical students
* Identifies the administrative office that fulfills each of these responsibilities

### Supporting Data

|  |
| --- |
| **Table 10.8-1 | Visiting Students** |
| Provide the number of visiting students for each indicated academic year.  |
|  | 2023-24 | 2024-25 | 2025-26 (as available) |
| Visiting students completing required clerkships (as defined for the school’s own medical students) |  |  |  |
| Visiting students completing clinical electives and/or other courses |  |  |  |

### Narrative Response

a. Describe the procedures and criteria used by the medical school to determine if a potential visiting medical student has qualifications, including educational experiences, comparable to those of the school’s medical students. Identify who in the medical school is responsible for reviewing and making the decision about comparability.

b. Describe the procedures by which the medical school grants approval for medical students from other medical schools to take electives at the institution. Include the following information in the description:

1. How and by whom the academic credentials and immunization status of visiting students are verified.

2. How the medical school ensures that there are adequate resources (including clinical resources) and appropriate supervision at the site for both the visiting students and the medical school’s own students.

3. How the medical school ensures that a performance assessment is provided for each visiting student.

c. Identify the staff member(s) who is/are responsible for maintaining an accurate and up-to-date roster of visiting medical students. List the types of information included in the roster of visiting medical students (provide a standardized template for the roster, if available).

## 10.9 Student Assignment

**A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.**

### Narrative Response

a. Describe the timing and process for medical student assignment to an instructional site or parallel curriculum in the following circumstances, as relevant. In the description, include how and by whom the final decision about assignment is made. Note the ability of students to select or rank options.

1. A clinical site (e.g., a hospital) for an individual clerkship

2. A regional campus that includes only the clerkship (clinical years) phase of the curriculum

3. A regional campus that includes the pre-clerkship phase of the curriculum or all years of the curriculum

4. A parallel curriculum (“track”) located on the central medical school campus or at a regional campus

b. Describe if, in any of the circumstances above, medical students have the opportunity to negotiate with their peers to switch assignment sites or tracks after an initial assignment has been made but before the experience has begun.

c. Describe the procedures whereby students can formally request an alternative assignment through a medical school administrative mechanism either before or during their attendance at the site/in the track. Note if the procedures are codified in formal guidelines. Describe the criteria used to evaluate the request for the change and indicate the individual(s) responsible for making the decision. Describe how medical students are informed of the opportunity to request an alternative assignment and about the process for making the request.

# Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

**A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school’s medical education program objectives. All medical students have the same rights and receive comparable services.**

## 11.1 Academic Advising and Academic Counseling

**A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and provides medical students academic counseling only from individuals who have no role in making assessment or promotion decisions about them.**

### Supporting Data

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| --- |
| **Table 11.1-1 | Attrition and Academic Difficulty**  |
| Provide the number and percentage of *first year medical students* and the number and percentage of *all medical students* who withdrew or were dismissed from the medical school in the indicated academic years. |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 |
| First year students |  |  |  |  |
| All medical students |  |  |  |  |

|  |
| --- |
| **Table 11.1-2 | Attrition and Academic Difficulty by Curriculum Year** |
| Provide the number of medical students in each of the following categories during the listed academic years. *Count each student only once.* |
|  | AY 2023-24 | AY 2024-25 |
| Year 1 | Year 2 | Year 3 | Year 4 | Total | Year 1 | Year 2 | Year 3 | Year 4 | Total |
| Withdrew or were dismissed |  |  |  |  |  |  |  |  |  |  |
| Transferred to another medical school |  |  |  |  |  |  |  |  |  |  |
| Were required to repeat the entire academic year |  |  |  |  |  |  |  |  |  |  |
| Were required to repeat one or more required courses or clerkships |  |  |  |  |  |  |  |  |  |  |
| Moved to a decelerated curriculum |  |  |  |  |  |  |  |  |  |  |
| Took a leave of absence as a result of 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 |  |  |  |  |  |  |  |  |  |  |

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| --- |
| **Table 11.1-3 | Academic Advising Is Available to Me During All Years of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 11.1-4 | Tutorial Help Is Available to Me During All Years of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 11.1-5 | Academic Advising and Counseling at Regional Campuses** |
| Indicate how the following services are made available to students at each regional campus by placing an “X” in the appropriate columns(s). Select all that apply for each service. Add additional rows for each service/campus. *Note: this question only applies to schools with regional campus(es).* |
| Services | Campus | Available to Students Via |
| Personnel Located on Campus | Visits from Central Campus Personnel | Email or Videoconference | Student Travel to Central Campus |
| Academic advising\* |  |  |  |  |  |
| Tutoring |  |  |  |  |  |
| Academic counseling\* |  |  |  |  |  |

\* See the definitions of academic advising and academic counseling in the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of the DCI.

### Narrative Response

a. Describe the types of academic assistance available to all medical students. For each type of assistance available to all students, summarize the role and organizational locus (e.g., medical school, university, other) of the individual(s) who provide this support and the way(s) in which medical students can gain access to each of the resources. How are medical students informed about the availability of these resources? *Schools with regional campus(es) should provide this information by campus.*

b. How and when are medical students experiencing academic difficulty or at risk for academic difficulty identified? Note if there is a process for identifying students who are likely to be or are in academic difficulty before they receive a failing final course/clerkship grade.

c. Summarize the types of counseling available to students experiencing or at risk for academic difficulty and the categories of individuals available to deliver such counseling. How are students directed to these sources of academic counseling? Describe how the medical school provides an option for medical students to obtain academic counseling from individuals who have no role in assessment or advancement decisions about them, including individuals who prepare the MSPE.

