

GUIDE TO THE INSTITUTIONAL SELF-STUDY

FOR PROGRAMS OF MEDICAL EDUCATION
LEADING TO THE M.D. DEGREE

(For Full Accreditation Surveys Scheduled in 2012-2013)

LIAISON COMMITTEE
ON MEDICAL EDUCATION

COMMITTEE ON ACCREDITATION
OF CANADIAN MEDICAL SCHOOLS

www.lcme.org

Guide to the Institutional Self-Study

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GUIDE TO THE INSTITUTIONAL SELF-STUDY

OVERVIEW OF THE ACCREDITATION PROCESS

The Purposes of Accreditation and Self-study

The accreditation process adopted by the Liaison Committee on Medical Education (LCME) and the Committee on Accreditation of Canadian Medical Schools (CACMS) has two general aims: to promote institutional self-evaluation and improvement and to certify that a medical education program meets prescribed standards.

The institutional self-study is central to the accreditation process. In the process of conducting its self-study, a medical school brings together representatives of the administration, faculty, student body, and other constituencies to 1) collect and review data about the medical school and its educational programs, 2) identify institutional strengths and issues requiring action, and 3) define strategies to ensure that the strengths are maintained and any problems are addressed effectively.

The summary report resulting from the self-study process provides an evaluation of the quality of the medical education program and the adequacy of resources to support it. The usefulness of the self-study as a guide for planning and change is enhanced when participation is broad and representative, when the results and conclusions are widely disseminated, and when the participants have engaged in a thoughtful process of institutional analysis and reflection. Because of the time and resources required to conduct a self-study, schools should give careful thought to other purposes that may be served by the process. For example, the process might serve as a vehicle to familiarize a new dean or dean's staff member with the environment and operation of the school, to initiate a curriculum review, to provide the academic community at large with an opportunity to reaffirm the school's mission and goals or set new strategic directions. A self-study process that serves multiple institutional purposes and involves multiple constituencies is more likely to have a productive outcome than one that is conducted solely to satisfy accreditation requirements.

The self-study is directly linked to the standards for accreditation. The standards for accreditation of U.S. and Canadian medical education programs are contained in *Functions and Structure of a Medical School*, which can be accessed from the LCME Web site (www.lcme.org, click on Publications). These standards have been endorsed by the medical education community and by the organizations that sponsor the LCME and its Canadian counterpart, the Committee on the Accreditation of Canadian Medical Schools (CACMS). The U.S. Secretary of Education recognizes the LCME as the national authority responsible for accreditation of educational programs leading to the M.D. degree, and the LCME accredits medical education programs in institutions whose students are geographically located in the United States or Canada for their education and that are operated by universities or medical schools that are chartered in the United States or Canada.

General Steps in the Accreditation Process

Obtaining LCME accreditation and CACMS accreditation for Canadian medical schools ensures that medical education programs are in compliance with defined standards. As a process of evaluation, accreditation seeks to answer three general questions:

- 1) Has the program clearly established its mission, goals, and institutional learning objectives?
- 2) Are the program's curriculum and resources organized to meet its mission, goals, and objectives?
- 3) What is the evidence that the program is currently achieving its mission, goals, and objectives and is likely to continue to meet them in the future?

In the accreditation process, institutional data are analyzed in relation to accreditation standards. The general steps in the process are as follows:

- Completion of the medical education database and compilation of other supporting documents.
- Analysis of the database and other information sources by an institutional self-study task force and its subcommittees, development of self-study reports in each area, and synthesis of the topical reports into an institutional self-study summary report.
- Visit by an *ad hoc* survey team and preparation of the survey team report for review by the LCME.
- Action on accreditation by the LCME and by CACMS for Canadian medical schools.

Each of the steps is summarized below and in the accompanying schedule, which shows the usual timetable for completion of each step.

Completion of the medical education database and compilation of other documents. The items contained in the database are linked to specific accreditation standards. Each of the six sections of the database (i.e., Institutional Setting, Educational Program Leading to the M.D. Degree, Medical Students, Faculty, Educational Resources, and Required Courses and Clerkships) should be completed by the persons most knowledgeable about the corresponding topics. Care should be taken to ensure that the data are current and accurate and are consistent across sections of the database (e.g., by using a consistent base year for data). The person overseeing the self-study process (the self-study coordinator) should ensure that the completed database undergoes a comprehensive review to identify any missing items or inconsistencies in reported information.

The program also will need to assemble additional materials for examination by the various self-study groups and later by the survey team. For example, the program's medical students are asked to conduct an independent analysis of the medical education program, student services, and the learning environment. The independent student analysis and other information sources (such as the most recent AAMC Medical School Graduation Questionnaire/AAMC Canadian Graduation Questionnaire and the school's catalog or bulletin) should be reviewed by the relevant self-study groups.

