



Grenada Medical and Dental Council

Data Collection Instrument

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# INTRODUCTION

The Health Practitioners Act (“the Act”), enacted in 2010, establishes the Grenada Medical and Dental Council (“the GMDC”) as the entity responsible to oversee and “confer ... with educational institutions with respect to the education of persons in the practice of the medical or dental profession” and “to promote high standards in the practice of medicine and dentistry” in Grenada. The Minister of Health and Minister of Education have taken joint action to authorize the GMDC to accredit professional medical schools located in Grenada. In addition, the Health Practitioners (Amendment) Act of 2019 (“Amendment Act”) formally gives GMDC authority to review and accredit medical doctor degree programmes in Grenada.

A medical school with an established medical education programme in which students have been enrolled continuously for a period of not less than ten (10) years and which has been accredited for not less than five (5) years by an accrediting body that is part of a national accreditation system determined by the U.S. Department of Education’s National Committee on Foreign Medical Education and Accreditation (NCFMEA) to be comparable to the U.S. system of accreditation, may apply for accreditation from the GMDC.

GMDC’s primary goal is to assure current and prospective students, the health professions, healthcare organizations, and the general public that the medical schools it accredits meet appropriate quality standards and educational requirements. Accreditation from the Council signifies that the medical programme in question has satisfied established standards and measures of quality of medical education comparable to the standards of medical accreditation employed in the United States, and consistent with other international norms of accreditation.

To ensure the delivery of high-quality medical education through the administration of robust evaluation, procedures, and mechanisms, the GMDC has established six (6) accreditation themes for use by the Council to determine whether a medical education programme leading to an MD degree is eligible for the granting of accreditation:

- Theme I: Institutional Setting
- Theme II: Curriculum
- Theme III: Students
- Theme IV: Academic Environment
- Theme V: Faculty
- Theme VI: Institutional Effectiveness
- Theme VII: Pilot Elements\*

\*The pilot element theme is not required by GMDC and does not impact a programme’s accreditation decision. This is a location in which GMDC can test out new themes for eventual incorporation into the Data Collection Instrument (DCI).

The Accreditation Standards and Data Collection Instrument (DCI) is organized by the following:

- I. Theme
  1. Standard
    1. Element
      - a) Narrative Response
      - b) Supporting Data
      - c) Supporting Documentation

For more details on the entire accreditation process, please refer to the Accreditation Procedures Manual.

## THEME I: INSTITUTIONAL SETTING

### I.1 GOVERNANCE

- I.1.1. There must be appropriate accountability of the medical school to an external authority that is independent of the medical school’s administration in the form of a governing board of the institution, or equivalent.**

#### Narrative Responses

- Describe the organisational structure which demonstrates the oversight of the medical school by an independent external authority. (e.g., university president, board of trustees, etc.). Denote which unit (e.g., university system, parent university, medical school, other) has the primary responsibility of overseeing the medical school. Indicate if a separate board oversees the medical school.
- Describe the functions of the external authority to which the medical school is responsible.
- Describe how the external authority oversees the medical school’s operations and outcomes.
- Describe the process for the appointments of members of the external authority.

**Add responses below:**

Click or tap here to enter text.

- I.1.2. The administration of the medical school must be effective and appropriate in relation to the school’s mission and objectives, including the sufficient number and time commitment by associate or assistant deans (or other senior administrators under the dean) and leaders of organisational units.**

#### Supporting Data

Table I.1.2-1   Department Chairs			
Complete table of department chairs			
Department	Name	Date appointed to the position	If there is a vacancy, provide the date the position became vacant.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

#### Narrative Response

- a. Summarize the overall administrative structure of the medical school programme and how the programme ensures it has sufficient (in terms of number, time, and expertise) administration to meet its mission and objectives.
- b. If any members of the dean’s administrative staff hold interim/acting appointments, describe the status and timeline of recruitment efforts to fill the position(s).
- c. If there are any department chair vacancies, including interim/acting chairs, describe the status and timeline of recruitment efforts to fill the position(s).

**Add responses below:**

Click or tap here to enter text.

**I.1.3. The chief academic official (CAO) of the medical school is appointed by the institution’s governing board, or equivalent, after an appropriate search for a qualified individual. The selection process is based on a thorough review of each candidate’s academic credentials, training, and experience. The CAO of the medical school must be qualified by education, training, and experience to provide leadership in medical education, scholarly activity, and patient care.**

**Narrative Response**

- a. If the dean is not the chief academic official, complete the following:

Name	Date appointed to the position	If there is an interim, provide the date the permanent CAO departed
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

- b. List the responsibilities of the chief academic official
- c. Provide a description of the search and selection process used for the current chief academic official of the medical school.
- d. Provide a description of the process used by the relevant governing body to appoint the chief academic official.
- e. Provide a brief narrative summary of the chief academic official’s academic and administrative experience.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

- 1. Current curriculum vitae

2. Copy of the bylaws or other document (e.g., handbook, standard operating procedures, etc.) where the roles and responsibilities of the chief academic official of the medical school, faculty, and administrators are defined.
3. Page number(s) in the bylaws, handbook(s), etc. where the roles and responsibilities of the following can be found, or links to where the information is posted on the institution's website:

Title	Document or Link	Page
Dean and Chief Academic Official	Click or tap here to enter text.	Click or tap here to enter text.

**I.1.4. The senior administrative staff and faculty of the medical school are appointed by, or on the authority of, the independent external authority<sup>1</sup>. There must be a clear understanding of authority and responsibilities among the chief academic official of the medical school, faculty, and administration.**

**Narrative Response**

- a. Describe which categories of appointments (e.g., university/campus officers, deans, dean's staff, faculty) are the sole responsibility of the primary institutional governing board.
- b. Describe the source of decanal authority used by the institution in its delegation of authority and responsibility to and within the medical education programme. Note if the external authority has delegated the responsibility for some or all categories of appointments to another individual (e.g., the university president, provost, medical school dean).

**Add responses below:**

Click or tap here to enter text.

<sup>1</sup>An independent external authority is fiscally and structurally independent of the SOM's administration.

**Supporting Documentation**

1. Copy of the bylaws or other document (e.g., handbook, standard operating procedures, etc.) where the roles and responsibilities of the chief academic official of the medical school, faculty, and administrators is defined.

**I.1.5. The chief academic official of the medical school must have ready access to the officials charged with final responsibility for the medical education programme and to other institutional officials in order to fulfil his or her responsibilities and sufficient authority to administer the educational programme. The chief academic official must be responsible for the medical education programme and for ensuring the adequacy of faculty at all campuses and all instructional sites. If the school maintains more than one campus, the principal academic official at each campus must report to, and be administratively responsible to, the chief academic official for the medical school.**

**Narrative Response**

- a. Describe the chief academic official's formal and informal access to the university president, provost, or other official charged with the final responsibility for the medical education programme.

- b. Describe the chief academic official's formal and informal access to the leadership of its clinical affiliates.
- c. What is the process used by the chief academic official for determining the adequacy of faculty at each instructional site?
- d. If the school maintains more than one campus, how are the principal academic officials at each site identified?

**Add responses below:**

Click or tap here to enter text.

### **Supporting Documentation**

- 1. Chart showing the relationships among the members of the medical school and university administrations and the administrations of other schools and colleges, institutes, and centres. The chart should include the reporting relationship that the chief academic official or other senior academic officers have with the board of directors or officers of the corporation.
- 2. Copy of the organisational chart of the medical school and its parent entity (e.g., university). There should be a clear demonstration of all university and medical school lines of authority.

### **I.1.6. At affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their instructional responsibilities.**

#### **Narrative Response**

- a. Describe how the chief academic official ensures the quality of the educational programme at all educational sites, both basic science and clinical.
- b. Detail how the medical school's department heads and senior clinical faculty members are informed of their instructional responsibilities.
- c. Describe the instructional responsibilities of the medical school's department heads and senior clinical faculty members.

**Add responses below:**

Click or tap here to enter text.

### **I.1.7. The accrediting agency must be notified of any substantial change in the institution, including (i) a significant increase in the number of students enrolled (i.e., a 10% change in enrolment in one year or a 20% change in enrolment in a three-year period), (ii) a significant change in the institution's resources such as faculty, physical facilities, or financial resources that could affect its ability to fulfil its mission and goals, or (iii) a material change in the school's ownership. Such changes may be reviewed by the Council to determine if the school remains in compliance with these standards.**

#### **Narrative Response**

- a. Describe any non-financial substantive changes in institutional resources anticipated by the medical school over the NEXT three years in the following areas:
  - i. Number of faculty

- ii. Faculty mix
- iii. Hospital and other clinical affiliations
- iv. Graduate medical education programmes
- v. Physical facilities
- vi. Enrolment
- vii. Other

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

1. Provide a copy of any substantive change notifications made to the GMDC since the programme's last full review.

**I.2 FACULTY COMMITTEES**

- I.2.1. **The administrative and faculty governance structure of the medical school must include and promote appropriate faculty involvement, including the chief academic official, in decision-making, including in the areas of: admissions; hiring, retention, promotion, and discipline of faculty; and policies, procedures, and curricular decisions relating to all phases of the medical education programme, including clinical education.**

**Supporting Data**

<b>Table I.2.1   Standing Committees</b>					
List all major standing committees of the medical school and provide the requested information for each, including whether members are: <i>all appointed (A)</i> , <i>all self-nominated/peer-nominated/elected by faculty (S)</i> , or whether the committee has <i>both appointed and elected members (B)</i> , and whether the committee is charged with making <i>recommendations (R)</i> , <i>takes action (A)</i> , or <i>both (B)</i> .					
Committee	Reports to	Total Voting Members	Total Faculty Voting Members	Membership Selection (A/S/B)	Authority (R/A/B)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Narrative Response**

- a. Describe the process for nominating and selecting faculty to serve on committees.
- b. Describe how the faculty have opportunities to have input into the development of policies and procedures.
- c. How does the programme include faculty in searches for open positions?

- d. Describe the system and process by which faculty assist in the determination of medical school policies concerning the educational system.
- e. Describe the functioning and membership of any executive committee which determines the governance and policy making processes of the medical school.

**Add responses below:**  
 Click or tap here to enter text.

**Supporting Documentation**

- 1. Provide the charges to the respective standing committees of the medical school.

**I.3 INSTITUTIONAL POLICIES**

- I.3.1. **The medical school must promulgate institutional bylaws and/or other relevant policy documents that explain how the school is organised and that describe the responsibilities and privileges of its administrative officers, faculty, medical students, and committees.**

**Narrative Response**

- a. Describe the process for changing bylaws and how such changes are approved.
- b. Describe how bylaws are made available to the administrative officers, faculty, committees, and students.

**Add responses below:**  
 Click or tap here to enter text.

**Supporting Documentation**

- 1. Provide a copy of all institutional bylaws and committee charters containing the responsibilities of senior administrative officers, the standing faculty committees, the faculty, and department chairs (or equivalents). Identify the page(s) in the bylaws or handbook(s) where the responsibilities and privileges of each category can be found; alternatively, a school may provide links to their website where the information is located.

<b>Category</b>	<b>Document Name</b>	<b>Page Number or Link</b>
<b>Senior Officers</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Department Chairs</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Faculty</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Faculty Committees</b>	Click or tap here to enter text.	Click or tap here to enter text.

2. Have two years of Curriculum Committee meeting minutes available for the site visit team.

**I.3.2. The medical school must establish and follow effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education programme to avoid the impact of conflicts of interest in the operation of the medical education programme and its associated clinical facilities, and any related enterprises.**

**Narrative Response**

- a. Describe the strategies used by the medical school to manage conflicts of interest (actual or perceived) and describe the mechanisms that are used to ensure that the conflict-of-interest policies are being followed by each of the following groups
  - i. Governing board members
  - ii. University and medical school administrators
  - iii. Medical school faculty
  - iv. Associated clinical facilities and any related enterprises
  - v. Any other individuals who participate in decision-making affecting the medical education programme

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

1. Copies of all applicable conflict of interest policies applicable to board members, faculty members, and other individuals responsible for operating the medical education programme.
2. One excerpt from a formal set of board minutes where a member recused him/herself according to the conflict-of-interest policy (if applicable).

**I.3.3. The medical school must establish and regularly review effective policies to maintain and promote a diverse and safe learning environment.**

**Narrative Response**

- a. Describe how the medical school's learning environment policy is made known to members of the medical education community.
- b. Describe how the school monitors the learning environment to ensure compliance with the policy.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

1. The medical school's learning environment policy

- I.3.4. The 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 law.**

**Narrative Response**

- a. Describe how the medical school's anti-discrimination policy is made available to members of the medical school community.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation:**

1. Provide a copy of the medical school's anti-discrimination policy (or equivalent university policy that applies to the medical school community).

- I.3.5. The medical school has effective written policies defining mistreatment, mechanisms established for prompt response to reports of mistreatment, and educational activities designed to prevent mistreatment. All policies and mechanisms are communicated to students (including visiting students), faculty, and others associated with the institution ensuring that any violations will be investigated and addressed without fear of retaliation.**

**Narrative Response**

- a. Describe how and when medical students, visiting students, postgraduate trainees, faculty (full-time, part-time, and volunteer), and appropriate professional staff are informed about medical student mistreatment policies and procedures for reporting incidents of mistreatment.
- b. Summarize the procedures used by medical students, faculty, or postgraduate trainees to report individual or observed incidents of alleged mistreatment in the learning environment. Describe how reports can be made and list 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.
- c. How, by whom, and how often are summative data on the frequency of medical students experiencing mistreatment collected and reviewed? How and by whom are these data used in efforts to reduce medical student mistreatment? Note recent actions that have been taken in response to the data from the GMDC Graduate Survey, GMDC Student Experience Survey, or other student surveys related to the incidence of mistreatment.
- d. Describe recent educational activities for medical students, faculty, and postgraduate trainees that were directed at preventing student mistreatment.

