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THE CARIBBEAN ACCREDITATION AUTHORITY FOR EDUCATION IN MEDICINE AND OTHER HEALTH PROFESSIONS

Guide for Writing a Report on a Visit of a CAAM-HP Survey Team

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INTRODUCTION

These guidelines have two purposes:

1. To indicate to survey team members the areas of a school's function, structure, and performance that must be evaluated in the accreditation review,

2. To assist the CAAM-HP survey team in preparing a survey report that contains sufficient factual detail and is rendered in a consistent style.

The report should provide a clear picture of the school's mission and objectives, programme organisation, students, resources, and educational outcomes and should contain information on all of the standards contained in the appropriate documents on Standards for Accreditation of Medical, Dental or Veterinary Schools or Degree Nursing Programmes.

The strengths of the institution should be identified and any items of non-compliance identified by the survey team must be documented in the narrative of the report. Any major changes, recently implemented or underway, that could affect the school's accreditation status, should be noted for follow-up.

A clear and concise exposition of all of these things will facilitate understanding by the members of the CAAM-HP.

This guide describes preparation of a standard report of both a full accreditation survey and a limited (focussed) survey.

BACKGROUND

The school would have invested considerable effort in the preparation of the appropriate education database and the institutional self-study. Surveyors are expected to have reviewed this material before the visit. While on site, the team may also want to review the unabridged self-study committee reports.

Although it is expected that schools will do a fair and accurate self-study, in some cases the self-study may not accurately portray prevailing circumstances, or may express greater optimism about the state of affairs than seems evident to the surveyors. Care should be exercised to validate the education database and the basis of conclusions drawn by the self-study task force. Some of the documents may have been completed as long as a year before the accreditation visit, and it is important to note whether major issues have been addressed and whether any new concerns have emerged.

These guidelines outline the minimum data and conclusions which should be included in the report. Since each school has unique characteristics, the team is encouraged to add to this framework whatever is necessary to more fully describe the school's special character or programmes. The Secretariat sends the draft report to the dean for review and correction of factual errors.

RESPONSIBILITIES OF THE TEAM MEMBERS

The team chair should assign tasks to individual members of the survey team. Portions of the survey report specifically assigned to individual team members should be completed on-site or sent to the team secretary within 10 days of the visit. The team secretary and the chair should encourage team members to use this guide when preparing their individual sections.

The team secretary is expected to complete a draft report within 4 to 6 weeks of the visit. The secretary is responsible for organising the contributions from the other team members, to ensure that the overall report is coherent, logical, and internally consistent. If important areas have been omitted from a team member's write-up, it is the team secretary's responsibility either to contact that member for additional details, or to supply the missing content him/herself.

This guide includes suggestions for inclusion in the report of some figures and tables from the education database as appendices. Team members should feel free to include additional appendices without unduly overloading the report.

It is useful for the team secretary to compare the body of the draft report with the set of strengths and non-compliance issues identified by the survey team, to ensure that all areas are well documented. The team should ensure that there are no attributions to individual faculty members, administrators, or students. While the commentary of individuals who meet with the team may be important for documentation, specific persons and departments should, if possible, remain anonymous.

The draft survey report is sent to the CAAM-HP Secretariat for transmission to the dean of the school.

The dean should specifically be asked to correct any errors of fact only. The team chair and secretary, through the Secretariat, should attempt to resolve any disagreement that the dean may have with the tone or conclusions of the report. If significant irreconcilable differences remain, the dean should be invited to write a letter to the CAAM-HP Secretariat for inclusion with the printed report.

The dean is expected to return the draft report with comments within 7 to 10 working days following which the final, corrected report (with all appendices) and comments of the dean should be sent to the CAAM-HP Secretariat. Team secretaries should keep in mind the date of the next CAAM-HP meeting since CAAM-HP members must receive the finished report at least four weeks before the meeting.

See 'Guide for Typists and Secretaries on Report Preparation' later in this document for details.

EXAMPLE OF A OF A FULL ACCREDITATION SURVEY REPORT

Cover Page

The CAAM-HP Secretariat will provide a template for a standard-cover page. Please ensure that the full name of the school and the visit date appear on this cover page.

Table of Contents (including that for the appendices)

Examples are provided in Appendices 1 and 2.