Self-study analysis and summary report development. An institutional self-study task force and its subcommittees are responsible for conducting the self-study. The project as a whole should be guided by a self-study coordinator who has extensive knowledge of the school and its programs and who has been granted the authority to ensure the timely completion of data collection and analysis efforts. Each subcommittee should review information from the database and other sources related to its specific area of responsibility (e.g., Educational Program Leading to the M.D. Degree, Medical Students, etc.) and should generate a report. The task force synthesizes the individual subcommittee reports into a final self-study summary report that includes a statement of institutional strengths and issues that require attention to ensure future compliance with accreditation standards and to improve programmatic quality. The self-study summary report, along with the completed database and other documents, should be sent to all team members, the two LCME Secretariat offices, and the CACMS Secretariat office (for Canadian schools) about three months prior to the survey visit. If a member of the LCME or CACMS Secretariat staff is assigned as the survey team secretary, the school must send two complete sets of the materials to the address of that Secretariat office (one for use by the team secretary and one for the LCME or CACMS permanent files).

The survey visit and preparation of the survey report. An *ad hoc* survey team usually visits the institution for two and a half days. Prior to the visit, the survey team will review the database, self-study summary report, and other relevant materials, including the independent student analysis. At the time of the visit, the school should have copies of the individual self-study subcommittee reports available for review by the survey team.

During the visit, the survey team will develop a list of its findings, which will be categorized as:

1) institutional strengths, 2) areas of partial or substantial noncompliance with accreditation standards, and 3) areas requiring monitoring either because future circumstances could lead to noncompliance with one or more accreditation standards or because the appropriate policies, procedures, or resources are in place for compliance but needed outcome data are not yet available. These summary findings will be reported orally to the dean and the university chief executive on the final day of the survey visit. These initial findings are subject to subsequent review and, potential revision by the LCME (and by the CACMS for Canadian medical schools). The report of the survey team does not include any recommendations about the accreditation status of the medical education program or desired follow-up actions to be taken by the school; those decisions are the exclusive prerogative of the LCME itself.

Within two months to three after the survey visit, a draft survey report is prepared by the survey team according to the format described in the *Survey Report Guide*, which can also be accessed from the LCME Web site. The survey report includes information from the database, the self-study summary report, and the independent student analysis and presents the survey team's findings from the visit. A draft of the survey report is sent to the dean for correction of any factual errors. It is the dean's responsibility to carefully review the report as the final version will constitute the formal record of the visit. If concerns remain about the tone or findings of the report after the dean's comments have been considered by the survey team secretary and chair, the dean may submit a letter to the LCME Secretariat and to the CACMS Secretariat for Canadian medical schools. The dean's letter will be placed on the LCME meeting agenda (and the agenda of the CACMS for Canadian medical schools), and the committee(s) will review the letter along with the survey report.

Action on accreditation.

For U.S. medical schools The survey report will be considered by the LCME at its next regular meeting (in October, February, or June), at which time a decision about the program's accreditation status is made. Accreditation is typically granted or renewed for a period of eight years. As a condition for granting or renewing accreditation, the LCME may 1) require that the dean submit one or more written status reports; 2) schedule a limited survey visit; 3) direct its Secretariat to conduct a visit for consultation or fact-finding; or 4) order another full survey before the completion of the eight-year term. If major problems have been identified, the LCME may decide to continue accreditation with no fixed term pending the results of a follow-up visit or to place the program on warning of probation status or on probation status. The LCME may withdraw accreditation if such problems are not corrected within a reasonable period of time.

For Canadian medical schools. The survey report is considered independently by the LCME and the CACMS. The LCME and the CACMS each identifies the areas for follow-up and the recommended accreditation status. There is a formal process for reconciliation of the LCME and CACMS decisions, so that a Canadian medical school has a single accreditation status and a single requirement for follow-up.

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TYPICAL SCHEDULE FOR THE LCME/CACMS FULL ACCREDITATION REVIEW

**Time in Relation
to Survey Visit
(+/-months)**

Activity

-18/16	The LCME Secretary (or the CACMS Secretary for Canadian medical schools) establishes survey visit dates with the dean.
-15	LCME Secretariat (or the CACMS Secretariat for Canadian medical schools) distributes instructions and database forms to the dean. School appoints self-study coordinator, who initiates data collection activities. School also designates a survey visit coordinator who is responsible for logistical details of the on-site survey, including hotel reservations, ground transportation, and restaurant reservations for the team. If the school so chooses, the survey visit coordinator may be the same individual as the self-study coordinator, who oversees the self-study process and database compilation.
-15/12	School appoints the members of the institutional self-study task force. The task force establishes its objectives, scope of study, and methods of data collection, and it recommends or appoints members of the various subcommittees. The independent student analysis is initiated. Various individuals or groups begin completing questions in the medical education database.
-12/6	Self-study coordinator distributes completed database sections to the self-study task force and appropriate subcommittees. Subcommittees review and analyze the relevant database sections and prepare reports that are forwarded to the task force.
-6/3	Self-study task force reviews subcommittee reports and prepares the self-study summary report. The report should conclude with a list of institutional strengths, issues of potential noncompliance that require attention, and recommendations for addressing any identified problems. It also should include a plan and timetable indicating how institutional strengths will be maintained and problems addressed.
-3	LCME Secretariat (or CACMS Secretariat for Canadian medical schools) sends instructions for the survey visit and list of survey team members to the dean. The self-study coordinator reviews the database, self-study summary report, and other required documents for accuracy, consistency, and currency. After any needed updating of these materials has been completed, the documents are sent simultaneously to each member of the survey team and to each LCME Secretariat office (and to the CACMS Secretariat office, for Canadian surveys). Shortly after receiving the school's accreditation materials, the secretary of the survey team will contact the self-study coordinator to begin work on the schedule and planning for the survey visit.
-1	School sends any database additions or changes to survey team members and to both LCME Secretariat offices (and to the CACMS Secretary, for Canadian surveys). If a member of the LCME or CACMS Secretariat is on the survey team, he or she must receive his or her own copy of the material in addition to the file copy that is sent to the LCME or CACMS office. The team secretary and school finalize the visit schedule.
0	Survey team visits the school.