**Add responses below:**

Click or tap here to enter text.

## Supporting Documentation

1. Formal medical school or main institution policies (that apply to the medical school) on student mistreatment, including the formal policies and/or procedures for responding to allegations of medical student mistreatment and the avenues for reporting and mechanisms for investigating reported incidents.

### **I.4 LEGAL, RISK, AND COMPLIANCE**

- I.4.1. The school is authorized and licensed by the appropriate governmental authority to provide a programme of medicine leading to a medical degree. The institution maintains, in effect, any charter, licenses or approvals required for it to function as a medical school in the jurisdiction in which it operates.**

#### **Narrative Response**

- a. Year of formation/issuance of charter: [Click or tap here to enter text.](#)
- b. State (province or country) of organisation or incorporation (include a copy of charter and legislation authorising, enabling, and recognising the institution):
- c. State the authorising civil authority (e.g., ministry of health, ministry of education).

#### **Add responses below:**

[Click or tap here to enter text.](#)

- d. Type of entity (check one):

<b>Check the entity structure that applies</b>					
<input type="checkbox"/>	<b>Not-for-Profit Corporation</b>	<input type="checkbox"/>	<b>For-Profit Corporation</b>	<input type="checkbox"/>	<b>Limited Liability Company</b>
	<b>If Other, describe</b>	<a href="#">Click or tap here to enter text.</a>			

- e. Indicate whether ownership of the school is vested in:

<b>Check the entity structure that applies</b>					
<input type="checkbox"/>	<b>Trustees</b>	<input type="checkbox"/>	<b>Regents</b>	<input type="checkbox"/>	<b>Shareholders</b>
	<b>If Other, describe</b>	<a href="#">Click or tap here to enter text.</a>			

- f. Provide the following information for all persons having a substantial ownership interest in the school, if applicable:

#	Name	Address	Academic Degrees	Occupation
Click or tap here to enter text.				

### **I.5 FINANCE**

- I.5.1. The medical school admits only as many applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.**

#### **Narrative Response**

- Describe the process the school uses to determine the class size.
- Who makes the final class size decision and how is that communicated to the teaching faculty?
- How does the school ensure that financial or other influences do not compromise the quality of the educational programme?

**Add responses below:**

Click or tap here to enter text.

- I.5.2. The medical school's present and anticipated financial resources must be adequate to sustain the institution's educational programme as well as its mission, goals, and objectives. The medical school's financial resources should support the management and evaluation of the medical curriculum.**

#### **Supporting Data**

<b>Table I.5.2   Targeted Enrolment</b>					
Complete the following table for the anticipated number of new medical students to be admitted in each of the indicated years. If the number is unknown, use "N/A".					
	Current	First Projected	Second Projected	Third Projected	Fourth Projected
# of New Students	Click or tap here to enter text.				

## Narrative Response

- a. Enter dates of the fiscal year for the institution.
- b. Summarise trends in the funding sources available to the medical school, including an analysis of their stability. Explain any substantive changes during the past three years for the medical school in the following areas:
- i. Total revenues
  - ii. Operating margin
  - iii. Revenue mix
  - iv. Market value of endowments
  - v. Debt service
  - vi. Outstanding debt
  - vii. Departmental reserves
- c. Describe any substantive changes in financial resources anticipated by the medical school over the NEXT three years in the following areas and explain the reasons for the anticipated changes:
- i. Total revenues
  - ii. Revenue mix
  - iii. Obligations and commitments
  - iv. Reserves (amount and sources)
- d. Describe the medical school's annual budget process and the budgetary authority of the medical school's chief academic official.
- e. Does the medical school have a consolidated budget process that includes all medical school departments, the clinical practice plan, and/or the health system?
- f. Describe the roles and membership of any committees involved in budget planning.
- g. Is the medical school's budget approved by the governing board and/or officials of the parent university or, in the case of an investor-owned for-profit medical education programme, by the corporate parent of the institution?
- h. Is the approval of the governing board required for tuition and fee rates for undergraduate medical students?
- i. Describe the ways in which the medical school's governance, through its board of directors and its organisational structure, supports the effective management of its financial resources.
- j. Describe how lines of authority are defined, the internal controls that are in place, the degree of oversight provided by the state/parent/governing board in managing medical school resources, and the relationship between the chief academic official and department chairs in managing departmental resources.
- k. Describe the role of medical school finance in serving the information needs of the medical school leadership. Include the nature and frequency of the financial reports provided to the medical school chief academic official.
- l. Describe the ways in which current and projected capital needs for the mission of the medical school are being addressed.
- m. Describe the medical school's policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

- n. Describe the extent to which financial reserves have been used to balance the operating budget in recent years.
- o. Summarise the key findings resulting from any external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year.
- p. Provide a revenue and expenditures history for the current fiscal year (based on budget projections) and for each of the past three fiscal years.
- q. Briefly describe the extent to which faculty productivity requirements in research or clinical service have affected the medical school's ability to maintain its commitment to medical student education.
- r. Describe whether the medical school's need to generate revenue is affecting decisions related to current and anticipated student enrolment.

Click or tap here to enter text.

**Supporting Documentation**

- 1. Example of a financial report provided to the chief academic official (see question k., above).
- 2. Example of officially audited financials for the school; or, if the school is part of a university and does not have separately audited financials, provide evidence of the university's audited financials.
- 3. The medical school's policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement)

**I.6 ADMIN/HR AND CONTRACTS MANAGEMENT**

**I.6.1. There must be sufficient administrative personnel and support staff to ensure the effective administration of the school.**

**Supporting Data:**

<b>Table I.6.1-1   Dean's Administrative Staff</b>				
Complete the table below for the dean's administrative staff currently holding titles of dean or director, including in the areas of: admissions, student affairs, academic affairs, finances, facilities, and clinical affiliates.				
Name	Title	Percent effort in the administrative role	Date appointed to the position	If there is a vacancy, provide the date the position became vacant.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Narrative Response**

- a. Describe the administrative structure and relevant personnel of the medical school.

- b. Describe the process by which the effective administration of the medical school is measured

**Add responses below:**

Click or tap here to enter text.

**I.6.2. The medical school ensures campus safety and security across all locations through published policies and procedures, adequate security systems and personnel, and emergency and disaster preparedness.**

**Narrative Response**

- a. Describe the security system(s) in place and the personnel available to provide a safe learning environment for medical students, faculty, and staff during the times/situations listed below. If the medical school has satellite sites, describe the security systems in place at each site.
  - i. During regular classroom hours on campus
  - ii. Outside of regular classroom hours on campus
  - iii. At teaching and satellite sites
- b. 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).

Describe how medical students and faculty are informed of institutional emergency and disaster preparedness policies and plans including hurricanes, volcanoes etc., and how they are notified in the case of emergency situations.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

- 1. Copies of the medical school or parent organisation's safety and security policies and procedures.
- 2. Copies of medical school or parent organisation emergency and disaster preparedness policies, procedures, and plans, as they relate to medical students, faculty, and staff.

**I.7 FACILITIES AND EQUIPMENT**

**I.7.1. The medical school must have adequate physical facilities, including buildings and equipment, relative to the number of students in order to meet its educational goals and objectives.**

**Supporting Data**

<b>Table I.7.1-1   Pre-clerkship Classroom Space</b>
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Complete the table of teaching facilities for each building in which medical students participate in regularly scheduled classes, including laboratories. Do not include classrooms located in clinical facilities. Add rows as needed.			
Room Type*	# of Rooms of this Size/Type	Seating Capacity	Main Educational Use
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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

<b>Table I.7.2-2   Pre-clerkship Administrative and Research Space</b>				
Complete the table below showing the number of faculty offices, research laboratories, and net square footage for each academic department of the medical school. Add rows as needed.				
Department Name	# of Offices	Total Net Sq. Ft (Offices)	# of Research Labs	Total Net Sq. Ft (Labs)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Narrative Response**

- a. Summarise the number and locations of rooms used for education (including small-group teaching and for laboratories). If there has been an increase in class size, describe whether education space space has expanded to accommodate the increased enrollment.
- b. If the school's animal care facilities are accredited by the American Association for Laboratory Animal Care (AALAC), or any other similar organisation, provide the date of last review and the accreditation status of the facility. Describe the safeguards in place to ensure adequate space for the humane care of animals used in teaching and research.

**Add responses below:**

Click or tap here to enter text.

- I.7.2. The medical school ensures appropriate space is available to medical students for study, lounge areas, and secure storage lockers/facilities across campus and at affiliated clinical sites.**

**Narrative Response**

- a. Describe the locations of lounge/relaxation space 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 satellite campus (if applicable) for students in the pre-clerkship and clerkship portions of the curriculum. Indicate if the 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 availability and accessibility of designated secure call rooms for medical students.

**Add responses below:**

Click or tap here to enter text.

**I.7.3. The medical school ensures adequate resources to support currently enrolled students and visiting students.**

**Narrative Response**

- a. Describe how the medical school ensures that space and resources are adequate to support the numbers of transfer and visiting students who are accepted.
- b. Describe the facilities used for teaching and assessment of students' clinical and procedural skills. Note if this space is also used for other purposes or programs. If so, describe how scheduling is accomplished to avoid potential conflicts.
- c. Describe how research space is organized and allocated within the medical school. Describe how the medical school determines if the available research space is adequate and appropriately apportioned.
- d. Evaluate whether office space is adequate for the size of the faculty.

**Add responses below:**

Click or tap here to enter text.

**I.8 INFORMATION TECHNOLOGY (IT)**

**I.8.1. The medical school ensures access to information technology resources to support the delivery of its curriculum, institutional goals and objectives, and to meet the needs of its students, faculty, staff, and others associated with the institution.**

**Supporting Data**

<b>Table I.8.1-1   IT Staff</b>	
Complete the following table describing full-time equivalent (FTE) staffing of the information technology (IT) services unit	
Category of information technology services staff	Total Number of Staff
Professional	Click or tap here to enter text.

Technical and paraprofessional	Click or tap here to enter text.
Clerical support	Click or tap here to enter text.
Student or hourly support	Click or tap here to enter text.

### **Narrative Response**

- a. Provide the name and year of appointment for the director of the information technology services unit and the title of the individual to whom the director reports. List any other schools or programmes serviced by the director's unit.
- b. Describe the mechanisms used to ensure the ongoing development and maintenance of the professional skills of information technology services for staff members.
- c. Note if there is a wireless network on campus and whether wireless capability is available in the library, in classrooms, and in student study areas. Discuss the reliability and accessibility of a wireless network in classrooms and study spaces.
- d. Briefly summarise any campus-wide or consortium agreements that extend the IT service unit's access to information resources (e.g., university data network, Internet-2 connection). Describe whether the IT services unit interacts with university and affiliated hospital information networks and the means by which those interactions take place.
- e. 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.
- f. Describe how medical students, postgraduate trainees, and faculty can access educational resources (e.g., curriculum materials) from off-campus sites, including teaching hospitals and ambulatory teaching sites.
- g. Summarize how the medical school determines the adequacy of IT resources to support the educational programme.
- h. Describe how students, faculty, and staff provide feedback on access to and satisfaction with IT resources.
- i. Concisely describe any improvements in facilities and equipment since the last full accreditation review that addresses the changing physical and virtual learning environments for medical students and faculty members. Describe, for example, the availability of telecommunications technology that links to clinical sites or satellite sites.

**Add responses below:**

Click or tap here to enter text.

## I.9 LIBRARIES

- I.9.1. The medical school has access to well-maintained library and information facilities, sufficient in size and breadth of holdings, to support its educational programme and other goals and objectives. Library services are supervised by professional staff familiar with information resources and data systems who support the needs of the medical students, faculty, and others associated with the institution.

### Supporting Data

Table I.9.1-1   Main Library		
Complete the following table.		
Requirement	Response	Availability (Hours of Operation)
Total user seating	Click or tap here to enter text.	Click or tap here to enter text.
Number of small-group study rooms	Click or tap here to enter text.	Click or tap here to enter text.
Number of public workstations	Click or tap here to enter text.	Click or tap here to enter text.
Number of computer classrooms	Click or tap here to enter text.	Click or tap here to enter text.
Number of computers or workstations in computer classrooms	Click or tap here to enter text.	Click or tap here to enter text.

Table I.9.1-2   Main Library Collections			
Complete the following table showing library collections for the current and preceding two academic years:			
Library Collection	Current Academic Year	One Year Prior	Two Years Prior
Total current journal subscriptions (all formats)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Total journal subscriptions (print only)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Number of book titles (all formats)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Number of book titles (print only)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Number of databases	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Number of external documents provided to users	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Total collection expenditures	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<b>Table I.9.1-3   Main Library Staff</b>	
Complete the following table describing full-time equivalent (FTE) staffing of the library:	
Category of library staff	Total Number of Staff
Professional	Click or tap here to enter text.
Technical and paraprofessional	Click or tap here to enter text.
Clerical support	Click or tap here to enter text.
Student or hourly support	Click or tap here to enter text.