## 11.2 Career Advising

**A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.**

### S**upporting Data**

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| --- |
| **Table 11.2-1 | Residency Match Rates** |
| Provide the number and percentage of participating medical students who initially matched to PGY-1 programs. |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 |
| Initially Matched  |  |  |  |  |
| Unmatched (after SOAP) |  |  |  |  |

|  |
| --- |
| **Table 11.2-2 | Graduates Not Entering Residency** |
| Provide the number of medical school graduates who did not enter residency training in the following graduating classes for each of the listed reasons (provide a brief description of the reason for students counted under “other”). Provide the number and percentage of students who did not enter residency in each graduating class. Count each graduate only once and do not include students who graduated late.  |
| Reason | Class of 2024 | Class of 2025 |
| Family Responsibilities |  |  |
| Change of Careers |  |  |
| Did Not Gain Acceptance to a Residency Program |  |  |
| Preparation for the USMLE |  |  |
| Research/Pursuing Additional Degree or Training |  |  |
| Other: (Add Rows as Required) |  |  |
| Describe “Other”: |  |  |
|  |
| Total Number of Students in Each Graduating Class Who Did Not Enter Residency Training |  |  |
| Percentage of Students in Each Graduating Class Who Did Not Enter Residency Training |  |  |

|  |
| --- |
| **Table 11.2-3 | The Medical School has a Coordinated Career Advising System that Spans All Years of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 11.2-4 | The Medical School’s Career Advising System Includes Access to Knowledgeable Advisors.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus.  |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 11.2-5 | The Medical School has an Effective System for Advising about Elective Choices.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 11.2-6 | Optional and Required Career and Elective Advising Activities** |
| Describe each career information session and career and elective advising activity that was available for medical students in each year of the curriculum during the most recently completed academic year. Note whether each was required (R) or optional (O).*Schools with regional campus(es) should provide the information by campus.* |
| Career Information and Advising Activities  |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  |  |  |  |

|  |
| --- |
| **Table 11.2-7 | Career Advising at Regional Campuses** |
| Indicate how the following services are made available to students at each regional campus by placing an “X” in the appropriate columns(s). Select all that apply for each service. Add additional rows for each service/campus. *Note: this question only applies to schools with regional campus(es).* |
| Services | Campus | Available to Students Via |
| Personnel Located on Campus | Visits from Central Campus Personnel | Email or Videoconference | Student Travel to Central Campus |
| Career advising |  |  |  |  |  |

### Narrative Response

a. Using Table 11.2-6 and 11.2-7 (as relevant) above, provide an overview of the system of career and elective advising for medical students. In the description, list the personnel from the medical school administration, faculty (e.g., career advisors, specialty advisors), and other sites (e.g., a university career office, outside consultants) available to support the medical student career advising system and the role(s) played by each. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management/coordination of the career advising system.

*Schools with regional campus(es) should provide the information by campus*.

b. Describe how the different groups of individuals (e.g., general career advisors, specialty advisors) involved in career advising are trained for their specific role in the career advising system.

c. Describe the print and/or online resources used by medical students and their career advisors to support the students’ career investigations.

d. Identify the individual(s) who are primarily responsible for providing guidance to medical students on their choice of intramural and extramural electives during each year of the curriculum. List 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 choices.

e. List the individual(s) primarily responsible for the preparation of the Medical Student Performance Evaluation (MSPE). Describe the opportunities for medical students to request another MSPE writer.

## 11.3 Oversight of Extramural Electives

**If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean’s office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student’s and the school’s review of the experience prior to its approval:**

* Potential risks to the health and safety of patients, students, and the community
* The availability of emergency care
* The possibility of natural disasters, political instability, and exposure to disease
* The need for additional preparation prior to, support during, and follow-up after the elective
* The level and quality of supervision
* Any potential challenges to the code of medical ethics adopted by the home school

### Narrative Response

a. Describe how and by whom extramural electives are reviewed and approved prior to being made available for student enrollment.

b. Describe the way in which the medical school evaluates and acts in response to each of the following areas in its review of electives at locations (e.g., countries/regions) where there is a potential risk to medical student and patient safety:

1. The availability of emergency care

2. The possibility of natural disasters, political instability, and exposure to disease

3. The need for additional preparation prior to, support during, and follow-up after the elective

4. The level and quality of supervision

5. Potential challenges to the code of medical ethics adopted by the home school

c. Describe the system for collecting performance assessments of the school’s medical students who are engaging in extramural electives.

d. Describe the system for collecting evaluations of external electives from the school’s medical students. How are the evaluation data used by the medical school? How are these data made available to medical students considering their elective options?

## 11.4 Provision of MSPE

**A medical school provides a Medical Student Performance Evaluation required for the residency application of a medical student to align with the AAMC/ERAS residency application timeline.**

### Narrative Response

a. Provide the earliest date for release by the medical school of the MSPE.

## 11.5 Confidentiality of Student Educational Records

**At a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.**

### Narrative Response

a. How does the medical school maintain students’ educational records separately from other relevant records (e.g., health information) to ensure that there is appropriate confidentiality?

b. Describe the physical location(s) where medical student educational records are maintained and how confidentiality is ensured. If medical student records are stored online, describe the mechanisms to ensure their confidentiality and security.

c. Describe how and by whom the medical school determines which categories of individuals (e.g., administrators, faculty) and which individuals within those categories are permitted to review medical student educational records. How does the medical school ensure that student educational records are available only to those individuals who are permitted to review them?

### Supporting Documentation

1. Policy and procedure for a member of the faculty/administration to gain access to a medical student’s educational records.