+1/2	Draft survey report is prepared and sent to the LCME Secretaries (and to the CACMS Secretary, for Canadian surveys) for review.
+2/3	Draft survey report is sent to the medical school dean and to all team members for review.
+2/4	After consideration of any feedback from the dean and survey team members, the survey report is circulated to LCME members for review prior to the next LCME meeting (to LCME and CACMS members for Canadian medical schools).
+2/4	Final action on accreditation status. The university president and medical school dean are notified, in writing, of the final decision regarding accreditation and sent copies of the final survey report.

MANAGEMENT OF THE SELF-STUDY

The self-study process requires the time and effort of administrators, faculty members, students, and others associated with the medical education program, its clinical affiliates, and, if relevant, its parent university. Much of the quantitative data requested in the medical education database can be obtained from information previously provided by the school

U.S. Medical Schools. Data are available from the LCME annual questionnaires (i.e., Part I-A Annual Financial Questionnaire; Part I-B Student Financial Aid Questionnaire; Part II Annual Medical School Questionnaire). Copies of the school's responses to these questionnaires should be kept for use in database preparation. Data from previous years may also be obtained from the AAMC Medical School Profile System (MSPS) and from the Longitudinal Statistical Summary Report (LSSR) prepared annually for the dean of each school by the AAMC Mission Support office.

Canadian Medical Schools. Data are available from the CACMS annual questionnaires (e.g. Annual Financial Questionnaire) and the AFMC Office of Research and Information Services.

A person who is knowledgeable about the medical school and its medical education program should be appointed as the self-study coordinator. The self-study coordinator's responsibilities include distributing and collecting the database forms, supervising the final compilation of the database sections and ensuring their accuracy and consistency, answering questions during database preparation, coordinating the activities of the self-study subcommittees, staffing the self-study task force, developing the survey visit agenda in collaboration with the survey team secretary, and communicating with the LCME Secretariat (or the CACMS Secretariat for Canadian medical schools) and the survey team secretary to obtain answers to questions. The school should ensure that the self-study coordinator has appropriate administrative and financial support and sufficient release time from other duties to accomplish these tasks. An example of a typical self-study coordinator would be a senior member of the faculty or administration who can identify institutional policies and information sources; explain institutional conventions; and ensure wide administrative, faculty, and student participation

The deans and staff of the medical schools scheduled for survey visits are invited to attend an LCME orientation session, either during the AMA annual meeting in June or the AAMC annual meeting in October/November. Similar sessions are held for Canadian schools at the AFMC Annual Meeting in May. These sessions provide general information about accreditation and the self-study process and give participants an opportunity to ask specific questions. Information about orientation sessions is available on the LCME Web site. Schools are encouraged to contact the LCME Secretariat offices and the CACMS Secretariat office for Canadian medical schools at any time with questions.

COMPLETING THE MEDICAL EDUCATION DATABASE

The sections of the database are as follows:

- I. INSTITUTIONAL SETTING
- II. EDUCATIONAL PROGRAM LEADING TO THE M.D. DEGREE
- III. MEDICAL STUDENTS
- IV. FACULTY
- V. EDUCATIONAL RESOURCES
- VI. REQUIRED COURSES AND CLERKSHIPS

The independent student analysis and the most recent copy of the AAMC Graduation Questionnaire/AAMC Canadian Graduation Questionnaire are assembled in a separate binder that forms part of the database material to be reviewed by the self-study groups and the survey team.

Typically, the medical education database forms are sent to the dean at least 15 months prior to the survey visit. The self-study coordinator should distribute the forms to those individuals best able to provide accurate and current information. For example, Section II. EDUCATIONAL PROGRAM LEADING TO THE M.D. DEGREE might be completed by the assistant/associate dean for curriculum, with input from the chairs of relevant committees and the directors of required courses and clerkships. All forms should be completed and returned within two or three months to the self-study coordinator, who is responsible for ensuring that they are prepared promptly, accurately, and consistently.