**Narrative Response**

- a. Note if the capability exists for medical students, postgraduate trainees, and faculty to access educational resources (e.g., curriculum materials, library resources) from off-campus sites.
- b. Provide the name and year of appointment for the director of the principal library for the medical school and the title of the person to whom the library director reports. Note any other schools or programmes served by the library.
- c. Briefly summarise any campus-wide or consortium agreements that extend the library's access to information resources. Describe whether the library interacts with other university and affiliated hospital libraries and the means by which those interactions take place.
- d. Describe the mechanisms used to ensure the ongoing development and maintenance of the professional skills of staff members in the library.
- e. Describe the means by which the library supports medical education. How does the library interact with other education support units (e.g., the office of medical education or curriculum planning group, the information services unit)? Describe the ways in which staff members in the library are involved in curriculum planning and curriculum delivery. For example, do library services staff members teach in any courses that are required for medical students or serve as members or ex officio members of the medical school curriculum committee or its subcommittees?
- f. Describe the means by which the library:
  - i. Addresses institutional faculty and student needs for quiet and collaborative group and individual study.
  - ii. Provides public access workstations and printing (if applicable).
- g. List the hours during which the library building and the public access computers are available to faculty members, postgraduate trainees, and students during the academic year.
- h. Describe the methods used to provide faculty members, postgraduate trainees, and students with access to library resources from off-campus sites.
- i. Describe how students, faculty, and staff provide feedback on access to and satisfaction with library resources.

**Add responses below:**

Click or tap here to enter text.

## ***I.10 CLINICAL AFFILIATIONS***

**I.10.1. The medical school must have adequate resources for instruction (patient volumes and types) at each clinical facility to teach clinical sciences and core clerkship rotations, covering the breadth of ambulatory and inpatient learning.**

### **Narrative Response**

- a. Indicate the title and organisational placement of the school staff member responsible for scheduling and coordinating the use of these facilities. Indicate whether these facilities are shared with other educational programmes.
- b. Describe any recurrent problems in gaining access to needed clinical teaching sites.

- c. Describe the facilities used for teaching physical examination skills, conducting standardised patient examinations, and administering OSCEs. Describe any special facilities that are used only for clinical skills instruction or assessment of medical students (i.e., not used for patient care). Note any recurrent problems or shortcomings with the facilities used to teach and assess students' clinical skills.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

- 1. Current list of clinical affiliates and their geographic location.

**I.10.2. The medical school maintains current affiliation agreements with each clinical site that offers required clerkships and/or other clinical rotation opportunities. The affiliation agreements specify that the medical education programme for all medical students remains under the control of the medical school's faculty and each agreement, at a minimum:**

- a. Defines the responsibilities of each party related to the delivery of medical education
- b. Confirms access to appropriate resources for faculty and medical learners
- c. Defines the primacy of the medical education programme's authority in overseeing the education conducted at clinical affiliate sites
- d. Ensures SOM faculty oversight of clinical education and assessments
- e. Defines protocols and the follow-up process for student exposure to infectious or environmentally hazardous situations or other occupational injury,
- f. Defines shared responsibility of creating and maintaining an appropriate learning environment

**Supporting Data**

<b>Table I.10.2-1   Clinical Teaching Affiliation Agreements</b>						
For each inpatient clinical teaching site, provide the page number where the following information can be found.						
Clinical Teaching Site	Signed Affiliation Agreement	Guarantees Student/Faculty Access to Resources	Statement of the Primacy of the Medical Education Programme	Faculty Supervision of Students	Specification of Responsibility for Treatment/Follow-up of Student Occupation-	Responsibility for learning environments

					al Exposure	
Click or tap here to enter text.						

### **Narrative Response**

- a. If not explicitly defined in the affiliation agreements, describe the mechanisms in place (whether formal or informal) at each site to ensure that the medical education programme for all medical students remains under the control of the medical school's faculty and each agreement.
- b. Do the affiliation agreements address the shared responsibility for creating a positive learning environment and for the development of professionalism in medical students? If not, are there other formal documents (e.g. signed MOUs) that address this requirement?
- c. Describe how the school ensures that the medical education programme remains under the control of its faculty.

#### **Add responses below:**

Click or tap here to enter text.

### **Supporting Documentation**

1. Copies of current affiliation agreements for clinical teaching sites at which students complete the inpatient portions of one or more required core clerkships. Do not include those for clinical electives, subspecialties, or widely dispersed, purely ambulatory rotations (e.g., at individual preceptor offices).

## THEME II: CURRICULUM

### II.1 CURRICULUM GOVERNANCE

- II.1.1. The medical school must demonstrate that its faculty maintain institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum. The medical school faculty shall design, monitor, and periodically review and revise the educational objectives and content of the medical school's curriculum.**

#### Narrative Response

- a. Provide which committee of the faculty has the responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum. Provide which committee is responsible for development and management of curriculum policies. Describe the committee's source of authority.
- b. Describe the membership of the committee, indicating whether they are voting or ex officio members, and the length of the term of service for each class of member. Identify those faculty members who also hold administrative titles.
- c. What is the process for selecting the chair of the committee?
- d. Describe the committee's process for reviewing each phase of the curriculum, and the curriculum as a whole. Indicate the frequency of the reviews.
- e. Provide a narrative detailing the roles and responsibilities of the curriculum committee and chief academic official.
- f. If the committee of the faculty that is responsible for the overall design, management, and evaluation of a coherent and coordinated curriculum has subcommittees, describe the focus of each.

#### Add responses below:

Click or tap here to enter text.

#### Supporting Documentation

1. Provide a list of curriculum committee members, indicating whether they are voting or ex officio, and their status as faculty, administration, or student.
2. Note: Please make available at the site visit the minutes of the curriculum committee for the last two academic years.

- II.1.2. The medical school develops and implements effective policies and procedures regarding the amount of time medical students spend in required activities, including total hours required for clinical and educational activities during clerkships.**

#### Narrative Response

- a. 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. Estimate the average amount of time students spend in such required

activities and describe how this “out-of-class” time is accounted for in calculating student academic workload.

- b. Summarize the content of any 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 policy addresses only in-class activities or also includes required activities assigned to be completed outside of scheduled class time.
- c. Describe how policies relating to duty hours in the clinical clerkships are disseminated to medical students, postgraduate trainees, and faculty.
- d. Describe when and how data on medical student duty hours are collected during the clerkship phase of the curriculum and to whom the data are reported.
- e. Describe the mechanisms that exist for students to report violations of duty hours policies. How and to whom can students report violations?
- f. Describe the steps that can be taken and the individuals responsible for each if duty hour limits are exceeded.
- g. Describe the frequency with which the curriculum committee or its relevant subcommittee(s) monitor the scheduled time in the pre-clerkship phase of the curriculum and the clinical workload of medical students, in the context of formal policies and/or guidelines.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

1. Formal policies or guidelines addressing the amount of scheduled time during a given week during the pre-clerkship phase of the curriculum.
2. The formally-approved policy relating to duty hours for medical students during the clerkship phase of the curriculum, including on-call requirements for clinical rotations.

**II.1.3. The medical school must have a single standard for the advancement and graduation of medical students across all instructional sites. The medical school must have policies and procedures for the assessment, advancement, and graduation of students. The medical school must carefully monitor the progress of students throughout their educational programme, including each course and clinical clerkship, must promote only those students who make satisfactory academic progress, and must graduate only those students who successfully complete the programme.**

**Narrative Response**

- a. Describe the means by which the medical education programme ensures that there is a single standard for advancement, and graduation across all instructional sites/campuses. Explain how the standard was developed.
- b. Describe the means by which the single standard and procedures are publicised to medical students, faculty members, and any other personnel that have a role in student assessment, advancement, and/or graduation.
- c. Describe how the advancement of the medical student to the next academic period/phase/block/term is decided. Which individual(s) or committee(s) is/are involved?
- d. Describe how the medical student’s academic record is reviewed and approved for

advancement and graduation. Which individual(s) or committee(s) is/are involved?

- e. Describe the procedures for disciplinary action. Include details on the appeals process for medical students. What opportunities do medical students have to appeal an action?

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

- 1. Copy of the medical school's standards and procedures for the assessment, advancement, graduation and disciplining of medical students
- 2. Provide the policy relating to the selection, assessment, graduation and dismissal of medical students.

**II.2 DELIVERY/STRUCTURE**

**II.2.1. The medical school defines its medical education objectives and outcomes which must be appropriate in light of the mission and objectives of the school.**

**Narrative Response**

- a. Describe the educational mission of the medical school and how it serves the public interest.
- b. Describe how the medical school's mission and objectives informed the development of the educational programme objectives.
- c. Describe how the school developed and defined its educational programme objectives (EPOs).
- d. Indicate the year in which current educational programme (institutional learning) objectives were originally adopted and the year in which they were most recently reviewed or revised.

**Add responses below:**

Click or tap here to enter text.

Year Adopted	Year Last Reviewed or Revised
Click or tap here to enter text.	Click or tap here to enter text.

- e. Describe the process used to identify the outcome measures which are used to ensure that the education programme objectives of the medical school are being met.

Click or tap here to enter text.

**Supporting Documentation**

- 1. Copy of the minutes from the Curriculum Committee meeting(s) showing approval of the current educational program objectives (EPO).
- 2. Have two years of Curriculum Committee meeting minutes available for site visitors.

**II.2.2. The medical school makes its medical education objectives and outcomes known to medical students, faculty, postgraduate trainees, and others with direct responsibility for medical student education and assessment.**

**Narrative Response**

- a. How are the educational programme objectives shared with each of the following:
  - i. Medical students
  - ii. Instructional staff, including course and clerkship directors, full-time and volunteer (community) faculty, graduate students, and postgraduate trainee physicians with responsibility for teaching, assessing, and supervising medical students.
  - iii. The academic leadership of the medical school and its affiliated institutions.

**Add responses below:**  
 Click or tap here to enter text.

**II.2.3. The educational programme objectives must serve as guides for establishing curriculum content. The educational objectives must be stated in outcome-based terms that allow assessment of student progress throughout the curriculum.**

**Supporting Data**

<b>Table II.2.3-1   General Competencies Expected of Graduates</b>		
Complete the following table showing the general competencies expected of graduates, the educational programme objectives related to each competency, and any outcome measure(s) specifically used to assess achievement of each listed objective. Add rows to the table as necessary.		
General Competency	Educational Programme Objectives	Outcome Measure(s)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<b>Table II.2.3-2   Monitoring of Medical Education Programme Outcomes</b>		
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 programme 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 standardised examinations	Click or tap here to enter text.	Click or tap here to enter text.
Student scores on internally developed examinations	Click or tap here to enter text.	Click or tap here to enter text.
Performance-based assessment of clinical skills (e.g., OSCEs, iHuman)	Click or tap here to enter text.	Click or tap here to enter text.
Student advancement and graduation rates	Click or tap here to enter text.	Click or tap here to enter text.
NRMP match results	Click or tap here to enter text.	Click or tap here to enter text.
Specialty choices of graduates	Click or tap here to enter text.	Click or tap here to enter text.
Assessment of postgraduate training performance of graduates	Click or tap here to enter text.	Click or tap here to enter text.

### Narrative Response

- Describe the medical school's use of outcome measures in reaching a summative judgment regarding student's attainment of each competency.
- Briefly describe how and by what individuals/groups the educational programme objectives are used in curriculum planning and in the initial selection and ongoing review of the content included in the curriculum.
- Briefly describe how the educational programme objectives are used in the evaluation of the effectiveness of the educational programme as a whole.

#### Add responses below:

Click or tap here to enter text.

## II.2.4. The curriculum of the medical school includes a minimum of 130 weeks of instruction.

### Supporting Data

<b>Total number of weeks in curriculum</b>	Click or tap here to enter text.
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### Narrative Response

- Describe the phases of the curriculum with a focus on the presentation of the fundamental principles of medicine and its underlying scientific principles.

- b. Indicate the structure within which the curriculum presents current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of diseases, and the effects of social needs and demands on care.
- c. Identify the courses that prepare students to use the scientific method.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

- 1. Provide a schematic showing the overall sequencing of the curriculum across the four-year programme

**II.2.5. The medical school must assume responsibility for the fair selection and assignment of all medical students to all instructional sites. There must be a process by which the medical student can request an alternative assignment if circumstances allow.**

**Narrative Response**

- a. Describe how students are assigned to each of the medical school instructional sites/campuses (including the "main campus").
- b. Describe the process whereby a student can appeal an initial assignment to a specific instructional site/campus or subsequently request a change in site/campus. Note any circumstances in which decisions about student selection and assignment are not made by the parent school. Include in the narrative whether the student can informally switch an assignment with another student.

**Add responses below:**

Click or tap here to enter text.

**II.2.6. The medical school must demonstrate comparable educational experiences, assessments, and resources at all instructional sites within a given discipline, including the standards of achievement identified within each discipline. Comparability must apply to all sites including geographically separated sites. The medical education programme must demonstrate how the faculty at each instructional site participate in and are held accountable for medical student education to ensure that such education is consistent with the objectives and performance expectations established by the course or clerkship leadership.**

**Supporting Data**

<b>Table II.2.6-1   Instructional Sites</b>		
For each instructional site, list the campus/clinical site, its location, and the name and title of the principal academic official. Add rows as appropriate.		
Campus/Clinical Site	Location	Name and Title of Principal Academic Officer

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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<b>Table II.2.6-2   Instructional Sites</b>				
For each instructional site/campus, including the main campus, indicate the average number of students in a given academic year at the site. Add rows as appropriate.				
Campus/Site	# of Students in Year One	# of Students in Year Two	# of Students in Year Three	# of Students in Year Four
	Click or tap here to enter text.			
Total	Click or tap here to enter text.			