## 11.6 Student Access to Educational Records

**A medical school has policies and procedures in place that permit a medical student to review and to challenge the student’s educational records, including the Medical Student Performance Evaluation, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.**

**Supporting Data**

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| --- |
| **Table 11.6-1 | I am Aware There is a Process for Reviewing and Challenging my Academic Record or Know Where to Find It.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. Describe the procedure that medical students must follow in order to review their records. What is the typical time for a student to gain access to their records?

b. Describe how medical students can challenge the following:

1. Content of the MSPE

2. Course and clerkship data and non-course/clerkship-based assessments (e.g., examination performance, OSCE performance, narrative assessments)

3. Course and clerkship grades

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

d. Describe how the medical school’s policies and procedures related to students’ ability to review and challenge their records are made known to students and faculty.

### Supporting Documentation

1. Medical school policies and procedures related to medical students’ ability to review and challenge their records, including the length of time it takes for students to gain access to their records.

# Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

**A medical school provides effective student services to all medical students to assist them in achieving the program’s goals for its students. All medical students have the same rights and receive comparable services.**

## 12.1 Financial Aid/Debt Management Counseling/Student Educational Debt

**A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.**

### Supporting Data

|  |
| --- |
| **Table 12.1-1 | Tuition and Fees** |
| Provide the *total tuition and fees* assessed to first year medical students (both for in-state residents and out-of-state non-residents) for the indicated academic years. Include the medical school’s health insurance fee, even if that fee is waived for a student with proof of existing coverage. |
|  | AY 2021-22 | AY 2022-23 | AY 2023-24 | AY 2024-25 | AY 2025-26 |
| In-state |  |  |  |  |  |
| Out-of-state |  |  |  |  |  |

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| --- |
| **Table 12.1-2 | Median Medical School Educational Debt** |
| Provide school data from the LCME Part I-B Student Financial Aid Questionnaire (FAQ) on the **median** reported medical school educational indebtedness of all medical student graduates with medical school debt and the percentage of graduates with indebtedness **equal to or** more than $200,000.  |
|  | FAQ 2022 | FAQ 2023 | FAQ 2024 | FAQ 2025 |
| School  | School  | School  | School  |
| **Median** medicalschool debt |  |  |  |  |
| Percentage of graduates with medical school debt **equal to or** more than $200,000 |  |  |  |  |

|  |
| --- |
| **Table 12.1-3 | Financial Aid and Debt Counseling Services** |
| Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) in the following areas.  |
|  | AAMC GQ 2022 | AAMC GQ 2023 | AAMC GQ 2024 | AAMC GQ 2025 |
|  | School % | National % | School % | National % | School % | National % | School % | National % |
| Financial aid administrative services |  |  |  |  |  |  |  |  |
| Overall educational debt management counseling |  |  |  |  |  |  |  |  |

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| --- |
| **Table 12.1-4 | I Have Access to Knowledgeable and Helpful Financial Aid Services Personnel.**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 12.1-5 | Financial Aid Services at my Medical School Include Debt Management Counseling by Knowledgeable and Accessible Personnel.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| --- |
| **Table 12.1-6 | Financial Aid/Debt Management Activities** |
| Describe financial aid and debt management counseling/advising activities (including one-on-one sessions) that were available for medical students in each year of the curriculum during the 2024-25 academic year. Note whether each was required (R) or optional (O). If the medical school has one or more regional campuses, list which of the required and optional advising sessions were available (in-person or virtually) at each campus during the most recently completed academic year. |
| Financial Aid/Debt Management Activities  |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  |  |  |  |

|  |
| --- |
| **Table 12.1-7 | Support Services at Regional Campuses** |
| Indicate how the following service is made available to students at each regional campus by placing an “X” in the appropriate columns(s). Add additional rows for each campus. *Note: this table only applies to schools with regional campus(es).* |
| Available to Students Via | Campus | Services |
| Financial Aid Management |
| Personnel Located on Regional Campus |  |  |
| Visits from Central Campus Personnel |  |  |
| Email or Videoconference |  |  |
| Student Travel to Central Campus |  |  |

### Narrative Response

a. Describe the staffing of the financial aid office used by medical students.

1. Note if the financial aid office resides organizationally within the medical school or at another (e.g., the university) level. If the latter, list the other schools/programs supported by financial aid office staff.

2. Indicate the number of financial aid staff who are available to specifically assist medical students and the site(s) where they are located.

b. Provide a description of the types of debt management informational materials used by medical students and financial aid counselors. *Schools with regional campus(es) should describe where/how this information can be accessed.*

c. Describe current activities at the medical school or sponsoring organization to raise funding for scholarship and grant support for medical students (e.g., a current fund-raising campaign devoted to increasing scholarship resources). Describe the goals of these activities, their current levels of success in obtaining the desired funding, and the timeframe for their completion.

d. Describe the role of the medical school leadership in controlling tuition and fee increases for medical students. (Also see the response to Element 5.3)

e. Describe other mechanisms that are being used by the medical school and the sponsoring organization to limit medical student debt.

### Supporting Documentation

1. The most recent LCME Part I-B Student Financial Aid Questionnaire (FAQ).

## 12.2 Tuition Refund Policy

**A medical school has clear policies for the refund of a medical student’s tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).**

### Narrative Response

a. Briefly describe the tuition and fee refund policy. Describe how the policy is made available to prospective, admitted, and enrolled medical students.

b. If not included in the tuition and fee refund policy, describe policies related to the refund of payments made for health and disability insurance and for other fees.

### Supporting Documentation

1. Policy for refunding tuition and fee payments to medical students who withdraw or are dismissed from the medical education program.