The time period covered by the data should be clearly indicated, and it should be consistent throughout (usually the most recently completed academic year). Because the database will likely have been prepared up to nine months before the survey visit, portions may need to be updated with more recent information for the survey team. The team will want current financial information, current student enrollment data, updates on changes in the educational program, and any other significant new information. Ideally, these revisions should be made immediately before the database is sent to the survey team and the Secretariat offices (i.e., three months before the scheduled survey visit). Any late updates or corrections should be received by the LCME Secretariat offices (and the CACMS Secretariat office for Canadian schools) and the survey team at least a month before the survey visit, so that they may be incorporated into the visit schedule and priorities. If a member of the LCME or CACMS Secretariat staff is assigned as the survey team secretary, the school must send two complete sets to that address (one for use by the team secretary during the visit and one for the LCME and, for Canadian schools, the CACMS permanent files).

CONDUCTING THE SELF-STUDY

The self-study task force. The self-study requires participation from all the constituencies of the medical education program. The ultimate responsibility for conducting the self-study and preparing the final self-study summary report rests with the self-study task force. This group determines the objectives of the self-study and sets the timetable for the completion of all related activities.

Composition of the self-study task force. The self-study task force should be broadly representative of the constituencies of the medical education program. It should therefore include some combination of the following: medical school administrators (academic, fiscal, managerial), department chairs and heads of sections, junior and senior faculty members, medical students, medical school graduates, faculty members and/or administrators of the

general university, representatives of clinical affiliates, and trustees (regents) of the medical school/university. Additionally, the task force could include graduate students in the basic biomedical sciences, house staff involved in medical student education, and community physicians. Although the general guidelines about the composition of the task force should be followed, each school must make its own decisions about membership based on its specific environment and circumstances. The self-study task force might be chaired by the dean or by a vice dean, senior associate dean, department chair, or senior faculty member. The self-study coordinator should provide any needed staff assistance to the task force to facilitate the timely completion of its work.

Subcommittees of the task force. The task force should appoint a series of subcommittees to prepare reports on specific areas. Each section of the database should be addressed by a subcommittee. Schools may wish to create additional subcommittees to review specific topics within the five major categories of accreditation standards, either to undertake a more detailed review or to accommodate distinctive institutional needs. For example, a school with multiple clinical campuses may want to create a separate subcommittee to review each campus, or a school with a particularly strong research mission may want to create a distinct subcommittee to review the relationship of that mission to the medical education program.

Each subcommittee should have appropriate membership, including administrators, faculty members, and, where appropriate, students. It is helpful to have one or more members of the task force serving on each subcommittee in order to provide continuity and to facilitate communication. Each subcommittee should review the relevant portions of the database and respond to the questions included later in this guide. Subcommittees may need to collect other data germane to their areas of responsibility (e.g., strategic planning documents, benchmark data).

The task force should also commission an appropriate group of students to conduct their own review of the medical education program, following the guidelines described in the document entitled, *The Role of Students in the Accreditation of Medical Education Programs in the U.S. and Canada*, which is accessible from the LCME Web site. The self-study coordinator should provide the same type of administrative support for this independent student analysis that is afforded to other self-study groups. The subcommittee or group that reviews database sections and standards dealing with medical students should include the completed independent student analysis in its materials, along with the relevant database sections.

The subcommittees should take two or three months to complete their data gathering, analyses, and report development. The subcommittee reports should be forwarded to the task force chair or the self-study coordinator. The reports should be organized around the questions contained in the COMPONENTS OF THE SELF-STUDY REPORT section of this guide (see below), as well as the accreditation standards contained in the *Functions and Structure of a Medical School* document. In addition, the subcommittee reports may address other relevant topics, reflecting any circumstances specific to the medical school. The subcommittee reports should not simply summarize the information in the database. They should be thoughtful analyses of each area, based on the combined perceptions and expertise of the subcommittee members. The analyses should lead to conclusions about programmatic strengths and challenges (including potential or suspected areas of partial or substantial noncompliance with accreditation standards) and to recommendations for actions to resolve any identified problems. In the event that a consensus cannot be reached, a minority report may be included.

Preparation of the final self-study summary report. It is the job of the task force to synthesize and summarize the work of its subcommittees and to prepare the final self-study summary report. This entails looking across the subcommittee reports to determine how individual components contribute to the ability of the program as a whole to achieve its aims and educate its students. For example, a number of subcommittee reports will address the issues of graduate medical education and resident preparation for and skills in teaching and assessment as they relate to medical student training. The summary should combine these into a comprehensive evaluation that both addresses the questions indicated in this guide and presents the institution's perspective on noteworthy accomplishments and challenges that have emerged from the self-study process. As with the individual subcommittee reports, the self-study summary should be analytical, not simply descriptive. Areas of strength and weakness described in the subcommittee reports should be reviewed and then synthesized into a summary of major institutional strengths and problems needing attention. For any problem areas that are identified, possible

solutions and strategies for improvement and change should be suggested. Any steps taken to address an identified problem area should be described.

The final self-study summary report, which should not exceed 35 pages, should be sent to both LCME Secretaries (and to the CACMS Secretary, for Canadian schools) and to the members of the survey team, along with the medical education database, three months prior to the survey visit. Copies of the individual subcommittee reports should be available for review by the LCME survey team at the time of the visit.