<b>Table II.2.6-3   Comparability</b>			
For each course or clerkship offered at more than one instructional site, provide the following information.			
Course/ Clerkship	Summarise how faculty at the instructional sites are informed about the educational programme objectives, the course/clerkship learning objectives, the assessment method, and the required clinical experiences in the core clerkships.	Describe how course and clerkship leadership communicates with site leadership and faculty regarding course or clerkship planning, implementation, student assessment, and course evaluation. How often does this occur?	Summarise how administration and faculty receive student performance and student satisfaction data.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

### **Narrative Response**

- a. Describe the mechanism by which the educational experiences at all geographically separated sites are evaluated for comparability.
- b. Summarise the types of data that are used to determine comparability across instructional sites

- c. Describe the types of individuals and committee(s) responsible for ensuring comparability.
- d. Provide two examples explaining how the use of comparability data identified inconsistencies across sites, and what actions were taken.
- e. Describe the process by which it is determined that all instructional sites follow the institution's core curriculum.
- f. Describe the role of the medical school's chief academic official in overseeing the conduct and quality of the education programme at all sites. Include a description of the reporting relationships between the principal academic official at the geographically separate site/campus and the chief academic official of the medical school.
- g. Describe the means by which standards of achievement are set for individual required courses and clerkship rotations.

**Add responses below:**

Click or tap here to enter text.

**II.2.7. The curriculum includes elective opportunities that supplement the required learning experiences, allow medical students to gain exposure to and expand their understanding of medical specialties, and explore their individual academic interests.**

**Supporting Data**

Table II.2.7-1   Required Elective Weeks*	
Provide the number of required weeks of elective time in each phase of the curriculum. Add rows as applicable	
Phase	Total Required Elective Weeks
Click or tap here to enter text.	Click or tap here to enter text.

\*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 medical students.
- b. Describe how medical students are informed about elective opportunities.
- c. Describe any formal (required) sessions where counseling on electives occurs.
- 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.

**Add responses below:**

Click or tap here to enter text.

### II.3 CONTENT

**II.3.1. The curriculum of the medical school includes content from the biomedical sciences that supports mastery of contemporary scientific principles in relation to the practice of medicine.**

#### Narrative Response

- Describe the process for reviewing the content and its placement in the curriculum. Indicate when the last review occurred.
- Describe how the programme review includes use of the curriculum map to identify gaps and unplanned redundancies.

#### Add responses below:

Click or tap here to enter text.

**II.3.2. The curriculum of the medical school includes didactic and clinical instruction necessary for students to become competent practitioners of contemporary medicine.**

#### Supporting Data

Table II.3.2-1   Content Areas				
Place an "X" in the corresponding column(s) indicating the topics listed below that are included in the curriculum as part of a required course and/or an elective course To be included in this listing, the subject should be included in the objectives for the session or as a significant topic covered during that session.				
Content Area	Subject Included in		Number of Sessions Required	
	Required Course	Elective Course	Preclinical Course(s)	Clinical Clerkship Rotation(s)
Biostatistics	Click or tap here to enter text.			
Biomedical informatics	Click or tap here to enter text.			

Clinical/translational research	Click or tap here to enter text.			
Communication skills	Click or tap here to enter text.			
Community health	Click or tap here to enter text.			
Complementary/alternative health care	Click or tap here to enter text.			
Cultural competence	Click or tap here to enter text.			
End-of-life care	Click or tap here to enter text.			
Epidemiology	Click or tap here to enter text.			
Evidence-based medicine	Click or tap here to enter text.			
Domestic violence/abuse	Click or tap here to enter text.			
Global health issues	Click or tap here to enter text.			
Health care financing	Click or tap here to	Click or tap here	Click or tap here to	Click or tap here to enter

	enter text.	to enter text.	enter text.	text.
Health care systems	Click or tap here to enter text.			
Health care quality improvement	Click or tap here to enter text.			
Health disparities	Click or tap here to enter text.			
Human development/life cycle	Click or tap here to enter text.			
Human sexual/gender development	Click or tap here to enter text.			
Human sexuality/sexual functioning	Click or tap here to enter text.			
Law and Medicine	Click or tap here to enter text.			
Medical ethics	Click or tap here to enter text.			
Medical genetics	Click or tap here to enter text.			
Medical humanities	Click or tap here to enter text.			

Medical jurisprudence	Click or tap here to enter text.			
Medical socioeconomics	Click or tap here to enter text.			
Nutrition	Click or tap here to enter text.			
Occupational health/medicine	Click or tap here to enter text.			
Pain management	Click or tap here to enter text.			
Palliative care	Click or tap here to enter text.			
Patient safety	Click or tap here to enter text.			
Population-based medicine	Click or tap here to enter text.			
Prevention/health maintenance	Click or tap here to enter text.			
Rehabilitation/care of the disabled	Click or tap here to enter text.			
Research methods	Click or tap here to	Click or tap here	Click or tap here to	Click or tap here to enter

	enter text.	to enter text.	enter text.	text.
Substance abuse	Click or tap here to enter text.			

**II.3.3. The medical school curriculum includes clinical experiences in the core areas of internal medicine, obstetrics and gynaecology, paediatrics, surgery, psychiatry and primary care/family medicine.**

**Supporting Data**

<b>Table II.3.3-1   Core Clinical Experiences</b>				
Complete the table for information on the core clinical experiences				
	Placement in the Curriculum (Year/Phase)	Length	Format (separate clerkships/clerkship rotations, as one or more integrated (longitudinal) clerkship rotations, or in some other way)	If Other please explain
Internal Medicine	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Obstetrics and gynaecology	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
paediatrics	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Surgery	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Psychiatry	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Primary care/family medicine	Click or tap here to enter text.			
------------------------------	----------------------------------	----------------------------------	----------------------------------	----------------------------------

### Supporting Documentation

1. Results of any survey and/or end of course/clerkship evaluations that document student perceptions that faculty or postgraduate trainees directly observed that they performed the required component(s) of the history and physical examination.

### II.3.4. The curriculum of the medical school includes defined types and numbers of patients and clinical conditions that medical students must encounter with respective expected levels of medical student responsibility, and expected clinical settings including both inpatient and ambulatory locations.

### Supporting Data

Table II.3.4-1   Required Clinical Experiences				
Complete the table for each of the required core clerkships using the key below the table for general procedures/skills/tasks and add any additional discipline-specific requirements (e.g., Family Medicine - perform a pap smear). In the column labelled "level of student responsibility" indicate the one minimal level that the school requires of all students to fulfil the requirement.				
Clerkship/ Clinical Discipline	Patient Type/ Clinical Condition	Procedures/Skills using the key and add any discipline specific requirement	Clinical Setting	Level of Student Responsibility
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Procedures/Skills/Tasks where not specific to the discipline A = perform a history and physical examination B = develop a diagnostic and therapeutic plan C = communicate effectively (oral and written) D = counsel patients E = analyse the medical literature PI = Psychiatric Interview MSE = Mental Status Exam		Clinical settings OP = outpatient/ambulatory setting IP = inpatient ED = emergency department OR = operating room ICU = intensive care unit NH = nursing home		Level of student responsibility O = observe A = assist (suture cutting, suctioning, retracting, simple wound closure, dressing application, holding camera) C = complete/perform (with appropriate supervision) S = simulation

<b>Table II.3.4-2   Percentage Total Clerkship Time*</b>		
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
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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

**Narrative Response**

- a. Describe the mechanisms used for the initial selection and subsequent revision of the kinds of patients or clinical conditions and the clinical settings needed to meet the medical school's objectives for clinical education. Note if the kinds of patients or clinical conditions were selected by each clinical discipline or by a group (e.g., a clinical clerkship committee) with representation from multiple disciplines.
- b. Briefly summarise the role of the curriculum committee in reviewing the criteria across clinical courses and clerkships.
- c. Describe the information that is used by the curriculum committee or other authority to review the balance between inpatient and ambulatory experiences so that medical students spend sufficient time in each type of setting to meet the learning objectives and the requirements for the clerkship.
- d. Describe the system(s) used by students to log the clinical experiences required of them.
- e. Summarise the system(s) used by faculty to monitor students' completion of required clinical experiences.
- f. When and by whom are clerkship-specific clinical experiences reviewed and monitored?
- g. When and by whom are overall clinical experience data for all students collected and monitored?
- h. List the available options for remedying gaps in student clinical experiences fulfilled by alternate experiences (e.g., simulation, assigned readings, CLIPP cases) by more than 25% of students in a given clinical clerkship during the prior academic year.

**Add responses below:**  
Click or tap here to enter text.

**II.3.5. The curriculum of the medical school must cover all organ systems and include aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.**

**Narrative Response**

- a. Describe the means by which the medical school ensures that each aspect of clinical medicine is included in the combined, overall required preclinical and clinical instruction. This should include the coverage of all organ systems and include the important aspects of preventative, acute, chronic, continuing, rehabilitative, and end-of-life care.

**Add responses below:**

Click or tap here to enter text.

**II.3.6. The curriculum of the medical school includes instructional opportunities for students to facilitate active learning and independent study to promote lifelong learning.**

**Narrative Response**

- a. Describe the time available for students to prepare for their educational experience. Include in the response how the school monitors the student workload.
- b. Provide two examples that illustrate the opportunities that exist in the curriculum for students to do each of the following:
  - i. Assess their own learning needs.
  - ii. Identify, analyse, and synthesise information relevant to their learning needs.
  - iii. Assess the credibility of information sources.
  - iv. Share the information with their peers and supervisors.
  - v. Be assessed and receive feedback.
- c. Describe where and how in the curriculum there is assessment of students' progress in developing the skills needed for lifelong learning, including the ability to learn through independent study.
- d. Is demonstration of these skills considered as a criterion for grading in any course or clerkship rotation?

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

1. Sample weekly schedules illustrating the amount of time in the first and second years (phases) of the curriculum that students spend in scheduled activities
2. Copy of a Student Workload Policy
3. Examples of any instruments used for assessment of the student's skills needed for life-long learning

**II.3.7. The faculty of the medical school ensures that the medical education programme provides sufficient opportunities for, encourages, and supports medical student participation in service learning and supports community service-learning activities.**

**Supporting Data**

<b>Table II.3.7   Service-Learning and Community Service</b>					
Provide the results from the most recent GMDC Student Experience Survey for the question: "Still thinking about medical school, how satisfied or dissatisfied are you with each of the following? Opportunities to participate in service and community service learning"					
	% Extremely dissatisfied	% Dissatisfied	% Neither/nor	% Satisfied	% Extremely satisfied
Results	Click or tap here to enter text.				

**Narrative Response**

- a. Describe the opportunities that are available for students to participate in service-learning and community service activities.
- b. List the service learning and community service activities available to students in the last two academic calendar years.
- c. How does the school and its faculty encourage and support such activities?

**Add responses below:**

Click or tap here to enter text.

**II.3.8. The curriculum of the medical school includes practical opportunities for the direct application of the scientific method, including laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analysis of data.**

**Narrative Response**

- a. Describe where in the curriculum students have opportunities to participate in educational sessions (actual or simulated) that involve the direct application of the scientific method, accurate observation of biomedical phenomena, and the collection, analysis, and interpretation of scientific data.
- b. Describe how students are informed of opportunities to participate in research.
- c. List the preclinical courses that include laboratory sessions.
- d. Describe the stages at which medical students are taught and assessed on the following:

- i. Basic scientific and ethical principles of clinical and translational research.
- ii. Methods for conducting clinical and translational research.
- iii. Describing how clinical and translational research is evaluated, explained to patients and applied to patient care.

**Add responses below:**  
 Click or tap here to enter text.

**II.3.9. The curriculum of the medical school includes medical ethics and human values, including, but not limited to, ethical principles in caring for patients.**

**Narrative Response**

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

**Add responses below:**  
 Click or tap here to enter text.

**II.3.10. The curriculum of the medical school includes instruction in, and assessment of, the students' communication skills as they relate to patients, families, colleagues, and other health professionals.**

**Supporting Data**

<b>Table II.3.10-1   Communicating with Patients and Patients' Families</b>	
Provide the names of required courses and clerkships where approved learning objectives are instructed and assessed. List the corresponding learning objectives for each	
Course/Clerkship	Learning Objectives
Click or tap here to enter text.	Click or tap here to enter text.

<b>Table II.3.10-2   Communicating with Colleagues and Other Health Professionals</b>
Provide the names of required courses and clerkships where approved learning objectives are instructed and assessed. List the corresponding learning objectives for each

Course/Clerkship	Learning Objectives
Click or tap here to enter text.	Click or tap here to enter text.

**Narrative Response**

- a. From the courses/clerkships listed above, describe one educational activity in the curriculum where students are instructed and assessed on communicating with patients and patients' families. Include in the response the location of the instruction in the curriculum (i.e., phase), and the method(s) of student assessment.
- b. From the courses/clerkships listed above, describe one educational activity in the curriculum where students are instructed and assessed on communicating with colleagues and other health professionals. Include in the response the location of the instruction in the curriculum (i.e., phase), and the method(s) of student assessment.

**II.3.11. The medical programme ensures that the 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.**

**Supporting Data**

<b>Table II.3.11-1   Cultural Competence</b>		
List the courses and clerkship rotations in which students learn about issues related to cultural competence in health care and describe the specific elements related to cultural competence that are covered in each. Note whether the instruction occurs through formal teaching (F), informal exposure (I) in the clinical setting, or both (B).		
Course/Clerkship	Topic Area(s) Covered	F/I/B
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<b>Table II.3.11-2   Health Equity, Cultural Influences, and Underserved Populations</b>			
List the names of courses and clerkships where explicit learning objectives related to health equity, cultural influences, and underserved populations are taught and assessed. Place an "X" in the appropriate column indicating which area(s) is/are included.			
Course/Clerkship	Topic Area(s) Covered		
	Identifying and Providing Solutions for Health Disparities	Identifying Cultural Influences on Health Care Quality and Effectiveness	Addressing the Health Care Needs of Underserved Populations

Click or tap here to enter text.			
----------------------------------	----------------------------------	----------------------------------	----------------------------------

### **Narrative Response**

- a. Describe the means by which students' acquisition of the knowledge, skills, behaviours, and attitudes related to cultural competence are taught and assessed.
- b. Describe the means by which students' acquisition of the knowledge, skills, behaviours, and attitudes related to health equity, cultural influences, and underserved populations is taught and assessed.