## 12.3 Personal Counseling/Mental Health/Well-Being Programs

**A medical school has in place an effective system of counseling services for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.**

### Supporting Data

|  |
| --- |
| **Table 12.3-1| I am Able to Access Personal Counseling/Mental Health Services During the Pre-clerkship Phase of the Medical Education Program** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 12.3-2 | I am Able to Access Personal Counseling/Mental Health Services During the Clerkship Phase of the Medical Education Program**  |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

|  |
| --- |
| **Table 12.3-3 | Mental Health Services Available Through the Medical School are Confidential.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 12.3-4 | Student Well-being Programs are Available in the Pre-clerkship Phase of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 12.3-5 | Student Well-being Programs are Available in the Clerkship Phase of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

|  |
| --- |
| **Table 12.3-6 | Support Services at Regional Campuses** |
| Indicate how the following services are made available to students at each regional campus by placing an “X” in the appropriate columns(s). Add additional rows for each service/campus. *Note: this table only applies to schools with regional campus(es).* |
| Available to Students Via | Campus | Services |
| Personal Counseling | Student Well-Being Programs |
| Personnel Located on Campus |  |  |  |
| Visits from Central Campus Personnel |  |  |  |
| Email or Videoconference |  |  |  |
| Student Travel to Central Campus |  |  |  |

### Narrative Response

a. Describe the system for providing personal counseling and mental health services to medical students, including how, by whom (i.e., roles and titles), and where services are provided. Describe how students are informed about the availability of mental health services.
*Schools with regional campus(es) should provide the information by campus.*

b. Comment on how the medical school ensures that personal counseling and mental health services are accessible and confidential.

c. Summarize medical school programs or other programs designed to support students’ well-being and facilitate students’ ongoing adjustment to the physical and emotional demands of medical school. Describe how students are informed about the availability of these programs/activities.
*Schools with regional campus(es) should provide the information by campus.*

## 12.4 Student Access to Health Care Services

**A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.**

### Supporting Data

|  |
| --- |
| **Table 12.4-1 | I am Able to Access Personal Health Care Services During the Pre-clerkship Phase of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 12.4-2 | I am Able to Access Personal Health Care Services During the Clerkship Phase of the Medical Education Program.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

|  |
| --- |
| **Table 12.4-3 | Support Services at Regional Campuses** |
| Indicate how the following service is made available to students at each regional campus by placing an “X” in the appropriate columns(s). Add additional rows for each service/campus. *Note: this table only applies to schools with regional campus(es).* |
| Available to Students Via | Campus | Services |
| Student Health Services |
| Personnel Located on Campus |  |  |
| Visits from Central Campus Personnel |  |  |
| Email or Videoconference |  |  |
| Student Travel to Central Campus |  |  |

### Narrative Response

a. Describe the current system for providing medical students with access to diagnostic, preventive, and therapeutic health services, including where and by whom (i.e., roles and titles) services are provided for students in the pre-clerkship phase of the curriculum. For example, if there is a student health center, comment on its location, staffing, and hours of operation. If there is no student health center, how does the school assist students in finding health services? How are pre-clerkship students informed about how to access these health services? *Schools with regional campus(es) should provide the information by campus.*

b. Describe how medical students at each clinical instructional site/campus with required educational activities are informed about the availability of and methods to access health services. How does the school ensure that students at clinical sites have access to diagnostic, preventive, and therapeutic health services. *Schools with regional campus(es) should provide the information by campus.*

c. Describe how medical students, faculty, and residents are informed of policies that allow students to be excused from classes or clinical activities in order to access health services.

### **Supporting Documentation**

1. Policy or guidance document that specifies that medical students may be excused from classes or clinical activities in order to access health services.

## 12.5 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

**The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.**

### Narrative **Response**

a. Describe how the medical school ensure that a provider of health and/or psychiatric/psychological services to a medical student has no current or future involvement in the academic assessment of or in decisions about the promotion/retention of that student. Describe how medical students, residents, and faculty are informed of this requirement.

b. If health and/or psychiatric/psychological services are provided by university or medical school service providers, describe where these student health records are stored and how the confidentiality of these records is ensured.

### **Supporting Documentation**

1. Policies and/or procedures that specify that providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student.

## 12.6 Student Health and Disability Insurance

**A medical school ensures that health insurance and disability insurance are available to each medical student and that health insurance is also available to each medical student’s dependents.**

### Narrative **Response**

a. Indicate how information about health insurance is made available to students. Describe the health insurance options for medical students and their dependents. For example, is there an insurance plan offered through the school/university or does the school provide a list of insurers to the students?

b. Indicate how and when disability insurance is made available to medical students. Describe how and when medical students are informed of its availability. Identify the individual(s) to whom medical students can address their questions regarding disability insurance.

## 12.7 Immunization Requirements and Monitoring

**A medical school follows accepted guidelines in determining immunization requirements for its medical students and monitors students’ compliance with those requirements.**

### Narrative Response

a. Note the basis for immunization requirements for medical students (e.g., from the Centers for Disease Control and Prevention, state agencies).

b. Describe how and by whom the immunization status of medical students is monitored and how students and the medical school are informed when deficiencies in meeting immunization requirements are noted.