Memorandum from the Survey Team to CAAM-HP

See sample in Appendix 3

Introduction and Composition of the Survey Team

The following illustrative example may be used as a guide:

> *A survey of the University of* **[insert name]** *School of* **(e.g. Veterinary Medicine)** *was conducted on December 1-4, 2004, by a team representing the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP). The team expresses its appreciation to the Dean* **[insert name]** *and the administrative staff, faculty, and students for their interest and candor during the survey visit. Associate Deans* **[insert name]** *and* **[insert name]** *deserve special thanks for the smooth coordination of the visit, tactful management of scheduling changes, and timely provision of additional items of information requested during the visit.*

Following this introduction, list the members of the survey team, giving their names, titles and institutions, and their roles in the survey team as chair, secretary or member. For example:

Team Chair: [Insert Name and Qualifications]
Position and Institution

Team Secretary: [Insert Name and Qualifications]
Position and Address

Team Member 1: [Insert Name and Qualifications]
Position and Address

Team Member 2: [Insert Name and Qualifications]
Position and Address

Summary of Survey Team Findings

The summary of team findings should begin with the following text:

DISCLAIMER: The summary findings that follow represent the professional judgment of the survey team that visited the (NAME) school from (DATE) to (DATE) based on the information provided by the school and its representatives before and during the accreditation survey. The CAAM-HP may come to differing conclusions when it reviews the team's report and any related information.

The team's findings should be summarized under the following headings:
- Areas of strength
- Areas of Partial or Substantial Non-compliance
- Areas of Transition, if appropriate.

Findings within each of these categories should be listed in the order of the sections outlining the standards for the accreditation of medical and other individual health professions programmes.

Findings of non-compliance should use the following format:
- A brief phrase, in bold type, indicating the general issue involved
- Quotation of the standard involved
- A paragraph or two delineating the principal evidence indicating non-compliance.

An example of this desired format follows:

Financial Aid

To the extent possible, a school should develop its own resources for providing financial aid to students, thereby reducing their dependence upon external sources.

Tuition has increased by an average of X percent in each of the past X years, while the level of institutional funding for grants and scholarships has decreased by an average of X percent per year over that period. Student indebtedness now exceeds $XX on average, with loans comprising over X% of the student debt portfolio.

If an area of non-compliance is linked to several standards, the team should identify that standard which most closely reflects the underlying issue with related standards mentioned in the body of the report.

Areas of Transition are intended to identify significant events or activities taking place which, depending on how they turn out, could materially affect the school's accreditation status. Examples of such events include recurring decreases in a major funding source (like government allocations), reorganisation of the school's administrative leadership, or fundamental changes in the structure or implementation of the educational programme.

It is essential that non-compliance and transition issues are fully documented in the body of the report. Where possible, the basis for judging an item as an institutional strength should also be adequately documented in the narrative of the report. Documentation regarding non-compliance and transition issues should give a sense of relative magnitude of the problem, indicate if it has persisted for a lengthy period, and identify any progress towards resolution.

Prior Accreditation Survey(s) and Progress Report(s)

Summarize the key findings and recommendations of the most recent survey. If there was a recent limited survey, summarize both this and the earlier full survey of the school. Note any progress reports addressing problems identified previously. Give the dates of the prior survey(s) and reports. Use bullets, paraphrasing or combining items as needed to be succinct.

The Education Database and Institutional Self-Study

Comment on the organisation, completeness, and internal consistency of the database. Were the numerical data (applicants, admissions, financial, etc.) updated to the current year?

Comment on the self-study, in terms of the degree of participation by the school faculty, administrators, students, et al; the comprehensiveness and depth of analysis; the organisation and quality of the conclusions and recommendations; and the dissemination of the report's findings to the academic community. Mention the degree to which the survey team's major conclusions are concordant with those of the self-study.

Comment on the methods used in the students' self-study, including the level of student participation obtained.

History and Setting of the School

Briefly summarize the history of the school and, where relevant, its parent university.

Supply figures for undergraduate and graduate enrolment, listing any other colleges and schools.

Briefly describe the setting of the school, its public or private ownership, role in the state and local community, and where relevant, its relationship with the parent university, health sciences centre, geographically separate campuses/programmes, and principal teaching hospital(s). Provide geographic relationships to cities and other campuses and similar schools in the region.

Conclude with a table such as the one below comparing selected data for the reference years used for the current and past database.