**Add responses below:**

Click or tap here to enter text.

### **II.3.12. Educational opportunities must be available in the disciplines that support general medical practice, such as diagnostic imaging and clinical pathology.**

### **Narrative Response**

- a. Describe how the school ensures that educational opportunities are available in the disciplines that support general medical practice.
- b. Describe how the school ensures that the students have opportunities in a broad range of disciplines to increase their understanding of the specialties and subspecialties.

**Add responses below:**

Click or tap here to enter text.

### **II.3.13. The curriculum provides opportunities for medical students to develop and apply the professional qualities set forth by the medical programme.**

### **Narrative Response**

- a. Describe where in the curriculum medical students learn about the professional qualities and the importance of attaining and regularly demonstrating them. Include in this description examples of formal instructional efforts by which medical students learn about the professional qualities expected of them.
- b. Briefly summarise the methods used to assess medical students' attainment of appropriate professional qualities. Describe the means by which identified deficiencies are remediated.

**Add responses below:**

Click or tap here to enter text.

## **II.4 ASSESSMENT**

### **II.4.1. The medical school has a system in place for the effective assessment of medical student performance against competencies consistent with medical educational programme**

**objectives throughout the programme. The system of student assessment employs a variety of measures of knowledge, skills, behaviours, and attitudes.**

#### **Narrative Response**

- a. Describe the system the medical education programme has in place for the effective assessment of student performance.
- b. Describe the assessment system, including a description of the variety of measures used for assessing student achievement. How were these measures identified?
- c. Describe the role of individual disciplines and the central curriculum management structure in setting standards of achievement (e.g., establishing the grading policy for individual courses and clerkship rotations).
- d. Describe any policies related to the scheduling of examinations. How are examination schedules determined?

#### **Add responses below:**

Click or tap here to enter text.

#### **Supporting Documentation**

1. Copy of institutional policies on assessment of student performance.
2. Copy of any standard form(s) used by faculty members or postgraduate trainee physicians to assess students in small-group settings during the preclinical years and during required clinical clerkship rotations.

**II.4.2. The medical school must include ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills.**

#### **Supporting Documentation**

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

**II.4.3. The 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 programme. Final grades are available within six weeks of the end of a course or clerkship.**

## Supporting Data

<b>Table II.4.3-1   Availability of Final Grades</b>									
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.									
Required clerkship	AY 2019-20			AY 2020-21			AY 2021-22		
	Average	Max.	%	Average	Max.	%	Average	Max.	%
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

### Narrative Response

- 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 2021-22 academic year.
- 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?
- Provide data from the Student Experience Survey or course/clerkship evaluations related to students' opinions about the fairness of summative assessments in courses and clerkships (e.g., the assessments matched/did not match the course/clerkship learning objectives).

#### Add responses below:

Click or tap here to enter text.

### Supporting Documentation

- Policy or guideline that specifies the time frame for the reporting of grades.

**II.4.4. The medical school 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

<b>Table II.4.4-1   Pre-clerkship Feedback</b>			
Provide the following information related to the pre-clerkship phase of the curriculum.			
Course Name	Length (weeks)	Type(s) of Formative Feedback (e.g., the availability of practice tests, study questions, problem sets)	Timing of Formative Feedback (e.g., mid-course, weekly)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<b>Table II.4.4-2   Mid-clerkship Feedback</b>	
Provide the most recent information from clerkship evaluations on the percentage of respondents who <i>agreed/strongly agreed</i> (aggregated) that they received mid-clerkship feedback for each listed clerkship.	
Family Medicine/Primary Care	Click or tap here to enter text.
Internal Medicine	Click or tap here to enter text.
Ob-Gyn/Women's Health	Click or tap here to enter text.
Paediatrics	Click or tap here to enter text.
Psychiatry	Click or tap here to enter text.
Surgery	Click or tap here to enter text.
Year of Data: Click or tap here to enter text.	

### **Narrative Response**

- Summarise the opportunities that are available to medical students for formative assessment during the preclinical years (e.g., the availability of practice tests, study questions, problem sets).
- How does the curriculum committee or other central authority ensure that students receive formative assessment(s) in the preclinical phase of the curriculum?
- Describe the institutional policies and procedures that are in place to ensure that students receive formal feedback at the mid-point of a clerkship/clerkship rotation.
- Describe how the occurrence of mid-clerkship rotation feedback is monitored within individual departments and at the curriculum management level.

#### **Add responses below:**

Click or tap here to enter text.

### Supporting Documentation

1. Copy of the policy requiring feedback.

**II.4.5. The medical school utilizes assessments of students within the framework of established national and international norms and standards, including student outcomes on applicable licensing exams and standardised tests to affirm that students are achieving medical education program objectives.**

### Supporting Data

Table II.4.5-1   Licensing exam and standardised test requirements			
Input each licensing exam and standardised test the medical students are required to take as a part of the curriculum in the far left column. Mark with an "x" whether the requirement for students is to take the exam/test, pass, or other. If other, please describe it in that cell.			
Requirement	Take	Pass	Other (Describe)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

### Narrative Response

- a. Describe how the results of the licensing exams and standardised tests are used for curriculum evaluation and revision.
- b. Describe efforts to address outcome measures that illustrate suboptimal performance by a cohort of medical students/graduates in one or more of the educational program objectives.
- c. Provide two examples of the steps taken to address identified gaps between desired and actual outcomes.
- d. Give one example from each of the educational programme objectives (EPO) domains of knowledge, skills, behaviours, and attitudes and describe how the progress towards achievement of the EPOs are being evaluated.

#### Add responses below:

Click or tap here to enter text.

### Supporting Documentation

1. Provide results from licensing exam and standardised test comparing the performance of

national mean to the medical school programme's mean.

- II.4.6. The medical school ensures a narrative description of student performance is included in the assessment for each required course and clerkship whenever the teacher-learner interaction permits this form of assessment.**

**Supporting documentation**

Table II.4.6   List of courses in pre-clerkship that includes narrative descriptions			
Complete the following table			
Narrative only provided to students as formative feedback		Narrative used as part of final grade (summative assessment of course)	
Course Name	Description	Course Name	Description
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Narrative Response**

- a. Summarize the policy/guidelines describing the circumstances in which narrative descriptions of the medical student's performance will be provided (e.g, length of teacher-student interaction, group size).
- b. Referring to Table II.4.6 describe the reasons why a narrative description of performance is not provided in a course where teacher-student interactions might permit it to occur (e.g., there is small group learning or laboratory sessions).

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

1. Copies of any institutional policies or guidelines related to providing narrative descriptions of student performance.

# THEME III: STUDENTS

## III.1 ADMISSIONS

III.1.1. The medical school establishes and publishes admission requirements for potential applicants and transfer students who are considering applying to the medical education programme and uses effective policies and procedures for medical student selection, enrolment, and assignment. These requirements must ensure the comparability of transfer students.

### Supporting Data

Table III.1.1   Entering Student MCAT Scores			
Provide the <i>mean</i> MCAT scores, for new first-year medical students in the last three academic years. If the school enrolls students more than once per year, add additional rows as needed.			
	AY	AY	AY
Chemical and Physical Foundations of Biological Systems	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Biological and Biochemical Foundations of Living Systems	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Critical Analysis and Reasoning Skills	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Psychological, Social, and Biological Foundations of Behaviour	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Total Score	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

### Narrative Response

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

- d. Describe the procedure and criteria for ensuring transfer medical students have comparable qualifications and experiences. Identify the persons responsible for reviewing and determining comparability.
- e. Describe the manner in which the medical school's student selection criteria are published and disseminated to potential and actual applicants, their advisors, and others.

**Add responses below:**

Click or tap here to enter text.

**III.1.2. The admissions criteria, policies, and procedures used by the medical school must provide for the selection of students who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become effective physicians.**

**Supporting Data**

<b>Table III.1.2-1   Applications for Admission</b>		
Indicate the number of applications the school received for the last three academic years. If the school enrolls students more than once per year, add additional rows as needed.		
Year	Year	Year
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<b>Table III.1.2-2   Entering Class Size</b>		
Indicate the entering class size for the last three academic years. If the school matriculates students more than once per year, add additional rows as needed.		
Year	Year	Year
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Narrative Response:**

- a. Describe each step of your admissions process, including:
  - i. Screening of applications.
  - ii. Any requirements for a supplemental application (if applicable).
  - iii. Interview process.
  - iv. How the committee makes the acceptance decision.
  - v. How the offer of admission is communicated to an applicant.

- vi. How the committee selects candidates for the wait list.
- vii. How the committee selects candidates from the waitlist (e.g., use of a ranked list).
- b. Describe how the institution incorporates holistic review into their admissions process.
- c. Briefly describe the methods used during the admissions process to evaluate and document the personal or professional characteristics of medical school applicants.
- d. Does the medical school require a deposit? If so, indicate if it is refundable.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

- 1. Copy of the Admissions Policy
- 2. Copy of any standard form(s) used in the admissions process

**III.1.3. The final responsibility for selecting students to be admitted to medical school rests with a formally constituted admissions committee with majority faculty representation.**

**Supporting Data**

<b>Table III.1.3   Admissions Committee Members</b>		
Provide a table or list of the current members of the admissions committee, including each member's title and year of appointment to the committee. Identify the current admissions committee chair (name and title).		
Name	Title	Year of Appointment
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Narrative Response**

- a. Describe the process for selecting members of the admissions committee.
- b. Describe the process by which the chair is selected, the chair's term of service and the maximum number of terms a chair can serve, if any limit has been set. For all admissions committee members, describe the length of the initial appointment, the opportunities for reappointment, and the maximum length of service, if any.
- c. Describe any subcommittees, including their role in the final admissions decision.
- d. Describe the process by which admissions committee members are trained and prepared for their duties.
- e. Describe the source of final authority for admission decisions.
- f. Describe the process by which final admission decisions are made and identify the individual(s) or group(s) involved in making those decisions.

- g. Describe the circumstances surrounding any admissions committee decisions or recommendations that have been overruled or rejected since the last full accreditation review .
- h. Describe the expectations for admissions committee members with a conflict of interest to recuse themselves from voting on a record.
- i. Describe individuals involved at each step of your admissions process, including:
  - i. Screening of applications.
  - ii. Any requirements for a supplemental application (if applicable).
  - iii. Interview process.
  - iv. How the committee makes the acceptance decision.
  - v. How the offer of admission is communicated to an applicant.
  - vi. How the committee selects candidates for the wait list.
  - vii. How the committee selects candidates from the waitlist (e.g., use of a ranked list).
- j. Describe the composition of the pool of individuals who interview medical students, including the total number, student or faculty status, and admissions committee membership.
- k. Describe how interviewers who are not members of the admissions committee are selected and trained.
- l. Describe how information from applicants that is collected during the interview is considered during the selection process.
- m. If the medical school sponsors or participates in combined professional degree programmes (e.g., MD-PhD, MD-MPH, MD-MBA), describe the role of the medical school admissions committee in the initial assessment of, and final decision-making about, candidates for these programmes.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

- 1. Copy of the Admissions Policy
- 2. Copy of the Conflict of Interest Policy related to service on the committee, if not part of the Admission Policy
- 3. Copy of any standard form(s) used in the admissions process

**III.1.4. The medical school's catalogue and other informational, advertising, and recruitment materials must present a balanced and accurate representation of the mission and objectives of the medical education programme, state the academic and other (e.g., immunisation) requirements for the MD degree and all associated joint degree programmes, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the medical education programme.**

**Narrative Response**

- a. Describe the process by which the medical school reviews and updates its catalogue and

other informational, advertising, and recruitment materials.

**Add responses below:**

Click or tap here to enter text.

### Supporting Documentation

1. Copies of the materials enumerated in the element and/or links to the requested information.

### **III.2 REGISTRAR**

**III.2.1. The medical school must have a published policy that protects the privacy of student education records. This policy must detail the process by which the school makes student records available for review by the student and gives the student an opportunity to challenge their accuracy. This policy must detail any other circumstances and individuals by which student education records may be released.**

#### Narrative Response

- a. Describe the process by which the medical student may challenge the accuracy of their student record.
- b. Describe the general content of the medical student's academic record file. Identify the location at which medical students' academic records are maintained. Describe the mechanisms used by the medical school to ensure that online records are confidential and secure.
- c. Identify the institutional official(s) who is/are authorised to examine or review such records. Describe the mechanisms in place to ensure that only authorised individuals are able to examine and review such records.
- d. Describe the process in place at the medical school that ensures medical students' timely access to their records.
- e. Describe the means by which the medical school's policies and procedures regarding medical students' access to, review of, and challenges to student records are made known to faculty and medical students.
- f. Indicate whether there is medical school policy in place that addresses opportunities for medical students to review their performance in required course and clerkship rotations and, if necessary, to appeal an examination or course grade. If so, describe any review and appeal processes.
- g. Describe the components of the student record and identify any component(s) of the record that students are not permitted to review. Provide the rationale for the institutional review policy that precludes students' review of that material.

**Add responses below:**

Click or tap here to enter text.

### **Supporting Documentation**

1. Copy of the Student Records Review Policy
2. Copy of the Student Records Appeals Policy and Procedures

**III.2.2. The medical school provides a formal performance evaluation letter (MSPE or equivalent) to accompany the postgraduate training application of the medical student on or after October 1 of the student's final year of medical education.**

#### **Narrative Response**

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

**Add responses below:**

Click or tap here to enter text.