## 12.8 Student Exposure Policies/Procedures

**A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:**

* The education of medical students about methods of prevention
* The procedures for care and treatment after exposure, including a definition of financial responsibility
* The effects of infectious and environmental disease or disability on medical student learning activities

**All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.**

### Supporting Data

|  |
| --- |
| **Table 12.8-1 | I am Taught How to Prevent Exposure to Infectious and Environmental Hazards Before I Begin Seeing Patients.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Table 12.8-2 |** **I am Aware of or Have Ready Access to the Procedures to Follow After a Potential Exposure** **to an Infectious or Environmental Hazard.** |
| Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*. If the medical school has one or more regional campuses, provide the data by campus. |
| Medical School Class | Number of Total Responses/Response Rate to this Item | Number and % ofN/AResponses | Number and % of Disagree Responses | Number and % ofAgree Responses |
| N | % | N | % | N | % | N | % |
| M1 |  |  |  |  |  |  |  |  |
| M2 |  |  |  |  |  |  |  |  |
| M3 |  |  |  |  |  |  |  |  |
| M4 |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

### Narrative Response

a. Describe the content of formal institutional policies in the following areas related to medical student exposure to infectious and environmental hazards:

1. The education and training of medical students about methods of prevention

2. The procedures for care and treatment after exposure, including definition of financial responsibility

3. The effects of infectious and/or environmental disease or disability on medical student learning activities

b. Describe when and how the school’s own medical students and visiting medical students are informed of the medical school’s procedures related to exposure to infectious and environmental hazards at all instructional sites. For example, when and how do students, including visiting students, learn about the procedures to be followed in the event of exposure to blood-borne (e.g., a needle-stick injury) or air-borne pathogens?
*Schools with regional campus(es) should provide the information by campus.*

c. Describe when during their education medical students receive training on the prevention of exposure to infectious and environmental diseases.

### Supporting Documentation

1. Policies on medical student exposure to infectious and environmental hazards, including policy related to the effects of infectious and/or environmental disease or disability on medical student learning activities.

# Style Guide for DCI Preparation

1. Use Times New Roman, 11 pt. black font and single spacing for all responses to DCI questions and tables (note, this does not necessarily apply to template headings, footers, etc.).
2. Use a serial comma (Oxford comma) before the coordinating conjunction (usually “and” or “or”) in a series of three or more items.
3. The words “ex officio”, “ad hoc”, and “via” (or other Latin phrases used colloquially) should not be italicized.
4. No periods are used with degrees and other abbreviations, with the exception of “U.S.”
5. Academic years should be listed as 20##-## (e.g., 2025-26).
6. The first occurrence of an abbreviation of acronyms should be spelled out with the abbreviation/acronym in parentheses. Subsequent uses should list just the abbreviation/acronym. Consider adding a glossary for easy reference to the abbreviations.
7. The word “data” is plural (e.g., data are available – not, data is available).
8. Only one space should be used after periods in between sentences.
9. The word "dean" is not capitalized except when it begins a sentence or is linked to an individual’s name, such as "Dean Robert Jones." DO NOT capitalize titles (e.g., vice president, provost, president, chair, and associate dean) unless followed by a name.
10. The words "medical school," "college," and "university" are not capitalized unless they begin sentences or are used as the school’s full name (e.g., Jones Medical School).
11. The word "faculty" is not capitalized unless it begins a sentence.
12. Discipline names (e.g., "Physiology," "Biochemistry," "Medicine") are capitalized when they refer to departments. Note that "department" is not capitalized unless it is used with reference to a specific discipline, as in "Department of Medicine."
13. Capitalize the names of formal school committees and subcommittees (e.g., Committee on Educational Policy), but do not capitalize the committee if the formal name is not used and the committee is referred to just by function (e.g., curriculum committee).
14. The word “assess” is used for students’ performance and “evaluate” is used for programs.
15. In the narrative (not tables), numbers one through nine are spelled out, and numbers 10 and higher are listed as numbers.
16. Any tables with symbols (such as \*) include the relevant note beneath the table with explanatory text.
17. Full-time and part-time should include a hyphen (not part time).
18. The word online contains no hyphen and is lowercase unless it starts a sentence. The word internet is lowercase, unless it starts a sentence.
19. The word “bylaws” should be lowercase, unless it starts a sentence.
20. The following abbreviations should always have periods and commas (i.e., e.g.,).

# Glossary of Terms for LCME Accreditation Standards and Elements

**Academic advising**: The process between the medical student and an academic advisor of reviewing the services and policies of the institution, discussing educational and career plans, and making appropriate course selections. (Element 11.1)

**Academic counseling**: The process between the medical student and an academic counselor to discuss academic difficulties and to help the medical student acquire more effective and efficient abilities in areas such as study skills, reading skills, and/or test-taking skills. (Element 11.1)

**Adequate numbers and types of patients (e.g., acuity, case mix, age, gender)**: Medical student access, in both ambulatory and inpatient settings, to a sufficient mix of patients with a range of severity of illness and diagnoses, ages, and both genders to meet medical educational program objectives and the learning objectives of specific courses, modules, and clerkships. (Element 5.5)

**Admission requirements**: A comprehensive listing of both objective and subjective criteria used for screening, selection, and admission of applicants to a medical education program. (Standard 10)

**Admission with advanced standing**: The acceptance by a medical school and enrollment in the medical curriculum of an applicant (e.g., a doctoral student), typically as a second or third-year medical student, when that applicant had not previously been enrolled in a medical education program. (Element 10.7)

**Affiliation agreement**: A document which describes the roles and responsibilities between a medical education program and its clinical affiliates. (Element 1.4)

**Any related enterprises**: Any additional medical school-sponsored activities or entities. (Element 1.2)

**Assessment**: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a medical student has acquired the competencies (e.g., knowledge, skills, behaviors, and attitudes) that the profession and the public expect of a physician. (Standard 9; Elements 1.4, 4.5, 6.1, 8.3, 8.7, 9.1, 9.4, 9.5, 10.3, 10.8, 11.1, 11.3, and 12.5)

**Benefits of diversity**: In a medical education program, the facts that having medical students and faculty members from a variety of socioeconomic backgrounds, racial and ethnic groups, and other life experiences can: 1) enhance the quality and content of interactions and discussions for all students throughout the preclinical and clinical curricula and 2) result in the preparation of a physician workforce that is more culturally aware and competent and better prepared to improve access to healthcare and address current and future health care disparities. (Standard 3)