	Year	*Year*
Entering undergraduate class		
Total undergraduate students		
Full-time basic science staff		
Full-time clinical staff		
Part-time basic science staff		
Total revenue		
Tuition and fees		
Government funding		
Research/ training grants		
($ in Millions)		

Organisation of the Body of the Report

The body of the report should give the team's narrative description and comments, with references to database sections collated sequentially in the Appendix at the rear of the report. This will clearly differentiate surveyor commentary from that of the institution.

Please make a reference in the narrative text to material that is included in the Appendix (e.g., "See charts of organisation in Appendix **X**," or "See Appendix **Y** for membership of admissions committee" or "characteristics of applicants".

The Table of Contents should show the title and page number of each Appendix document.

The team secretary should reserve original copies of hand-outs, database pages, etc. for incorporation, as appropriate, in the final report sent to the CAAM-HP Secretariat for reproduction.

Please follow carefully the 'Guide for Typists and Secretaries...' at the end of this document especially the requirements that material should be on one side of the page only, and that the type style be conventional.

The headings below are found in the education database and the institutional self-study.

OBJECTIVES OF THE EDUCATIONAL PROGRAMME

Summarize the objectives of the educational programme established by the school (items of knowledge, skills, behaviour, values, and attitude that are the expected outcomes of instruction). Students should be able to exhibit these outcomes as evidence of their achievement. Do not confuse statements of mission and goals, or vision statements about the structure, goals, and aspirations for the university with educational objectives for students. If the objectives are lengthy, include them in the Appendix. If there are no outcomes-based educational objectives, cite evidence that the objectives are understood by the school's faculty and students, and indicate the supporting data that indicate that the objectives are being achieved.

Comment on the school's strategic assessment and planning (or the absence thereof) that serves as a framework to the accomplishment of the institutional goals and objectives. Was the institutional self-study incorporated or coordinated with the strategic planning process?

GOVERNANCE

Include the school's organisational charts in the Appendix showing relationships between board of trustees, university, academic medical centre, and the school, etc.

Note whether the school or university holds national accreditation, when this was granted, the name of the accrediting body, and the year of the next survey for national accreditation.

Briefly describe the composition and role of the board of trustees of the university or equivalent and any committees thereof for the school. Describe the dean's role and his/her relationship to university officials. If there is a vice president, provost, etc., for health/medical affairs to whom the dean reports, give his/her name, a few lines about his/her credentials, and compare his/her role with that of the dean. Identify the officer to whom the administrator of the university-owned/affiliate hospital reports (or any other relationship characterizing the teaching hospital's administrative interfaces with the school and university authorities). Evaluate the effectiveness of these relationships and note any problems.

ADMINISTRATION

A. Dean of the School

Include an organisational chart showing the academic administration of the school's educational programme in the Appendix and provide an abbreviated curriculum vitae of the dean/chief academic officer.

Briefly describe the credentials of the dean/chief academic officer, indicating date of appointment and describe the mechanisms for their selection, appointment and review. Comment on the stability of the dean's/chief academic officer's office and the consistency of its leadership and direction.

Briefly describe the dean's/chief academic officer's administrative style (interaction with faculty and students). What is the dean's/chief academic officer's perception of institutional strengths, and his/her agenda of strategic issues and directions and plans for the future?

B. Organisation of the Dean's Office

Include in the Appendix database pages showing a chart/table of organisation of the dean's staff and responsibilities.

Describe the organisation of the dean's office. Is the staffing adequate and the division of responsibility reasonable, effective, and understood by the faculty and students? Do students and faculty perceive the dean's staff to be accessible and effective in solving problems?

C. Faculty Governance; Department Chairs/Heads; Administrative Committees

Include in the Appendix database pages listing chairs, heads of departmental, non-departmental units, and administrative committees.

Comment on the existence, currency and effectiveness of the faculty regulations. Describe the policy-making body/bodies of the faculty. Judge their effectiveness with regard to factors such as clarity of charge, size, representation, and relationship with the dean or other governance entities. Comment on the mix of department heads, senior, mid-career and junior faculty in the policy-making bodies.

Mention the principal standing committees, the appropriateness of the process of appointment, and whether there are student representatives on committees dealing with student-related matters. Judge the effectiveness of the principal standing committees. You may describe the committees in detail in the appropriate section of the report, e.g., curriculum committee under Management of the Educational Programme. Are department heads appointed for a fixed period? What mechanisms exist for periodic review of departments and chairs? Note department head vacancies or long-standing acting/interim arrangements.