**III.2.3. The medical school determines immunization requirements based on the current guidelines in place in the locations where students are based or will rotate, and monitors students' compliance with those requirements.**

#### **Narrative Response**

- a. Note if the immunization requirements for medical students follow national and/or regional recommendations (e.g., from the Ministry of Health, the U.S. Centers for Disease Control and Prevention, other agencies) for clinical requirements of the curriculum
- b. Describe how and by whom the immunization status of medical students is monitored.

**Add responses below:**

Click or tap here to enter text.

### **III.3 STUDENT AFFAIRS**

**III.3.1. The medical school develops and publishes standards and policies for admissions, retention, advancement, and graduation of applicants and medical students in accordance with legal requirements and guidelines.**

#### **Narrative Response**

- a. Describe the process by which the medical school reviews and updates its technical standards and policies for admissions, retention, advancement, and graduation of applicants.

**Add responses below:**

Click or tap here to enter text.

### Supporting Documentation

1. Copies of the information detailed in the standard, and/or the website link to each

### III.3.2. Medical students assigned to each instructional site must have the same rights and support services as other students.

#### Supporting Data

<b>Table III.3.2   Student support</b>					
<b>Provide the results from the most recent GMDC Student Experience Survey based on the questions in the student support section</b>					
	<b>% Extremely dissatisfied</b>	<b>% Dissatisfied</b>	<b>% Neither/nor</b>	<b>% Satisfied</b>	<b>% Extremely satisfied</b>
Availability of administrative support	Click or tap here to enter text.				
Availability of academic support	Click or tap here to enter text.				
Career advisory services	Click or tap here to enter text.				
Financial aid and debt management services	Click or tap here to enter text.				
Personal and academic counselling services	Click or tap here to enter text.				

#### Narrative Response

- a. Describe how the medical education programme ensures that its students at each instructional site have the same rights and support services as other students.

**Add responses below:**

Click or tap here to enter text.

**III.3.3. There must be a system to assist students in career choices and application to postgraduate training programmes and to guide students in choosing elective clinical rotations.**

**Supporting Data**

Table III.3.3   Optional and Required Career Advising Activities							
Provide information on each activity that the school provides to medical students in each year of the curriculum during the most recently completed academic year. Indicate if the school required participation (R) or has this as an optional session (O). <i>Schools with satellite campus(es) should provide the information by campus.</i>							
Career Information and Advising Activities							
Year 1	R/O	Year 2	R/O	Year 3	R/O	Year 4	R/O
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Narrative Response**

- a. Describe the system in place to assist students in career advising, including choosing of electives, and postgraduate training programmes.
- b. **Add responses below:**  
Click or tap here to enter text.

**III.3.4. The medical school must have an effective system of academic and personal advising/counselling for medical students.**

**Supporting Data**

Table III.3.4-1   Academic and Personal Advising/Counselling					
Complete the following table.					
Number of Medical Students Who:	Academic Year				Total
	First	Second	Third	Fourth	
Withdrew or were dismissed	Click or	Click or	Click or	Click or	Click

	tap here to enter text.	or tap here to enter text.			
Transferred to another medical school	Click or tap here to enter text.				
Repeated one or more required courses or clerkship rotations	Click or tap here to enter text.				
Moved to a decelerated curriculum	Click or tap here to enter text.				
Took a leave of absence due to academic problems	Click or tap here to enter text.				
Took a leave of absence for academic enrichment (including research or a joint degree programme)	Click or tap here to enter text.				
Took a leave of absence for personal reasons	Click or tap here to enter text.				

<b>Table III.3.4-2   Academic and Personal Advising/Counselling</b>	
Complete the following table. Estimate the percentage of a typical entering class that graduates in four years and provide the overall graduation rate for a typical class.	
Four-year Graduation Rate	Overall Graduation Rate
Click or tap here to enter text.	Click or tap here to enter text.

**Narrative Response**

- a. Describe the elements of the academic advisory system for medical students and how these elements integrate with each other as an effective system.
- b. Describe how and when medical students in academic difficulty are identified.
- c. Describe the types of assistance available to medical students experiencing academic difficulty, including any assistance available from the medical school and other sources (e.g., the parent university).
- d. Describe any programmes designed to assist entering medical students who may be at academic risk in adapting to the academic and personal demands of medical school.
- e. Briefly summarise any medical school programmes designed to facilitate medical students' ongoing adjustment to the physical and emotional demands of medical school. Provide details on how students are made aware of these programmes.
- f. Describe the medical school's system for personal counselling of medical students and comment on its accessibility, confidentiality, and effectiveness. Note especially the individuals available to provide personal counselling and their locations.

**III.3.5. The medical school must have policies in place that effectively address medical student exposure to infectious and environmental hazards, including education, prevention, and management of an exposure. As part of management, the medical school must define the financial responsibility in the event of an exposure. All registered medical students and visiting students must be informed of these policies before undertaking any educational activities that would place them at risk.**

**Narrative Response**

- a. Describe institutional policies regarding medical student exposure to infectious and environmental hazards, including the following:
  - i. The education of medical students about methods of prevention.
  - ii. The procedures for care and treatment after exposure, including definition of financial responsibility.
  - iii. The effects of infectious and/or environmental disease or disability on medical student educational activities.
- b. Describe when, in the course of their medical education, medical students learn how to prevent exposure to infectious diseases, especially airborne, bloodborne, and environmental hazards.

### **Supporting Documentation**

1. Copy of policies related to exposure

**III.3.6. The 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 whether health insurance is available to all medical students and their dependents. Provide details on how medical students are informed about health and disability insurance.

### **III.4 FINANCIAL AID AND DEBT MANAGEMENT**

**III.4.1. The medical school must provide students with effective financial aid and debt management counselling. It must also have a clear and fair policy for the refund of tuition and fees.**

### **Narrative Response**

- a. Describe the staffing (numbers and organisational reporting) of the financial aid office used by medical students.
- b. What types of debt management informational materials are available to medical students?
- c. Describe the debt management counselling activities the school offers and include whether or not these are required.
- d. Describe the availability of scholarship funds/internal funds available to the students.

### **Supporting Documentation**

1. Copy of tuition refund policy

### **III.5 VISITING STUDENTS**

**III.5.1. The medical school must have a process in place for visiting students including:**

- a. **Verifying credentials for visiting medical students to ensure that each student demonstrates comparable skills to join in educational experiences.**
- b. **Maintaining a roster of visiting medical students, including approval of each visiting student's placement in educational experiences.**
- c. **Providing a fair and timely assessment for each visiting medical student's performance during elective rotations and educational experiences.**
- d. **Providing access to policies and protocols related to the health and safety of visiting students.**
- e. **Identifying the administrative unit responsible for overseeing the visiting student experience and performing these duties.**

**Supporting Data**

<b>Table III.5.1   Visiting Students</b>			
Provide the number of visiting students for each indicated academic year.			
	2020-21	2021-22	2022-23 (as available)
Visiting students completing required clerkships (as defined for the school's own medical students)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Visiting students completing clinical electives and/or other courses	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**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 the medical school, university, or other office that 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:
  - i. How the academic credentials and immunization status of visiting students are verified
  - ii. 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
  - iii. How the medical school ensures that a performance assessment is provided for each visiting student
- c. Identify the medical school or university staff member(s) who is/are responsible for maintaining an accurate and up-to-date roster of visiting medical students.
- d. Describe by whom the following decisions are made:
  - i. The number of transfer students accepted into each year of the curriculum
  - ii. The number of visiting students accepted for electives by departments

**Add responses below:**

Click or tap here to enter text.

### **Supporting Documentation**

1. List the types of information included in the roster of visiting medical students (provide a standardized template for the roster, if available).

### ***III.6 POSTGRADUATE PROGRESSION***

- III.6.1. The medical school commits adequate resources to the data collection on postgraduate progression of its graduates to report on the achievement of the school's educational programme objectives.**

#### **Narrative Response**

- a. Describe how the medical school program uses postgraduate outcomes to report on the achievement of the school's educational programme objectives.
- b. Describe the individual personnel and their organizational locus dedicated to data collection on postgraduate progression of its graduates.

**Add responses below:**

Click or tap here to enter text.

### **Supporting Documentation**

1. If available, provide summary data on the performance of the medical school's graduates
2. If available, provide the most recent year of results of questionnaires to postgraduate training programme directors and/or graduates on the graduates' performance in postgraduate training.

# THEME IV: ACADEMIC ENVIRONMENT

## IV.1 INTERPROFESSIONAL EDUCATION

IV.1.1. The medical school ensures that medical students have opportunities to learn in academic and clinical environments that permit interaction with health professionals from other disciplines, graduate and professional degree programmes, and physicians in graduate medical education programmes as they provide coordinated services to patients.

### Supporting Data

Table IV.1.1-1   Interprofessional Education Experience in the Curriculum					
Complete the following table with information on interprofessional education and experience in the curriculum, where medical students are brought together with students and/or practitioners from other allied health professions to learn to function collaboratively on health care teams to care for patients. Add rows as needed.					
Name and Curriculum Phase of the Course or Clerkship Where the Interprofessional Experience Occurs	Learning Objectives of the Interprofessional Experience	Duration of the Experience (e.g., single session)	Setting(s) Where the Interprofessional Experience Occurs	Other Health Professions Students (S) or Practitioners (P)	Assessment Method(s)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Table IV.1.1-2   Continuing Medical Education (CME)		
If the medical school and/or its clinical affiliates are accredited by the Accreditation Council for Continuing Medical Education (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.		
Programme Sponsor	Accreditation Status	Length of Accreditation Term
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

### Narrative Response

- a. Describe any co-curricular sessions/activities where medical students have opportunities to learn in academic and clinical environments that permit interaction with health professionals from other disciplines, graduate and professional degree programmes, and physicians in graduate medical education programmes.
- b. List the graduate programs (e.g., doctoral, master's) that are located on the same campus as the medical school.
- c. List the other health professional degree programs that are located on the same campus as the medical school.
- d. Describe examples of informal programs (not a required part of the medical school curriculum) that are available for medical students to interact with students or professionals from graduate and/or professional degree programs. How does the medical school encourage such interactions?
- e. Describe how medical students are exposed to continuing medical education activities for physicians.

**Add responses below:**

Click or tap here to enter text.

### Supporting Documentation

1. Examples of forms used in the assessment of medical students' performance with interprofessional teams. For each example, list the course or clerkship in which the form is used.

## IV.2 DIVERSITY

### IV.2.1. The medical school seeks to admit a diverse pool of applicants to promote a diverse and inclusive educational environment.

#### Supporting Data

<b>Table IV.2.1   Diversity Categories</b>
Provide definitions for the diversity categories that inform recruitment activities for medical students.
School Identified Diversity Categories
Click or tap here to enter text.

### Narrative Response

- a. Describe the process used to recruit students from the diversity categories that the school has identified.
- b. What resources are available to recruit a diverse student body?

- c. How does the medical education programme promote a diverse and inclusive environment?
- d. Describe the school's pipeline programmes aimed at increasing diversity.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

- 1. Copy of the school's Diversity Policy

**IV.2.2. The medical school ensures it engages in ongoing, systematic, and focused activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. The school has policies and programmes specifically aimed at ensuring a diverse student body, faculty, and senior administrative staff. The school evaluates the outcomes of programmes and partnerships at regular intervals.**

**Supporting Data**

<b>Table IV.2.2-1   Diversity and Pipeline Programmes</b>		
Provide the specific diversity and/or pipeline programmes for recruitment and retention activities for medical students, faculty, and senior administrative staff and a brief description of activities involved. If the category requires a definition (e.g., the specific definition of "rural" or "socioeconomically disadvantaged," provide that below.		
Medical Students	Faculty	Senior Administrative Staff*
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<b>Table IV.2.2-2   Offers Made to Applicants to the Medical School from Diversity and Pipeline Programs</b>		
Provide the total number of offers of admission to the medical school made to individuals in the school's identified diversity and/or pipeline programmes for the indicated academic years. Add rows as needed for each diversity category.		
School-identified	2021 Entering Class	2022 Entering Class

Diversity and/or Pipeline Program	# of Declined Offers	# of Enrolled Students	Total Offers	# of Declined Offers	# of Enrolled Students	Total Offers
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<b>Table IV.2.2-3   Offers Made for Faculty Positions</b>						
Provide the total number of faculty positions available for the given academic year and the total number of offers from the relevant diversity programme. Add rows as needed for each diversity programme.						
	AY 2020-21			AY 2021-22		
Total # of Faculty Positions Available	Click or tap here to enter text.			Click or tap here to enter text.		
School-identified Diversity and/or Pipeline Program	# of Declined Offers	# of Faculty Hired	Total Offers	# of Declined Offers	# of Faculty Hired	Total Offers
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<b>Table IV.2.2-4   Offers Made for Senior Administrative Staff Positions</b>		
Provide the total number of senior administrative staff positions available for the given academic year and the total number of offers from the relevant diversity programme. Add rows as needed for each diversity programme.		
	AY 2020-21	AY 2021-22
Total # of Senior Administrative Staff Positions Available	Click or tap here to enter text.	Click or tap here to enter text.