COMPONENTS OF THE SELF-STUDY SUMMARY REPORT

INTRODUCTION

As an introduction to the self-study summary, the author(s) should summarize progress in addressing the areas of concern and noncompliance with accreditation standards that had been identified at the time of the previous survey visit. The introduction should also provide a brief overview of how the self-study was conducted, including the level of participation by the various sectors of the academic community and the methods for disseminating the findings and summary report of the task force. Note if the self-study process was incorporated as part of overall institutional planning or whether it served some other purpose(s) beyond meeting the requirements for LCME accreditation and CACMS accreditation for Canadian medical schools.

The questions below are keyed to specific LCME accreditation standards (included in parentheses) as contained in *Functions and Structure of a Medical School* document (May 2011 edition). Note that a specific accreditation standard may be addressed in more than one question and one that one question may relate to more than one accreditation standard. In constructing the medical education program's answers to these questions, please use as a guide the language of both the standard and its annotation (should there be an annotation).

I. INSTITUTIONAL SETTING

A. Governance and Administration

1. Describe how institutional priorities are set. Evaluate the utility and success of institutional planning efforts, and discuss how planning has contributed to the accomplishment of the program's educational, research, and clinical services missions. (IS-1)
2. Evaluate the role of the governance structure in the administrative functioning of the medical school. Are the medical school or institutional bylaws clear and comprehensive? Is the governance structure appropriate for an institution of this size and these organizational and other characteristics? Are there appropriate structures, policies, and other safeguards in place to prevent conflict of interest at the level of the governing board, are these safeguards being followed, and are these safeguards effective? Describe any situations that require review by or approval of the governing board (board of trustees, regents) of the school or university prior to action being taken. (IS-2, IS-3, IS-4, IS-5, IS-6, IS-7)
3. Evaluate the relationship of the medical school to the university and its clinical affiliates with respect to:
 - a. The effectiveness of the interactions between medical school administration and university administration.
 - b. The cohesiveness of the leadership among medical school administration, health sciences center administration, and the administration of major clinical affiliates. (IS-8, IS-9)
4. Comment on the organizational stability and effectiveness of the medical school administration (dean, dean's staff). Has any turnover in central administration staff affected medical school planning or operations? Are

the numbers and types of medical school administrators (assistant/associate deans, other dean's staff) and their time allocations appropriate for efficient and effective medical school administration? Is departmental leadership stable? If there has been turnover in departmental leadership, are vacancies filled in a timely manner without detriment to departmental functioning? Note any concerns arising from leadership turnover in the school's central or departmental administration. (IS-10, IS-11)

B. Academic Environment

5. Evaluate the graduate program(s) in basic sciences and other disciplines, including their overall contribution to the missions and goals of the medical school. Describe the mechanisms for reviewing the quality of the graduate program(s) in basic sciences and comment on their effectiveness. Assess whether the graduate programs have an impact (positive or negative) on medical student education. Describe opportunities for interaction between medical and graduate students and the frequency of those interactions. (IS-12)
6. Evaluate the availability and impact of residency training programs and continuing medical education activities on the education of medical students. Describe any anticipated changes in graduate medical education programs (numbers of residents, shifts in sites used for training) that may affect the education of medical students. (IS-12)
7. Evaluate the research activities of the faculty as a whole, including areas of emphasis and level of commitment, quality, and quantity in the context of the school's missions and goals. Note any limitations that may be affecting the research enterprise. (IS-13)
8. Assess the adequacy of the resources (equipment, space, graduate students) for research. Evaluate any trends in the amount of intramural support for research and the level of assistance available to faculty members in securing extramural support. (IS-13)
9. Assess the impact of research activities on the education of medical students, including the availability and ease of medical student access to opportunities for participation in research. Are students wishing to participate in research able to do so?(IS-14)
10. Assess the availability of opportunities for medical students to engage in service learning, including the adequacy of institutional support for medical student participation. Describe how students would learn about these opportunities. (IS-14-A)
11. Describe programmatic and institutional goals for diversity. Evaluate the clarity of the medical school's definition of the specific groups whose representation in the student body and faculty would add value to the learning environment. Evaluate the success of the medical school in developing programs to support the achievement of its goals for appropriate diversity among its students, faculty, and staff. Describe recruitment and support programs related to the school's diversity goals and assess their effectiveness. Assess how well institutional diversity contributes to the educational environment and prepares students for meeting the health care needs of a diverse society. (IS-16)

II. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE

A. Educational Objectives

1. Describe the level of understanding of the school-wide objectives for the educational program among administrators, faculty members, students, and others in the medical education community. Are these objectives stated in terms that serve as effective guides for educational program planning and for student assessment and program evaluation? Provide examples of how the learning objectives have been used to establish curriculum content. (ED-1, ED-3))

2. Comment on the extent to which school-wide educational objectives are linked to physician competencies expected by the medical profession and the public. Have appropriate outcome measures been identified that allow a determination of whether students have developed the identified competencies? Summarize results from any associated outcome measures that demonstrate how well students are being prepared for the next stage of their training. (ED-1-A)
3. Comment on the effectiveness of the system in place to ensure that all students encounter the specified types of patients/clinical conditions needed for the clinical objectives to be met. Have required patient encounters (and appropriate alternatives) been identified and implemented in all required clerkships? Is student completion of required activities being monitored at the departmental level and centrally? (ED-2)