D. Geographically Separated Campuses

Include in the Appendix database pages summarizing any such arrangement, or summarize this information in the text.

If the school operates campuses that are geographically separated, comment briefly on the administrative relationship between these and the main campus. What mechanisms exist to ensure functional integration and achieve comparability of educational quality and assessment of students across various sites of instruction? How well do these mechanisms work? How is student

support (academic and career counselling, financial aid administration, health service and personal counselling, etc.) supplied at the remote campus(s)?

THE STUDENTS

A. Admissions

Include in the Appendix database pages showing the membership of the admissions committee, and the qualifications, (GPAs, etc.) and demographic characteristics of applicants and those admitted.

Summarize the requirements for admission. Briefly describe the admissions process, including the organisation and operation of the admissions committee. Does the school's catalogue provide an accurate representation of the admissions process and criteria for selecting students? Are there published technical standards for the admission of disabled students?

Comment on the number of national, regional and non-regional applications for the most recent three-year period, the number of offers issued in these categories, and the number of entries in these categories. Evaluate the sufficiency of qualified applicants in relation to the number of students who enter, and in terms of their qualifications, GPAs, and any other antecedents predicting academic success in the school. Are there any plans to increase or decrease enrollment in the next five years?

Where appropriate, comment on other education programmes, enhancement options, accelerated programmes, combined PhD programmes, and other innovations. What are the policies for admitting transfer students? Do students admitted with advanced standing have the same qualifications as regular students?

Determine whether the school enrolls students from other schools in clinical courses. If so, are appropriate resources available for teaching and supervision, commensurate with the students' abilities? Do the numbers of such students from all sources place a significant strain on existing resources?

B. Diversity Issues

Does the school have a policy addressing the goals for diversity of its student body in relation to gender, ethnicity, religion etc.? Describe the organisation of the school's programmes for recruitment and retention of underrepresented groups. Are the school's programmes successful in achieving satisfactory graduation rates for specially admitted students, and in reaching institutional or governmental goals for diversity?

C. Financial Aid

Does the availability of loans and scholarships meet the needs of the school's students? Are either costs or the availability of financial aid a deterrent to student recruitment? Cite the average debt of indebted students. Can the school provide sufficient financial aid through its own resources to reduce the need for students to use external sources? Comment on the organisation, operation, and accessibility of any financial aid office or service. Comment on student satisfaction with the system of financial aid administration.

D. Student Health Services; Personal Counselling

Describe the health services available to students, and evaluate the accessibility and cost of these services. Is adequate health and disability insurance required/available? How are they financed? Are students adequately screened for their immunization status, given appropriate vaccinations, and properly instructed about infectious disease prevention and exposure?

Describe the personal counselling services available to students, including their accessibility and confidentiality. Summarize any programmes to promote mental well-being and facilitate adjustment to the demands of the school. Include student views on health and personal counselling services. Comment on the school's policies and efforts to prevent student mistreatment.

E. Student Input

Include the students' analysis in the Appendix.

Identify and judge the significance of exceptionally positive or negative student opinions about access to the dean's staff and faculty; participation in school committees; the curriculum and educational experiences; the evaluation and grading system, feedback, remediation, and due process; personal, academic and financial/debt counselling; the learning environment; the quality of facilities for students; and the programmes for student health and student life on the campus and affiliate sites.

THE EDUCATIONAL PROGRAMME

Include in the Appendix diagrams showing the curriculum structure for each year.

A. Duration, Design

Briefly describe the general organisation of the curriculum for each year of the programme. How many required weeks of instruction are there in each year? Review the workload of students in the pre-clinical years and evaluate the balance between passive and active or self-directed learning opportunities. Is there sufficient unscheduled time for independent study?

Discuss the balance between in-patient and ambulatory education, and the sufficiency of experiences in primary and specialty care.

For schools with geographically separated campuses, provide the number of students at each campus and the mechanisms for assigning them to the various sites.

Note any recent or pending changes in the organisation or design of the curriculum.

B. Management of the Curriculum and Evaluation of Programme Effectiveness

Include in the Appendix database pages showing the composition of the curriculum committee.

Describe the system of curriculum planning, implementation, evaluation, management and oversight. Where does the responsibility for these activities reside? Comment on the institution's effectiveness in achieving a coherent and coordinated curriculum.