**Central monitoring**: Tracking by institutional (e.g., decanal) level offices and/or committees (e.g., the curriculum committee) of desired and expected learning outcomes by students and their completion of required learning experiences. (Elements 8.6 and 9.1)

Chief academic officer: The medical school official (e.g., dean, senior associate dean for medical education) with responsibility for ensuring the quality and sustainability of the medical education program. (Element 5.2)

**Clinical affiliates**: Those institutions providing inpatient medical care that have formal agreements with a medical school to provide clinical experiences for the education of its medical students. (Elements 1.4 and 3.5)

**Clinical research**: The conduct of medical studies involving human subjects, the data from which are intended to facilitate application of the studies’ findings to medical practice in order to enhance the prevention, diagnosis, and treatment of medical conditions. (Element 7.3)

**Coherent and coordinated medical curriculum**: The design of a complete medical education program, including its content and modes of presentation, to achieve its overall educational objectives. Coherence and coordination include the following characteristics: 1) the logical sequencing of curricular segments, 2) coordinated and integrated content within and across academic periods of study (i.e., horizontal and vertical integration), and 3) methods of instruction and student assessment appropriate to the student’s level of learning and to the achievement of the program's educational objectives. (Element 8.1)

**Community service**: Services designed to improve the quality of life for community residents or to solve particular problems related to their needs. Community service opportunities provided by the medical school complement and reinforce the medical student’s educational program. (Element 6.6)

**Comparable educational experiences**: Learning experiences that are sufficiently similar so as to ensure that medical students are achieving the same learning objectives at all educational sites at which those experiences occur. (Element 8.7)

**Competency**: Statements of defined skills or behavioral outcomes (i.e., that a physician should be able to do) in areas including, but not limited to, patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and ethics, and systems-based practice for which a medical student is required to demonstrate mastery at an appropriate level prior to completion of the medical education program and receipt of the MD degree. (Standards 3 and 6; Element 6.1)

**Core curriculum**: The required components of a medical curriculum, including all required courses/modules and clinical clerkships/rotations that a student must complete for graduation. (Element 7.9)

**Core standards for the advancement and graduation of all medical students across all locations**: The academic and non-academic criteria and levels of performance defined by a medical education program and published in programmatic policies that must be met by all medical students on all medical school campuses at the conclusion of each academic year or curriculum phase for advancement to the next academic year/phase or at the conclusion of the medical education program for receipt of the MD degree and graduation. (Element 9.9)

**Critical judgment**: The consideration, evaluation, and organization of evidence derived from appropriate sources and related rationales during the process of decision-making. The demonstration of critical thinking requires the following steps: 1) the collection of relevant evidence; 2) the evaluation of that evidence; 3) the organization of that evidence; 4) the presentation of appropriate evidence to support any conclusions; and 5) the coherent, logical, and organized presentation of any response. (Element 7.4)

**Cultural competency:** Refers to the ability of health professionals to function effectively within the context of the cultural beliefs, behaviors, and needs of patients from disparate environments and communities. (Element 7.6)

**Curricular management**: Involves the following activities: leading, directing, coordinating, controlling, planning, evaluating, and reporting. An effective system of curriculum management exhibits the following characteristics: 1) evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment, as available, as a frame of reference, 2) monitoring of content and workload in each discipline, including the identification of omissions and unplanned redundancies, and 3) review of the stated objectives of each individual curricular component and of methods of instruction and student assessment to ensure their linkage to and congruence with programmatic educational objectives. (Element 8.1)

**Direct educational expenses**: The following educational expenses of an enrolled medical student: tuition, mandatory fees, books and supplies, and a computer, if one is required by the medical school. (Element 12.1)

**Direct faculty participation in decision-making**: Faculty involvement in institutional governance wherein faculty input to decisions is provided by the faculty members themselves or by representatives chosen by faculty members. (Element 1.3)

**Diverse sources [of financial revenues]**: Multiple sources of predictable and sustainable revenues that include, but are not unduly dependent upon any one of the following: tuition, gifts, clinical revenue, governmental support, research grants, endowment, etc. (Element 5.1)

**Effective**: Supported by evidence that the policy, practice, and/or process has produced the intended or expected result(s). (Standard 1, 10, and 12; Elements 1.1, 1.2, 1.3, 2.2, 3.3, 3.6, 7.6, 8.8, 10.3, 11.1, 11.2, and 12.3)

**Eligibility requirements [for initial and continuing accreditation]**: Receipt and maintenance of authority to grant the MD degree from the appropriate governmental agency and initial and continuing accreditation by one of the six regional accrediting bodies. (Element 1.6)

**Equivalent methods of assessment**: The use of methods of medical student assessment that are as close to identical as possible across all educational sites at which core curricular activities take place within a given discipline, but which may not occur in the same timeframe. (Element 8.7)

**Evaluation**: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a program is fulfilling its mission(s) and achieving its goal(s). (Standard 8; Elements 3.3, 3.5, 4.3, 4.5, 5.2, 8.1, 8.3, 8.4, 11.3, 11.4, and 11.6)

**Fair and formal process for taking any action that may affect the status of a medical student**: The use of policies and procedures by any institutional body (e.g., student promotions committee) with responsibility for making decisions about the academic progress, continued enrollment, and/or graduation of a medical student in a manner that ensures: 1) that the student will be assessed by individuals who have not previously formed an opinion of the student’s abilities, professionalism, and/or suitability to become a physician; and 2) that the student has received timely notice of the proceedings, information about the purpose of the proceedings, and any evidence to be presented at the proceedings; the right to participate in and provide information or otherwise respond to participants in the proceedings; and an opportunity to appeal any adverse decision resulting from the proceedings. (Element 9.9)