B. Structure of the Educational Program

4. Delineate the mechanisms in place to ensure that the educational program provides a general professional education that prepares students for all career options in medicine. Cite relevant outcomes indicating success in that preparation. (ED-5, ED-6, ED-7)
5. Evaluate the adequacy of required opportunities and time available for students to engage in active learning and independent study. Assess the effectiveness of the program's efforts to prepare students to engage in self-assessment of their learning needs and to develop other skills to support habits of lifelong learning. Note whether student acquisition of the skills related to lifelong learning are being assessed. (EA-5-A)
6. Evaluate the adequacy of the steps taken to ensure consistency of educational quality and of student assessment when students learn at alternative educational sites within a course or clerkship. (ED-8)
7. Evaluate the adequacy of experiences that permit students to apply the scientific method and to become familiar with the basic principles of clinical and translational research. (ED-12, ED-17A)
8. Comment on how well all content areas required for accreditation are addressed in the curriculum. How confident is the educational program leadership that these topics are appropriately addressed? (ED-10, ED-11, ED-13, ED-15, ED-17, ED-18-ED-23)
9. Assess the balance between inpatient and ambulatory teaching and the appropriateness of the teaching sites used for required clinical experiences. (ED-14, ED-16)

C. Teaching and Assessment

10. Comment on the adequacy of the supervision of medical students during required clinical experiences. Note the program's success in ensuring that all individuals with responsibility for supervising/assessing medical students hold faculty appointments. Discuss the effectiveness of efforts to ensure that all individuals who participate in teaching, including resident physicians, graduate students, and volunteer faculty members, are prepared for their responsibilities in medical student teaching and assessment and that supervision is provided by members of the faculty. (ED-24, ED-25).
11. Evaluate the adequacy of the methods used to assess student attainment of the objectives of the educational program. Comment on the appropriateness of the mix of testing and evaluation methods. (ED-26, ED-28, ED-29)
12. Describe the frequency with which students receive formative assessment, including mid-clerkship feedback. Are systems in place to ensure that students receive formative feedback in both the preclinical and

clinical phases of the curriculum. Discuss the effectiveness of the processes used to ensure the timeliness of performance feedback to students in the preclinical and clinical years. (ED-30, ED-31, ED-32)

13. Describe the system for ensuring that students have acquired the core clinical skills specified in the school's educational program objectives. Evaluate the frequency with which students are observed and receive feedback on their clinical skills. Are there any limitations in the school's ability to ensure that the clinical skills of all students are appropriately assessed? (ED-27)

D. Curriculum Management

14. Assess the adequacy of the system for planning and managing the curriculum and ensuring that it is coherent and coordinated. Do the curriculum as a whole and its component parts undergo regular, systematic review? Describe the effectiveness of the procedures in place to identify and rectify any problems in the curriculum as a whole and in individual courses and clerkships (provide specific illustrative examples). Provide evidence that the school monitors the content covered in the curriculum to ensure that all desired content is covered, that gaps or unwanted redundancies do not occur, and that there is appropriate horizontal and vertical integration among content areas. (ED-33, ED-34, ED-35, ED-37)
15. Does the chief academic officer have sufficient resources and authority to ensure that the educational program is planned and implemented in a way to achieve institutional goals and learning objectives? (ED-36)
16. How does the curriculum committee ensure that students have sufficient time for learning? Evaluate the educational workload and the balance between education and service in the clinical years. Have effective policies been developed and implemented that address the amount of time that students spend in required activities. Assess the effectiveness of the mechanisms used to monitor student duty hours. (ED-38)
17. For schools that operate geographically separate campuses, evaluate the effectiveness of mechanisms to ensure that educational quality, curricular content, and student services are consistent across sites. Evaluate the effectiveness of the governance model used to ensure that the chief academic officer is responsible for the program's conduct and quality and that faculty across campuses have input into the management and evaluation of the educational program. (ED39-ED-41, ED-43-ED-44))In order to determine the comparability of teaching and student assessment across campuses, review such things as the patterns of grades and indicators of student performance and satisfaction.
18. How does the medical school ensure that there is a single standard for promotion and graduation across campuses and instructional sites? (ED-8, ED-42)

E. Evaluation of Program Effectiveness

19. Describe the evidence indicating that medical education program objectives are being achieved by enrolled students. Evaluate the quality of the evidence, including the appropriateness of the data elements that are used to determine if the school is achieving its medical education program objectives. (ED-46)
20. Discuss how information from and about enrolled students and graduates is used to evaluate and improve the medical education program. (ED 46, ED-47)

III. MEDICAL STUDENTS

(Note: The self-study task force or group responsible for developing the report on medical students should review the results of the independent student analysis and data from the school's most recent AAMC Medical School Graduation Questionnaire/AAMC-AFMC Canadian Graduation Questionnaire, in addition to the material contained in the medical education database.)