Summarize the mechanisms by which quality control is assured, including oversight of courses and teaching quality, and avenues of student input. Does the curriculum committee receive these data and use them to make needed changes? Evaluate the adequacy and effectiveness of these processes. Who besides the students is thoroughly knowledgeable about the curriculum? Does the school maintain a curriculum inventory to guide planning and correction of omissions and

unnecessary redundancies? Cite pertinent comments from the self-study and database to document your findings and conclusions.

Cite the evidence for educational effectiveness obtained from the outcome measures that are examined by the curriculum committee, such as student attrition rates, rates of academic progress and graduation, measures of basic-science grounding in the clinical years, success and quality of residency appointments/job placements of recent graduates, performance of graduates in residencies, and performance in university or licensing examinations, with special reference to Standards ED-1, ED-45 and ED-46. This information must be included in the Site Visit Report as an appendix. In cases where schools do not collect information in this regard, these standards should be interpreted as qualitative and as a stimulus for the collection of more objective data.

Evaluate the attainment of the school's students in relation to how well students have met the school's internal standards. How do students rate the curriculum in the students' self-study?

C. Content and Review of Subjects Required for Accreditation, By Year

Describe the organisation of the programme of undergraduate education by year or by academic period (e.g. the third and fourth years may be organised as a continuum.) listing only the required courses for each year/period.

For each basic science course, describe the total scheduled hours and the breakdown by instructional method (lectures, laboratories, small-group conferences, etc.). Summarize the course content/objectives. Evaluate the course in terms of appropriateness of assigned hours, content and timing in the curriculum, course design and teaching methodology, explication of objectives, evaluative techniques (kinds and sequencing of examinations), accomplishment of educational outcomes (document them), and the adequacy of resources to support education.

What is the balance between didactic instruction and interactive, small-group, problem-based, and/or self-directed teaching/learning? Is computer-assisted learning employed? What is the evidence that students acquire self-directed learning skills and use data in realistic problem-solving?

What internal and external measures are used to assess students? Are there mid-point assessments to identify students at risk, with timely counselling and remediation? What is the mix of formative and summative assessments? How are student grades determined? Do students receive prompt feedback on tests of their performance? Cite measures of educational effectiveness, such as student ratings (from the students' self-study), and draw a conclusion about course effectiveness. An example of the write-up of a basic science course follows:

> *Structure and Function. This 28-week course spans the mornings of the entire first year and integrates biochemistry, cell and molecular biology, physiology, gross anatomy, history, and neuroscience. The curriculum includes cellular function (2 weeks), introduction to the human body (2 weeks), cardiovascular/respiratory/renal unit (5weeks), gastrointestinal unit (4 weeks), reproductive/endocrine unit (4 weeks), musculo-skeletal unit (3), head and neck unit (3 weeks), and neuroscience (5 weeks). The format consists of 100 hours of lectures, 4 labs in histology, 12 labs in gross anatomy, 5 neuro-anatomy labs, 3 computer labs, and 20 problem-based learning sessions. There is strong emphasis on interactive learning methods.*

The objectives of the course are to "integrate all basic science disciplines" as an orientation to fundamentals of cell biology prior to the organ-systems course in the second year known as Systematic Basis of Medicine. There is a detailed syllabus for each section of the course, in which most of the instructional objectives are expressed as items of knowledge to be taught or learned.

Students are evaluated by 6 computer-graded multiple choice examinations and 2 practical examinations in histology and anatomy. Performance in the PBL sessions is evaluated by the conference tutor. Narrative results are not included in the grade, but forwarded to the student affairs dean for inclusion when the dean's letter is written. Final grades are based on multiple-choice examinations (50 %) and practicals (50 %). The course is evaluated by meetings with student representatives and year-end reports. In their self-study, students say that PBL is a successful component of the curriculum and an enjoyable and effective way to integrate learning and understanding. Seventy percent of students are satisfied with the course.

For introductory clinical courses which teach history taking, physical examination, patient work-up and presentation, and related areas, evaluate the adequacy of instruction and assessment. Are students observed performing patient histories and physical examinations? Are adequate supervision and feedback provided? Is the patient base adequate? Are patient or computer simulations used? How are faculty preceptors vetted for their own competencies in history-taking and physical examination?

Clinical Courses/Clerkships

In discussing the required core clerkships/clinical experiences, introduce each with a description of duration and locations and a breakdown of clerkship/clinical experience with respect to inpatient vs. outpatient experiences, and hours of case conferences and didactic sessions for students.