School-identified Diversity and/or Pipeline Program	# of Declined Offers	# of Staff Hired	Total Offers	# of Declined Offers	# of Staff Hired	Total Offers
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Table IV.2.2-5   Students, Faculty, and Senior Administrative Staff				
Provide the requested information for the 2022-23 academic year on the number and percentage of enrolled students, employed faculty, and senior administrative staff in each of the school-identified diversity and/or pipeline programmes (as defined in Table IV.2.2-1 above). If the diversity programme differs among the groups, include the category for each group in a separate row and provide the data in the corresponding row.				
School-identified Diversity and/or Pipeline Program	First year Students Number (%)	All Students Number (%)	Employed/ Full-Time Faculty Number (%)	Senior Administrative Staff Number (%)

Table IV.2.2-6   Pipeline Programmes and Partnerships				
List each current programme 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
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Narrative Response**

- a. Describe the programmes related to the recruitment and retention of medical students from school-defined diversity and/or pipeline programmes. In the description, include the following:
  - i. The funding sources that the medical school has available for each programme
  - ii. The dedicated personnel required for each programme and time commitment
  - iii. The organisational department for each programme’s personnel required (e.g., the medical school dean’s office, a university office)
- b. Describe the programmes related to the recruitment and retention of faculty and of senior administrative staff from school-defined diversity programmes. In the description, include the following:
  - i. The funding sources that the medical school has available for each programme
  - ii. The dedicated personnel required for each programme and time commitment

- iii. The organisational department for each programme's personnel required (e.g., the medical school dean's office, a university office)
- c. Describe the following for areas of support related to the administration and delivery of pipeline and diversity programmes (e.g., "pipeline programmes") aimed at developing a diverse pool of medical school applicants, both locally and nationally.
  - i. The funding sources that the medical school has available for each programme
  - ii. The dedicated personnel required for each programme and time commitment
  - iii. The organisational department for each programme's personnel required (e.g., the medical school dean's office, a university office)
- d. Describe how the medical school monitors and evaluates the effectiveness of its diversity and/or pipeline programmes. Provide evidence of programme effectiveness, including the number of participants and data on programme outcomes.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

- 1. Formal medical school policies that include the specific diversity and/or pipeline programmes that guide recruitment and retention activities for the student body, faculty, and senior administrative staff.

**IV.3 RESEARCH PORTFOLIO**

**IV.3.1. The medical school must engage in a planning process that establishes the direction for its research within the medical education programme and develop and track measurable outcomes.**

**Narrative Response**

- a. Provide an executive summary of the research component of the medical school's current strategic plan, if any. Note if the strategic plan was developed independently of, or in collaboration with, the parent university or the health system.
- b. Provide the date of the most recent review and/or revision of the strategic plan's research component:
- c. How often is the strategic plan research component reviewed and/or revised?
- d. Describe the process used to monitor the research outcomes of the school's strategic plan. Include details on timing and the main participants involved.
- e. Identify two examples where the medical school evaluated the research outcomes from the most recent strategic plan and, in the examples, describe the process used.

**Add responses below:**

Click or tap here to enter text.

**IV.3.2. The medical education programme 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**

<b>Table IV.3.2-1   Student Research and Scholarly Activity</b>				
<b>Provide the results from the most recent GMDC Student Experience Survey for the question: “Still thinking about medical school, how satisfied or dissatisfied are you with each of the following? Opportunities to participate in research activities”</b>				
	<b>% Extremely dissatisfied</b>	<b>% Dissatisfied</b>	<b>% Neither/nor</b>	<b>% Satisfied</b>
Results	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<b>Table IV.3.2-2   Faculty Scholarly Productivity</b>				
Provide the total number of each type of faculty 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.				
<b>Department</b>	<b>Articles in Peer-Review Journals</b>	<b>Published Books/ Book Chapters</b>	<b>Faculty Co-Investigators or PI’s on Extramural Grants</b>	<b>Other Peer- Reviewed Scholarship*</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
*Provide a definition of “other peer-reviewed scholarship,” if this category is used: Click or tap here to enter text.				
Provide the year used for these data: Click or tap here to enter text.				

**Narrative Response**

- a. Describe opportunities for students to participate in research. Is there a required research project? Is there a required scholarly project?
- b. Describe the mechanism by which students are encouraged to participate in research or other scholarly activities and include the percentage of students who participated during the last two academic years.

- c. How are students made aware of research opportunities?
- d. What are the expectations for the faculty to participate in scholarly activities?
- e. What are the institutional research priorities?
- f. Provide three examples (total) of research and scholarly activities in which students have had opportunities to participate in the last two years.
- g. Describe the medical school's expectations for faculty scholarly activities and if they are required for retention, promotion, and the granting of tenure for some or all faculty.

**Add responses below:**

Click or tap here to enter text.

**IV.4 CLINICAL EXPERIENCE**

**IV.4.1. Required core clerkships are conducted in health care settings where postgraduate trainee physicians in accredited programmes of graduate medical education are trained so that students have sufficient exposure to postgraduate trainee or post-graduate physicians (or equivalent) to understand the expectations of them at the next level of training (GME or equivalent).**

**Supporting Data**

<b>Table IV.4.1-1   Postgraduate Programmes</b>				
<i>If applicable</i> , provide the number of postgraduate trainees <b>who are the responsibility of the medical school's faculty</b> , by training programme, including those programmes at affiliated hospitals at which postgraduate trainees are taught by medical school faculty. (Note: If the medical school operates geographically separate clinical instructional sites/campuses, provide a separate table for each site.)				
<b>Specialty of Training Programme</b>	<b># of PGY-1 Postgraduate Trainees</b>	<b>Total # of Postgraduate Trainees</b>	<b># of Clinical Fellows (in ACGME/ RCPSC/CFPC-accredited programmes)</b>	<b># of Clinical Fellows (in Non-ACGME/ RCPSC/CFPC-accredited programmes)</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

<b>Table IV.4.1-2   Graduate Medical Education Programme Accreditation</b>
For each accredited institution, provide the following information regarding Accreditation Council for Graduate Medical Education (ACGME)/ Royal College of Physicians and Surgeons of Canada (RCPSC)/ College of Family Physicians of Canada (CFPC)/ General Medical Council (GMC)

institutional review of graduate medical education programmes sponsored by the medical school or its major teaching hospital(s).		
<b>Date of Last ACGME/RCPSC/CFPC or other Institutional Review</b>	<b>Status</b>	<b>Date of Next Review</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Narrative Response**

- a. Describe the opportunities for students to interact with postgraduate trainees as part of their clerkship rotations.
- b. If the medical curriculum does not include a separate required clerkship rotation in one or more of the core disciplines (e.g., when the curriculum includes a longitudinal integrated clerkship experience), describe these students' interactions with postgraduate trainees, including the postgraduate trainees' specialties and the settings in which these interactions occur.
- c. If the school sponsors postgraduate training programme(s), describe the mechanism(s) used for oversight and coordination of graduate medical education, including the evaluation and allocation of training positions. Note any programmes currently on probation, as well as any programmes whose size is being substantially expanded or reduced.

**Add responses below:**  
Click or tap here to enter text.

**IV.4.2. Postgraduate trainee physicians 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.**

**Narrative Response**

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

**Add responses below:**  
Click or tap here to enter text.

Course or Clerkship/ Clerkship Rotation	Types of Trainees who Provide Teaching/ Supervision	How are Objectives Provided (e.g., orientation sessions, email, syllabus)	How are Instructors Oriented	Strategies to Monitor the Provision and Orientation of Learning Objectives
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

- b. Describe any institution-level and department-level programmes to enhance the teaching and assessment skills of graduate students, postdoctoral fellows, or postgraduate trainees who teach, assess, or supervise medical students. Indicate if such programmes are the same as those provided for faculty.
- c. Explain how the school prepares postgraduate trainees for their teaching role.
- d. Describe the ways the postgraduate trainees are informed of the school-specific learning objectives for their clerkships.

**Add responses below:**

Click or tap here to enter text.

**IV.4.3. The medical school must ensure that medical students in clinical learning situations involving patient care are appropriately supervised at all times by members of the school’s faculty in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.**

**Narrative Response**

- a. Describe the policies/guidelines and practices by departments and/or the central medical school administration that ensure medical students are appropriately supervised during required clinical clerkships and other required clinical experiences.
- b. What mechanisms exist for students to express concern about the adequacy and availability of supervision? How, when, and by whom are these concerns acted upon?
- c. What practices are used during required clinical experiences and other school-sponsored clinical experiences (i.e., electives) to ensure that the level of responsibility delegated to the medical student is appropriate to the student’s level of training and experience? Are these practices based in formal policies/guidelines?

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

1. Policies or guidelines related to medical student supervision during required clinical activities that ensure student and patient safety (e.g., policies about timely access to, and in-house availability of, attending physicians and/or postgraduate trainees).
2. Policies or guidelines related to the delegation of responsibility to medical students based on their level of training and/or experience.

**IV.4.4. The medical school has a centralized system for reviewing proposed away/extramural electives prior to permitting medical student involvement. The approval process should evaluate the following:**

- a. **Potential risks to the health and safety of the student and patients**
- b. **Access to emergency care**
- c. **Potential threat of national disasters, political instability, and exposure to disease**
- d. **Preparedness of the medical student for the clinical experience**
- e. **Adequate supervision and responsibilities**
- f. **Potential challenges to the home institution's code of medical ethics**
- g. **Appropriate assessments will be conducted of the student and elective location (performance assessment, student evaluation of the elective location)**

**Narrative Response**

- a. Describe how and by whom extramural electives are reviewed and approved prior to being made available for student enrolment.
- b. Describe how the medical school evaluates 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:
  - i. The availability of emergency care
  - ii. The possibility of natural disasters, political instability, and exposure to disease
  - iii. The need for additional preparation prior to, support during, and follow-up after the elective
  - iv. The level and quality of supervision
  - v. Potential challenges to the code of medical ethics adopted by the home school.
- c. Describe how the medical school addresses a situation in which a student-requested elective presents a potential risk to student safety.
- d. Describe the system for collecting performance assessments of medical students and evaluations of electives from medical students completing extramural electives.
- e. Describe how the evaluation data on extramural electives completed by the school's medical students are used by the school. For example, how are these data made available to medical students considering their elective options?

**Add responses below:**

Click or tap here to enter text.

## ***IV.5 LEARNING ENVIRONMENT***

**IV.5.1. The medical school ensures that the learning environment facilitates appropriate professionalism in its students, faculty, and staff and establishes standards of conduct for the faculty/student relationship.**

### **Narrative Response**

- a. Describe how the school monitors the learning environment for positive and negative influences.
- b. Provide a list of the professional qualities that medical students are expected to develop over the course of their medical education.
- c. Describe the process by which the list of desired qualities was developed and the groups responsible for its review and approval (e.g., faculty as a whole, curriculum committee, student government).
- d. Describe the means by which the list of desired qualities is made known to medical students, faculty members, postgraduate trainees, and others.

### **Add responses below:**

Click or tap here to enter text.

# THEME V: FACULTY

## V.1 FACULTY AFFAIRS

- V.1.1. The medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve faculty, department heads, and the chief academic officer, as appropriate.**

### Narrative Response

- a. Provide a brief description of each faculty appointment track. Include how faculty are assigned to a specific track. Note if a faculty member is able to change tracks at some point in his/her career progression.
- b. Briefly summarise the institution-wide (medical school or parent university) policies and procedures for the appointment, renewal of appointment, promotion, granting of tenure (if applicable), and dismissal for all faculty members.
- c. Explain any variation in the policies across tracks or in the application of policies across departments.

#### **Add responses below:**

Click or tap here to enter text.

### Supporting Documentation

1. Copy of the written appointment, re-appointment, tenure and promotion, and dismissal guidelines and/or the website URL at which these policies are posted.
2. Medical school or university/parent organisation's policies describing each faculty track, including the qualifications required for the track. Note when and by whom these policies were last reviewed and approved.

- V.1.2. The medical school must have policies that deal with potential conflicts of interest for faculty.**

### Narrative Response

- a. Describe the policies and procedures that are used by the institution to assure that the private interests of faculty and staff are not in conflict with their roles at the medical school.

#### **Add responses below:**

Click or tap here to enter text.

### Supporting Documentation

1. Copy of policies related to conflicts of interest.

- V.1.3. Faculty are provided written information about terms of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation,**

**terms of dismissal, and, if relevant, the policy on practice earnings. Faculty are informed of their responsibilities in teaching, research and, where relevant, patient care on a regularly-scheduled basis.**

**Narrative Response**

- a. Describe the process by which faculty members are notified of the following:
  - i. Terms and conditions of employment, including privileges.
  - ii. Benefits.
  - iii. Compensation, including policies on practice earnings.
  - iv. Assignment to a faculty track.
- b. Describe the process by which faculty members are informed of their responsibilities in teaching, research and, where relevant, patient care

**Add responses below:**

Click or tap here to enter text.

**V.1.4. Faculty members must receive regularly scheduled feedback on academic performance and progress toward promotion.**

**Narrative Response**

- a. Briefly describe any medical school or university policies ensuring that faculty members receive periodic feedback on their performance and their progress toward promotion and, if relevant, tenure.
- b. Describe the times at which, and the means by which, faculty members receive formal feedback from departmental leaders (e.g., the chair or division or section chief) on their academic performance and their progress toward promotion and, if relevant, tenure.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

- 1. Copy of policies requiring performance feedback

**V.1.5. The faculty of each discipline at all instructional sites must be functionally integrated by appropriate administrative mechanisms.**

**Narrative Response**

- a. Describe the means by which faculty members in each discipline are functionally integrated across instructional sites/campuses to ensure the comparability of education experiences and of student assessment (e.g., direct reporting lines to the medical school departments, visits by course and/or clerkship rotation directors and administrators, joint faculty meetings, joint planning exercises).

- b. Describe the means by which faculty at geographically separated instructional sites/campuses are integrated into medical school governance including membership on relevant committees.

**Add responses below:**

Click or tap here to enter text.