A. Admissions

1. Critically review the medical school's admissions criteria and the process of recruitment and selection of medical students, and evaluate their effectiveness. Is the size of the applicant pool appropriate for the established class size, both in terms of number and quality? How are the medical education program's selection criteria validated in the context of its mission and other mandates? (MS-1, MS-2, MS-3, MS-5, MS-6)
2. Assess the effectiveness of medical school policies to ensure that selection of students is a faculty responsibility and that there is no conflict of interest in the selection process. (MS-4, MS-7)
3. Evaluate the number of students of all types (e.g., medical students, residents, visiting medical students, graduate students in basic sciences) in relation to the constellation of resources available for teaching (e.g., number of faculty members, space, clinical facilities, patients, educational resources, student services).(MS-5)
4. Describe the school's successes in broadening diversity among medical school applicants. How well are the school's programs to enhance the diversity of the medical school applicant pool functioning? How effective are the school's efforts to track pipeline program graduates? (MS-8)
5. Evaluate whether the information available to prospective students, including information about admission criteria and technical standards, is current, accurate, complete, and easily accessible. (MS-9-MS-11)
6. Evaluate whether the acceptance of transfer students, or visiting students in the school's affiliated teaching hospitals, affects the educational program of regular medical students (i.e., in the context of competition with the school's own medical students for available resources, patients, educational venues, etc.). (MS-12)
7. Assess the comparability of credentials of transfer and visiting students and the effectiveness of systems to verify the credentials of visiting students. (MS-13-MS-17)

B. Student Services

8. Comment on the levels of student attrition and academic difficulty in relation to the medical education program's admission requirements, academic counseling efforts, and remediation programs. Evaluate the efficacy of the program's system for early identification and remediation of students in academic difficulty. Describe the counseling and remediation systems that are in place, and assess their effectiveness (MS-18).
9. In the context of data from the student independent analysis and data from the most recent AAMC Medical School Graduation Questionnaire/AAMC-AFMC Canadian Graduation Questionnaire, as well as recent NRMP Match rates, evaluate the effectiveness of the systems in place for career counseling, residency preparation, preparation of the MSPE, and the selection of elective courses. (MS-19 – MS22)
10. Evaluate the level of tuition and fees in relation to the amount of graduates' accumulated debt and to the level of financial aid needed and available. Provide an analysis of the trends in tuition and debt levels. Describe the efforts in place to minimize medical student indebtedness and comment on the effectiveness of these efforts. MS-23, MS-24, MS-25)

11. Describe the adequacy and availability of financial aid services and debt management programs. (MS-23)
12. Evaluate the adequacy and availability of student support in the following areas, including levels of student satisfaction:
 - a. Personal counseling and mental health services, including their confidentiality, absence of conflict of interest, and accessibility.
 - b. Preventive and therapeutic health services, including immunizations and health and disability insurance.
 - c. Health and disability insurance.
 - d. Education of students about bodily fluid exposure, needlestick policies, and other infectious and environmental hazards associated with learning in a patient care setting. (MS-26, MS-27, MS-27-A, MS-28-30)

C. The Learning Environment

13. How effective are the medical education program and its clinical partners in ensuring an appropriate learning environment for medical students? Summarize successes and challenges in evaluating the learning environment to support positive and mitigate negative influences on students' acquisition of defined professional attributes. (MS-31, MS-31-A)
14. Citing data from the independent student analysis and the AAMC Medical School Graduation Questionnaire/AAMC-AFMC Canadian Graduation Questionnaire, comment on the effectiveness of school policies for addressing allegations of student mistreatment and for educating the academic community about acceptable standards of conduct in the teacher-learner relationship. (MS-32)
15. Evaluate the familiarity of students and course and clerkship directors with the school's standards and policies for student advancement, graduation, disciplinary action, appeal, and dismissal. Review the adequacy of systems for providing students with access to their records and ensuring the confidentiality of student records. (MS-33 - MS-36)
16. Assess the adequacy and quality of student study space, lounge and relaxation areas, and personal storage facilities at all educational sites. Is there sufficient and appropriate student study space? (MS-37)

IV. FACULTY

A. Number, Qualifications, and Functions

1. Assess the appropriateness of the current size, qualifications, and mix of faculty for the attainment of the medical education program's goals. (FA-2, FA-3)
2. Describe and evaluate the availability of opportunities for both new and experienced faculty members (full-time, part-time, and volunteer) to improve their skills in teaching and assessment. Is institutional or departmental-level assistance, such as training sessions from education specialists, readily available? Comment on the level of faculty participation in such programs. (FA-4)
3. Do faculty engage in scholarly activities and receive appropriate support and mentorship related to scholarship? Are formal institutional programs available to support faculty research? (FA-5)

B. Personnel Policies

4. Evaluate the system for the appointment, renewal of appointment, promotion, granting of tenure, and dismissal of faculty members. Are the policies clear, widely understood, and followed? Are faculty aware what is required for retention and advancement, including participation in education ? (FA-7)
5. Assess the adequacy of institutional and departmental conflict of interest policies relating to faculty members' performance of their academic responsibilities. (FA-8)
6. Describe the extent of feedback provided to faculty members about their academic performance and progress toward promotion and/or retention. Are faculty members regularly informed about their job responsibilities and the expectations that they must meet for promotion and/or retention? Is education included among the criteria for advancement and promotion. (FA-9, FA-10)