Are there explicit learning objectives for each clerkship/clinical experience? Are juniors involved in supervision and teaching, and are they instructed about the specific educational objectives to be achieved, and advised on how to evaluate students? Do faculty provide adequate supervision and teaching?

Summarize the number of patients worked up weekly in each clerkship/clinical and ambulatory experience, and methods for assuring that students see an appropriate mix of patients. If clerkships/clinical experiences in a given discipline are conducted in several hospitals or clinical sites, what efforts are made to ensure that there is equivalency in educational quality of the experiences and the evaluation of students? Do students gain experience in community settings?

How is the clinical performance of students evaluated? Do clerkships/clinical experiences comply with the accreditation standard requiring structured observation of students' history-taking, physical examination, and relationships with patients? Do students receive mid-course assessment and feedback? How are grades assigned? Do students receive prompt feedback about their performance at the end of the clerkship/clinical experience?

How do students evaluate the quality of their experience in each clerkship/clinical experience? Conclude with a judgment about the effectiveness of the clerkship/clinical experience in meeting

its objectives and preparing students for graduate training. Buttress conclusions by citing students' opinions about the quality of teaching and their experiences.

An example of the write-up of a surgery clerkship is shown below:

Surgery: The 12-week clerkship takes place in 3 affiliated hospitals. There is high consistency in the mix of conferences and patient experience and in the number of new and follow-up patients assigned (2-3 new patients per week; 2 followed). Students obtain ambulatory experience in the out-patient clinic before and after scheduled hospitalization. Students' final grades are based on an internally-written examination 40%, a structured bedside examination of clinical skills 50% and on ratings by junior and associate and faculty (10%). Students give high praise to their Surgery experiences and take a large number of electives in the field.

Management of the clerkship is outstanding. Coordination and quality assurance are in the hands of a full-time educational coordinator. Clerkships are arranged so that no more than 5 students are present at small group activities such as in the out-patient setting and bed-side ward rounds. Clerkship experiences across hospitals are compared on the basis of student evaluations (a 15 -item self-administered questionnaire) and exit debriefings. Good and poor staff and faculty are reported to the clerkship coordinator. The department has a remediation programme designed for students in difficulty, based on a diagnostic programme and customized examinations and observations. The department has workshops to foster teaching skills of the faculty. The survey team commends the head of the department for his extraordinary initiatives in undergraduate education.

Electives

Summarize the nature and quantity of electives taken by students, including how much elective time is available, when and where it occurs, and the level of faculty and student satisfaction with the opportunities available. What are the counselling and control mechanisms to ensure course quality, to integrate elective choice with career planning, and to limit duplication? How do students rate the electives programme?

Summary

Finally, summarize the team's evaluation of the curriculum, listing specific strengths, deficiencies, and opportunities for improvement. State if all subject areas required in accreditation standards (e.g., behavioural and socio-economic subjects, preventive, rehabilitative, end-of-life care and ethics) are covered adequately. Evaluate the adequacy of educational experiences relating to social and cultural circumstances that affect patient health, including domestic violence or abuse, and the effects of differing cultures and belief systems on health care delivery.

Has the school laid out its objectives for clinical education and defined the necessary educational settings, the roles for students, and the number, disease mix, and severity of patients (or patient and computer simulations) to accomplish the stated purposes?

Assessment of Student Achievement; Due Process

Describe the composition and role of the promotions/examination committee(s). Are the school's standards and procedures for student assessment, advancement, graduation, disciplinary action, appeal, and dismissal clearly stated, adequately published, and widely understood by students,

faculty members and administrators? Are there clearly understood procedures to ensure due process, i.e., timely notice of a disciplinary charge or an adverse academic action and an opportunity for fair and impartial hearing? Describe the system for ensuring confidentiality of student records and their availability for review by the student.

Does the school employ a variety of measures of student performance appropriate to its educational objectives? Is there formal assessment of problem-solving and clinical reasoning ability? What is the mix of formative and summative assessment? Are examinations coordinated between courses? In general, are students given formal mid-course and mid-clerkship/clinical experience feedback? Are there any mechanisms for independent assessment of the students by external examiners? If so, describe the teaching experience and qualifications of the externals and append their reports.

Briefly describe the grading system and evaluate the consistency of its application across disciplines and individual students. Comment on the use of narrative descriptions of student performance and of non-cognitive achievement.

In this section, also include comments from the students' self-study on the effectiveness of procedures for student assessment, timeliness of feedback, advancement, graduation, disciplinary action, remediation, and appeal.