**Fair and timely summative assessment**: A criterion-based or normative determination, made as soon as possible after the conclusion of a curricular component (e.g., course/module, clinical clerkship/rotation) by individuals familiar with a medical student’s performance, regarding the extent to which he or she has achieved the learning objective(s) for that component such that the student can use the information provided to improve future performance in the medical curriculum. (Element 9.8)

**Final responsibility for accepting students to a medical school rests with a formally constituted admission committee**: Ensuring that the sole basis for selecting applicants for admission to the medical education program are the decisions made by the faculty committee charged with medical student selection in accordance with appropriately approved selection criteria. (Element 10.2)

**Formative feedback**: Information communicated to a medical student in a timely manner that is intended to modify the student’s thinking or behavior in order to improve subsequent learning and performance in the medical curriculum. (Element 9.7)

**Full-time faculty**:Full-time faculty includes all faculty members who are considered by the medical school to be full-time, whether funded by the medical school directly or supported by affiliated institutions and organizations. Reporting of full-time faculty members should include those who meet the preceding definition and who are based in affiliated hospitals or in schools of basic health sciences, or who are research faculty. Residents, clinical fellows, or faculty members who do not receive full-time remuneration from institutional sources (e.g., medical school, parent university, affiliated hospital, or healthcare organization) should not be included as full-time faculty. (Elements 3.3, 3.6, and 4.1)

**Functionally integrated**: Coordination of the various components of the medical school and medical education program by means of policies, procedures, and practices that define and inform the relationships among them. (Element 2.6)

**Institutional accrediting body**: The six bodies recognized by the U.S. Department of Education that accredit institutions of higher education in the U.S.: 1) Higher Learning Commission; 2) Middle States Commission on Higher Education; 3) New England Association of Schools and Colleges Commission on Institutions of Higher Education; 4) Northwest Commission on Colleges and Universities; 5) Southern Association of Colleges and Schools Commission on Colleges; and 6) Western Association of Schools and Colleges Senior Colleges and University Commission. (Element 1.6)

**Healthcare disparities:** Differences between groups of people, based on a variety of factors including, but not limited to, race, ethnicity, residential location, sex, sexual orientation, gender identity, age, socioeconomic status, educational status, and disability status, that affect their access to health care, the quality of the health care they receive, and the outcomes of their medical conditions. (Element 7.6)

**Health inequities:** Are avoidable differences in health status between different groups of people. These widespread differences are often the result of unfair systems that negatively affect people's living conditions, access to healthcare, and overall health status. (Element 7.6)

**Independent study**: Opportunities either for medical student-directed learning in one or more components of the core medical curriculum, based on structured learning objectives to be achieved by students with minimal faculty supervision, or for student-directed learning on elective topics of specific interest to the student. (Element 6.3)

**Learning objectives**: A statement of the specific, observable, and measurable expected outcomes (i.e., what the medical students will be able to do) of each specific component (e.g., course, module, clinical clerkship, rotation) of a medical education program that defines the content of the component and the assessment methodology and that is linked back to one or more of the medical education program objectives. (Elements 6.1, 8.2, 8.3, and 9.1)

**Major location for required clinical learning experiences**: A clinical affiliate of the medical school that is the site of one or more required clinical experiences for its medical students. (Element 5.6)

**Medical education program objectives**: Broad statements, in measurable terms, of the knowledge, skills, behaviors, and attitudes (typically linked to a statement of expected competencies) that a medical student is expected to exhibit as evidence of achievement of all programmatic requirements by the time of medical education program completion. (Standards 6 and 11; Elements 6.1, 8.2, 8.3, 8.4, 8.7, and 9.4)

**Mental health services**: A range of diagnostic, therapeutic, and rehabilitative services used in treating mental disability or emotional disorders. (Element 12.3)

**Mission-appropriate diversity**: The inclusion, in a medical education program’s student body and based on the program’s mission, goals, and policies, of persons from different racial, ethnic, economic, and/or social backgrounds and with differing life experiences to enhance the educational environment for all medical students. (Element 3.3)

**Narrative assessment**: Written comments from faculty that assess student performance and achievement in meeting specific objectives of a course or clerkship, such as professionalism, clinical reasoning. (Element 9.5)

**National norms of accomplishment**: The LCME uses aggregate data on national norms of accomplishment in its review of student achievement in the following areas: USMLE performance, student attrition rates, and residency Match rate. Determination of performance in Element 8.4 (evaluation of educational program outcomes) includes a consideration of whether medical education program performance in the specific area in each year of the most recent two-year period, is outside of the following aggregate national performance data:

* USMLE pass rate in Step 1 below 85%, which is 10% below the average pass rate over the most recent two years (95%) for which national data are available.
* USMLE pass rate in Step 2 CK below 89%, which is 10% below the average pass rate over the most recent two years (99%) for which national data are available.
* Total percent attrition during each of the last two academic years of 5% or greater per year (average total percent attrition during the most recent academic years is 1% per year)
* Initial residency Match rate of 83%, which is 10 percentage points below the average Match rate over the most recent two years (93%).

(Element 8.4)

**Need to know**: The requirement that information in a medical student’s educational record be provided only to those members of the medical school’s faculty or administration who have a legitimate reason to access that information in order to fulfill the responsibilities of their faculty or administrative position.