C. Governance

7. Evaluate the effectiveness of mechanisms for organizational decision-making. Are necessary decisions made in a timely and efficient manner with appropriate input from faculty and other concerned parties? Describe and assess the relative roles of committees of the faculty, department heads, and medical school administrators in institutional decision-making. (FA-6, FA-12, FA-13)
8. Assess the effectiveness of the methods used to communicate with and among the faculty. Do faculty perceive themselves to be well-informed about important issues at the institution? Do faculty believe that they have sufficient opportunities to make themselves heard? (FA-14)

V. EDUCATIONAL RESOURCES**A. Finances**

1. Discuss the adequacy of, the stability of, and the balance among the various sources of financial support for the medical education program and school (i.e., state and local appropriations, income from patient care, proceeds from endowments, tuition income, research income, hospital revenues). Discuss the implications of any downward trends in specific revenue sources. Describe the financial prospects for the medical school over the next five years. Note if there are any departments in financial difficulty. Are there systems/policies in place to address departmental financial difficulties? (ER-2)
2. Comment on the degree to which pressures to generate revenue (from tuition, patient care, or research funding) affect the desired balance of activities of faculty members. What mechanisms are in place to support the accomplishment of the educational mission? (ER-3)
3. Describe how the school has positioned its clinical enterprise (faculty practice plan/organization and structure of healthcare system) for achieving optimal results in the local health care environment. Is planning related to the clinical enterprise occurring? Are medical school leaders involved in such planning? How effective is this planning in meeting institutional goals? (ER-2)
4. Describe how present and future capital needs are being and will be addressed. Is the financial condition of the school such that these needs are being and will continue to be met? (ER-2, ER-4)

B. General Facilities

5. Evaluate the adequacy of the general facilities for the teaching, research, and service activities of the medical school. Are the opportunities for educational excellence or educational change (e.g., introduction of small group teaching, opportunities for active learning) or for the attainment of other medical school missions constrained by space concerns? Describe the likelihood that needed space or space upgrading will be available in the near future. Have enrollment increases led to space constraints? If so, describe how these constraints are currently being addressed. (ER-4)
6. Discuss the adequacy of security systems on each campus and at affiliated educational sites. (ER-5)

C. Clinical Teaching Facilities

7. Analyze the adequacy of resources, inpatient and ambulatory, for clinical teaching. For the size of the student body, are there adequate numbers of patients and supervisors available at all sites? If needed, has the school been successful in expanding its clinical teaching network to address either increased enrollment or decreased patient volume? Is the patient mix appropriate? (ER-6)
8. Are clinical facilities, equipment, and support services appropriate for exemplary patient care? Are resident physicians present in at least some settings where students complete required third-year clinical clerkships? (ER-7, ER-8)
9. Describe and evaluate the interaction between the administrators of clinical affiliates used for teaching and the administrators of the medical school. Does the level of cooperation between these groups result in a smoothly operating and effective clinical education program? Are all required elements included in affiliation agreements between the medical school and its clinical partners? (ER-9)
10. Describe and evaluate the level of interaction and cooperation related especially to the medical education program that exists between the staff members of the clinical affiliates used for teaching and medical school faculty members and department heads, related especially to the education of medical students. (ER-10)

D. Information Resources and Library Services

11. Evaluate the quantity, quality, and accessibility of the print and non-print holdings of the library as a resource for medical students, graduate students, and faculty members. Evaluate the usability and functional convenience of the library and of information resources. Are hours appropriate? Is assistance available? Is study space adequate? Are resources, such as computers and audiovisual equipment, adequate? Can students access information from affiliated hospitals or from home? (ER-11)
12. Evaluate the participation of library and information technology professionals in the development and implementation of the educational program, including the following:
 - Teaching specific skills, such as instruction in computer usage and bibliographic search.
 - Teaching the skills of retrieving and managing information.
 - Interacting with the curriculum committee to coordinate various library and information resources with planned curricular design. (ER-12, ER-14)
13. Comment on the adequacy of information technology resources and services, particularly as they relate to medical student education. Are resources adequate to support the needs of the educational program? Are the information systems of the medical school and major clinical affiliates sufficiently well integrated to ensure achievement of the medical school's missions? Note any problems and describe any plans in place to address these problems. (ER-13)

SELF-STUDY SUMMARY

1. Summarize the medical education program's strengths and challenges, including areas of potential noncompliance with accreditation standards and areas that may require monitoring due to potentially-changing circumstances. Analyze changes that have occurred since the last survey visit. Have new strengths or problems emerged? Are changing conditions likely to cause problems in the near future?
2. Note major recommendations for future action. How can the program's strengths be maintained and the most pressing problems addressed? Be brief, but specific in describing actions that will need to be (or already have been) taken.

APPENDIX

List members (with institutional titles/positions) of the self-study task force and its subcommittees.