## **V.2 FACULTY DEVELOPMENT**

- V.2.1. The programme must have a system of faculty development to address core curricular topics, teaching and assessment skills, scholarly activity, promotion processes, and other discipline-specific topics.**

### **Narrative Response**

- a. Describe any centralised or departmental activities to assist faculty members in improving their skills in teaching and assessing medical students and the sources of funding available to support such activities.
- b. Describe how faculty members are informed about the availability of in-person or virtual faculty development activities and programmes.
- c. Describe how the medical school ensures that faculty development activities can be accessed by faculty at all instructional sites, including clinical affiliates and satellite campuses.
- d. Describe how problems with an individual faculty member's teaching and assessment skills are identified and remediated.
- e. Describe the availability of funding to support faculty members' involvement 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).
- f. Describe any centralised or departmental activities to assist faculty members in enhancing their skills in research and grant procurement. Include the number of faculty who participated in such activities during the most recently completed academic year and the sources of funding available to support such activities.
- g. List the categories of personnel (e.g., biostatisticians, grant reviewers) available to assist faculty in acquiring and enhancing such skills and time effort provided for these activities.
- h. Describe any programmes designed to assist faculty in preparing for promotion.

**Add responses below:**

Click or tap here to enter text.

### **Supporting Documentation**

1. Provide a list of the faculty development programmes (e.g., workshops, lectures, seminars) that were provided during the most recent academic year, including general topic, attendance, and the locations where these programmes were offered or if they were offered virtually.

**V.2.2. The medical school must have adequate qualified faculty in the subjects basic to medicine and the clinical disciplines to achieve the mission of the medical school.**

**Supporting Data:**

<b>Table V.2.2-1   Basic Science Departments - Faculty Numbers</b>								
Complete the table for the indicated basic science and clinical departments.								
Department*	Full-Time Faculty					Part-Time Faculty	Volunteer	Total
	Prof.	Associate Prof.	Assistant Prof.	Instructor / Other	Vacant			
Anatomy	Click or tap here to enter text.							
Biochemistry	Click or tap here to enter text.							
Microbiology	Click or tap here to enter text.							
Pathology**	Click or tap here to enter text.							
Pharmacology	Click or tap	Click or tap here to enter	Click or tap here to enter	Click or tap here to enter	Click or tap here	Click or tap here to enter	Click or tap here to enter	Click or tap here to

	here to enter text.	text.	text.	text.	to enter text.	text.	text.	enter text.
Physiology	Click or tap here to enter text.							
Other (specify)	Click or tap here to enter text.							
Total	Click or tap here to enter text.							

\*Replace indicated department names with school-specific names, as needed.

\*\*Report Pathology data here only if the school reported Pathology as a basic science department in the faculty counts for Part A of this database section.

<b>Table V.2.2.-2   Basic Science Departments - Teaching Responsibilities</b>						
Complete the table for the indicated basic science and clinical departments.						
Department**	Number of Courses Taught per Year*					
	Medical Students	Graduate Students	Dental Students	Nursing Students	Allied Health Students	Undergraduate (Baccalaureate) Students
Anatomy	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Biochemistry	Click or tap here to enter text.					
Microbiology	Click or tap here to enter text.					
Pathology***	Click or tap here to enter text.					
Pharmacology	Click or tap here to enter text.					
Physiology	Click or tap here to enter text.					
Other (specify)	Click or tap here to enter text.					

\*List only courses for which departmental faculty have primary and ongoing responsibility (e.g., for reporting final grades to the registrar)

\*\*Replace indicated department names with names used at the school, as needed.

\*\*\*Report Pathology data here only if the school reported Pathology as a basic science department in the faculty counts for Part A of this database section.

<b>Table V.2.2-3   Clinical Departments - Faculty Numbers</b>								
Complete the table for the indicated basic science and clinical departments.								
Department*	Full-Time Faculty					Part-Time Faculty	Volunteer	Total
	Prof.	Associate Prof.	Assistant Prof.	Instructor / Other	Vacant			

Anaesthesiology	Click or tap here to enter text.							
Dermatology	Click or tap here to enter text.							
Family Medicine	Click or tap here to enter text.							
Internal Medicine	Click or tap here to enter text.							
Neurology	Click or tap here to enter text.							
Obstetrics/ Gynaecology	Click or tap here to enter text.							
Ophthalmology	Click or tap here to enter text.							
Orthopaedics	Click or tap	Click or tap here to	Click or tap here	Click or tap here	Click or tap	Click or tap	Click or tap	Click or tap

	here to enter text.	enter text.	to enter text.	to enter text.	here to enter text.	here to enter text.	here to enter text.	here to enter text.
Otolaryngology	Click or tap here to enter text.							
Pathology**	Click or tap here to enter text.							
Paediatrics	Click or tap here to enter text.							
Physical Medicine	Click or tap here to enter text.							
Psychiatry	Click or tap here to enter text.							
Pub Hlth/ Prev Med**	Click or tap here to enter text.							
Radiology	Click or tap here to	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter	Click or tap here to enter	Click or tap here to	Click or tap here to enter

	enter text.				text.	text.	enter text.	text.
Surgery	Click or tap here to enter text.							
Urology	Click or tap here to enter text.							
Other (specify)	Click or tap here to enter text.							
Total	Click or tap here to enter text.							

\*Replace indicated department names with names used at the school, as needed.

\*\*Report data for these departments here only if the school reported them as clinical departments in the faculty counts for Part A of this database section.

<b>Table V.2.2-4   Clinical Departments - Teaching Responsibilities</b>						
Complete the table for the indicated basic science and clinical departments.						
Department**	Number of Course/Clerkship Rotations Taught per Year*					
	Medical Students from the Medical Schools	Dental Students	Nursing Students	Allied Health Students	Medical Students from Other Schools	Other Students (specify)
Family Medicine	Click or tap here	Click or tap here	Click or tap here	Click or tap here	Click or tap here	Click or tap here

	to enter text.					
Internal Medicine	Click or tap here to enter text.					
Neurology	Click or tap here to enter text.					
Obstetrics/Gynaecology	Click or tap here to enter text.					
Pathology***	Click or tap here to enter text.					
Paediatrics	Click or tap here to enter text.					
Psychiatry	Click or tap here to enter text.					
Surgery	Click or tap here to enter text.					
Other (specify)	Click or tap here to enter text.					

\*List only courses or clerkships/clerkship rotations (for Canadian medical schools) for which departmental faculty have primary and ongoing responsibility (e.g., for reporting final grades to the registrar)

\*\*Replace indicated department names with names used at the school, as needed.

\*\*\*Report Pathology data here only if the school reported Pathology as a clinical department in the faculty counts for Part A of this database section.

### **Narrative Response**

- a. List the courses or clerkship rotations where the medical school has had to make use of part-time and volunteer faculty, graduate students, or postgraduate trainees in medical student education.
- b. List all faculty with substantial teaching responsibilities for courses or clerkships required for graduation who are on site for fewer than three months during an academic year.
- c. Provide evidence that teaching is valued in the medical school. For example, is teaching a requirement for faculty retention/promotion?

**Add responses below:**

Click or tap here to enter text.

### **V.2.3. Faculty must have the capacity and commitment to be effective teachers.**

#### **Narrative Response**

- a. Describe the elements of faculty teaching skills (e.g., content mastery, ability to lecture or lead a small group, professionalism) that are formally evaluated by medical students.
- b. Summarise the methods used by departments or the medical school to evaluate individual faculty teaching efforts (e.g., student course evaluations, peer review, focus group meetings with students).
- c. Describe the means by which the results of such evaluations are communicated to faculty.
- d. Provide the amount of protected time that course and clerkship directors and other individuals with major leadership responsibilities for the educational programme have for the noted activity (i.e., list the specific percentage of their salaries covered by the medical school based on their roles in the educational programme):
  - i. Percentage protected time for preclinical course directors (include range if not consistent).
  - ii. Percentage protected time for clerkship directors (include range if not consistent).
  - iii. Percentage protected time for the chair of the curriculum committee (if not an administrator).
- e. Provide if faculty have protected time for teaching. If so, provide an estimate by department. If not, describe how faculty prioritize teaching.

**Add responses below:**

Click or tap here to enter text.

# THEME VI: INSTITUTIONAL EFFECTIVENESS

## VI.1 MISSION AND STRATEGIC PLANNING

**VI.1.1. The medical school must have a clear and comprehensive mission that is specific and appropriate to higher education and serving the public good. The mission is published and complements the mission of the parent institution (as applicable). The mission of the medical school informs its strategic plan.**

### **Narrative Response**

- a. Provide the mission and vision statements of the medical school and identify when and by whom they were last approved.

#### **Add responses below:**

Click or tap here to enter text.

**VI.1.2. The medical school must engage in a planning process that establishes the direction for the medical education programme and results in measurable outcomes.**

### **Narrative Response**

- a. Provide an executive summary of the medical school's current strategic plan, if any. Note if the strategic plan was developed independently of, or in collaboration with, the parent university or the health system.
- b. Provide the date of the most recent review and/or revision of the strategic plan:
- c. How often is the strategic plan reviewed and/or revised?
- d. Briefly summarise or outline the planning process for the strategic plan, including the main participants and the names or titles of individuals or groups whose approval is required to finalise and approve it.
- e. Describe the process used to monitor the outcomes of the school's strategic plan. Include details on timing and the main participants involved.
- f. Identify two examples where the medical school evaluated outcomes from the most recent strategic plan and, in the examples, describe the process used.

#### **Add responses below:**

Click or tap here to enter text.

### **Supporting Documentation**

1. The current strategic plan of the medical school or the plan of the larger institution that includes the medical school.

## VI.2 QUALITY ASSURANCE AND IMPROVEMENT

VI.2.1. The medical school programme engages in ongoing and comprehensive quality assurance processes that (a) focus on institutional quality and effectiveness and (b) incorporates a systematic review of institutional goals and outcomes consistent with its mission and educational programme objectives.

### Supporting Data

Table VI.2.1   Monitoring of Medical Education Programme 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 programme 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 standardised examinations	Click or tap here to enter text.	Click or tap here to enter text.
Student scores on internally developed examinations	Click or tap here to enter text.	Click or tap here to enter text.
Performance-based assessment of clinical skills (e.g., OSCEs, iHuman)	Click or tap here to enter text.	Click or tap here to enter text.
Student advancement and graduation rates	Click or tap here to enter text.	Click or tap here to enter text.
NRMP match results	Click or tap here to enter text.	Click or tap here to enter text.
Specialty choices of graduates	Click or tap here to enter text.	Click or tap here to enter text.
Assessment of postgraduate training performance of graduates	Click or tap here to enter text.	Click or tap here to enter text.
Students who did not/are not pursuing postgraduate training	Click or tap here to enter text.	Click or tap here to enter text.

### Narrative Response

- a. Summarize the findings from the school’s most recent GMDC Student Experience Survey
- b. Describe any areas of excellence for the school. Describe the areas of improvement for the school.
- c. Summarize the actions the school has taken from the results (both positive and negative).

**Add responses below:**

Click or tap here to enter text.

**VI.2.2. The medical school must have a quality assurance and improvement (QAI) plan to improve educational programme quality and ensure effective monitoring of the medical education programme’s compliance with accreditation standards. The plan must include measures, targets, resources dedicated/responsible, and timing. The school must have a process, policy, and appropriate governance for the administration of its QAI plan. In the administration of the plan, the programme has a process to identify and remediate non-compliance**

**Narrative Response**

- a. Describe the personnel available for quality improvement activities related to the medical school, and the time efforts required for such activities.
- b. Describe how the school’s quality assurance and improvement process for monitoring accreditation themes were developed, and how and by whom these were selected for monitoring. Identify who has core responsibility for, and authority to, manage the quality assurance and improvement effort.

**Add responses below:**

Click or tap here to enter text.

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

<b>Element Monitored</b>	<b>Timing of Monitoring of the Element</b>	<b>Data Source(s) Used to Monitor the Element</b>	<b>Individuals/Groups Receiving the Results</b>	<b>Individual/Group Responsible for Taking Action</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Click or tap here to enter text.				
Click or tap here to enter text.				

- d. Provide two examples of actions taken in response to the school’s quality assurance monitoring of accreditation elements, including how the success of the actions being reviewed/monitored

**Add responses below:**

Click or tap here to enter text.

**VI.2.3. In evaluating the programme, the medical school must consider medical student evaluation of courses, clerkships, and faculty.**

**Narrative Response**

- a. Summarise the means by which information is collected from students on course and clerkship rotation quality. Include the methods that are used (e.g., questionnaires, focus groups) and average response rates.
- b. Describe if evaluation data are being collected on faculty, residents, and others who provide teaching or supervision in required courses and clerkship rotations. Further, describe how this data is used in quality improvement activities.
- c. Describe any other individual(s) or group(s) providing information about course and clerkship rotation quality or the quality of faculty teaching (e.g., through peer assessment of teaching or course content).
- d. Describe if student evaluation of the clerkship, elective rotations, faculty, and resident interaction are provided summatively to hospital leadership to share with teaching faculty.

**Add responses below:**

Click or tap here to enter text.

## **THEME VII: PILOT ELEMENTS**

### ***VII.1 Student Well-Being***

**VII.1.1 The medical school must provide resources to support student wellness initiatives including providing access to confidential personal counselling and health services.**

**Narrative Response**

- a. Describe the medical school's system for student well-being including the individual personnel, their organizational locus, and funding dedicated.
- b. Summarize how the medical school communicates to students the well-being system.
- c. Describe how the medical school monitors the effectiveness of the student well-being system.

**Add responses below:**

Click or tap here to enter text.

**Supporting Documentation**

1. Provide a diagram of student well-being system
2. Provide a list of student well-being activities over the past year and the attendance or other outcome measures the school has used to monitor the effectiveness of the student well-being system