(Element 11.5)

**Outcome-based terms**: Descriptions of observable and measurable desired and expected outcomes of learning experiences in a medical curriculum (e.g., knowledge, skills, attitudes, and behavior). (Element 6.1)

**Parallel curriculum (track)**: A parallel program of study for a subset of the medical student body that requires participating students to complete specific programmatic learning objectives (e.g., in research, primary care, leadership) in addition to the medical educational program objectives required of all medical students. (Elements 5.12, 9.9, and 10.9)

**Personal counseling**: Counseling on a small-group or individual basis for students expressing difficulties dealing with relationships, personal concerns, or normal developmental tasks; this includes assisting students in identifying problems, causes, alternatives, and possible consequences to initiate appropriate action. (Element 12.3)

**Pre-clerkship curriculum**:The curriculum year(s) before the start of required clinical clerkships. (Standard 6; Elements 2.6, 4.1, 5.10, 5.11, 6.3, 7.2, 7.4, 7.7, 8.3, 9.5, 9.7, 9.8, and 10.9)

**Primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students**: The affirmation and acknowledgement that all decisions regarding the creation and implementation of educational policy and the teaching and assessment of medical students are, first and foremost, the prerogative of the medical education program. (Element 1.4)

**Principal academic officer at each campus is administratively responsible to the dean**: The administrator identified by the dean or the dean’s designee (e.g., associate or assistant dean, site director) as having primary responsibility for implementation, management, and evaluation of the components of the medical education program that occur at that campus. (Element 2.5)

**Problem-solving**: The initial generation of hypotheses that influence the subsequent gathering of information. (Element 7.4)

**Programs aimed at developing a diverse pool of medical school applicants**: These programs are directed at students from selected level(s) of the educational continuum (middle school-level through college) and intended to support their becoming qualified applicants to a medical school and/or, depending upon the level of the program, to another health professions program or a STEM/biomedical graduate program. (Standard 3, Element 3.3)

**Publishes**: Communicates in hard copy and/or online in a manner that is easily available to and accessible by the public. (Standard 10; Elements 5.7 and 10.5)

**Regional campus**: A regional campus is an instructional site that is distinct from the central/administrative campus of the medical school and at which some students spend one or more complete curricular years. (Standards 11 and 12; Elements 2.5, 2.6, and 5.12)

**Regularly scheduled and timely feedback**: Information communicated periodically and sufficiently often (based on institutional policy, procedure, or practice) to a faculty member to ensure that the faculty member is aware of the extent to which he or she is (or is not) meeting institutional expectations regarding future promotion and/or tenure. (Element 4.4)

**Scientific method**: A method of procedure consisting in systematic observation, measurement, and experiment, and the formulation, testing, and modification of hypotheses. Typically, the method consists of the following steps: 1) identifying and defining a problem; 2) accumulating relevant data; 3) formulating a tentative hypothesis; 4) conducting experiments to test the hypothesis; 5) interpreting the results objectively; and 6) repeating the steps until an acceptable solution is found. (Element 7.3)

**Self-directed learning**: Includes all of the following components as a single unified sequence that occurs over a relatively short time: 1) the medical student’s self-assessment of his/her learning needs; 2) the medical student’s independent identification, analysis, and synthesis of relevant information; and 3) the medical student’s appraisal of the credibility of information sources; and 4) the facilitator’s assessment of and feedback to the student on his/her information seeking skills. (Element 6.3)

**Senior administrative staff**: People in academic leadership roles, to include but not limited to, associate/assistant deans, directors, academic department chairs, and people who oversee the operation of affiliated clinical facilities and other educational sites. Many, if not most, of these people also have faculty appointments, and for tracking purposes should only be counted in one category when completing tables such as those listed in the DCI under Element 3.3. (Standard 2; Elements 2.1, 2.4, and 3.3)

**Service-learning**: Educational experiences that involve all of the following components: 1) medical students’ service to the community in activities that respond to community-identified concerns; 2) student preparation; and 3) student reflection on the relationships among their participation in the activity, their medical school curriculum, and their roles as citizens and medical professionals. (Element 6.6)

**Sponsoring organization**: The “parent” entity (e.g., university, health system) associated with the functioning of the medical school.

**Standards of achievement**: Criteria by which to measure a medical student’s attainment of relevant learning objectives and that contribute to a summative grade. (Element 9.6)

**Structural competency:** Refers to the capacity for health professionals to recognize and respond to the role that social, economic, and political structural factors play in patient and community health. (Element 7.6)

**Technical standards for the admission, retention, and graduation of applicants or medical students**: A statement by a medical school of the: 1) essential academic and non-academic abilities, attributes, and characteristics in the areas of intellectual-conceptual, integrative, and quantitative abilities; 2) observational skills; 3) physical abilities; 4) motor functioning; 5) emotional stability; 6) behavioral and social skills; and 7) ethics and professionalism that a medical school applicant or enrolled medical student must possess or be able to acquire, with or without reasonable accommodation, in order to be admitted to, be retained in, and graduate from that school’s medical educational program. (Element 10.5)

**Transfer**: The permanent withdrawal by a medical student from one medical school followed by that student’s enrollment (typically in the second or third year of the medical curriculum) in another medical school. (Elements 5.10 and 10.7)

**Translational research**: Translational research includes two areas of investigation. In the first, discoveries generated during research in the laboratory and in preclinical studies are applied to the development of trials and studies in humans. In the second, the efficacy and cost-effectiveness of prevention and treatment strategies are studied to accelerate adoption of best practices in communities and populations. (Element 7.3)

**Visiting students**: Students enrolled at one medical school who participate in clinical (typically elective) learning experiences for a grade sponsored by another medical school without transferring their enrollment from one school to the other. (Elements 5.10, 10.8, and 12.8)

**Well-being program**: An organized and coordinated program designed to maintain or improve physical, emotional and mental health through proper diet, exercise, stress management, and illness prevention. (Element 12.3)