Academic Counselling and Career Guidance

Include the tables of student attrition and academic difficulty, and a sample of a student's transcript in the Appendix.

Summarize the methods of orientation of incoming students, early warning systems for academic difficulty, and systems of academic counselling, tutoring and remediation. Discuss the attrition rate and the proportion of students on leave of absence. Is there a pre- or post-matriculation counselling programme for students at high academic risk?

Are opportunities for deceleration available? Evaluate the effectiveness of academic counselling and support programmes, citing documentation from student input. Evaluate the system of counselling students on career choice and residency/graduate applications.

Describe the process of developing the student transcript and Dean's letter/Medical Student Performance Evaluation and its value in relation to the success of students in obtaining their choice of residency/graduate programme. Comment on the school's record in regard to meeting the manpower and specialty needs of the country and region, or other stated school specific goals.

RESOURCES FOR THE EDUCATIONAL PROGRAMME

A. Finances

Include in the Appendix pages from the database showing the revenue and expenditure summary.

Use a table like the following to describe the breakdown of revenue sources.

Revenue Sources ((\$ in Millions)		
Source	**Period [xxx] to [xxx]**	**% of total Revenue**
Tuition and fees		
Government appropriation		
University		
Grants & contracts		
Indirect cost recoveries		
Gifts and endowments		
Other revenues		
Total revenue		100%

Briefly describe the trends in revenue sources and expenditures over the past several years, and describe the current and projected fiscal condition of the school. Identify any major discrepancies that may now or in the future create problems. If there is a current or potential fiscal imbalance, does the school have a credible plan to address it? Are the school's educational programmes suffering or endangered by under-financing or by distortion of the school's efforts and priorities necessary to balance the budget?

Briefly discuss trends in charges for tuition and fees, how these are determined, any plans for further increases, and whether escalation of educational costs is having an adverse effect on applicants and the enrollment of students.

Describe the structure linking the principal hospital(s), the related healthcare system, any faculty practice plan, and clinical faculty/hospital staff, showing the degree of integration, multi-specialty group-practice, contracting authority, and arrangements with insurers, etc. What is the condition of the healthcare, dental care or veterinary system and the strength of the school's position in that system?

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

B. General Facilities

Include relevant summary pages from the database in the Appendix

Make brief comments about the age, size, appearance and quality of the school's general facilities including affiliated hospitals. Is available space for teaching and research adequate for the number of students, the number of existing and needed faculty and for the current or desired curriculum structure or for anticipated research expansion? Comment on whether space for faculty, research and education activities is organised to advantage, i.e., distributed vs. consolidated.

If new construction is planned or underway, describe the proposed new facility(ies), indicating sources of funding and expected completion date(s).

C. Faculty

Include in the appendix, summary database tables showing numbers of basic science and clinical faculty.

Summarize the size of the basic-science and clinical faculty and note the trend since any previous survey. Comment on the adequacy of the faculty size for the school's teaching, research and patient care missions. Does the school have specific policies or goals regarding faculty diversity, and if so, how well are such goals being achieved? How does faculty compensation compare with regional and international norms for basic-science and clinical departments? Do faculty members have sufficient input into organisational decision-making, through the committee structure? Comment on the opportunities for communication among faculty members and on activities that promote collegiality.

Evaluate the procedures and criteria for faculty appointment, standing, promotion, and tenure. How effective is the system for mentoring faculty, including encouraging professional development and scholarly activity? Does the clinical faculty show evidence of continuing scholarly productivity? Is organised support available to assist faculty to develop teaching skills and instructional materials?

Is the faculty knowledgeable about current trends in pedagogy, curricular design to accomplish educational objectives, and methods of measuring student performance? How does the school ensure that part-time and volunteer faculty possess the required skills to teach and evaluate students?

D. Library/Information Services

Include relevant database pages on the library and information systems in the Appendix.

Evaluate the adequacy of the library's hours, services, holdings, staff, and facilities. Does it meet the needs of the faculty and students? Is there adequate study and small-group conference space? What is the quality of the library's automated databases and bibliographic search, computer and audiovisual capabilities? Is the library adequately funded? Is there an effective mechanism to assure faculty and student input to school/university administration on matters of library policy and procedures?

Evaluate the school's use of computer-assisted learning, particularly as an integral part of course instruction. Comment on the availability and accessibility of hardware and software, and on the faculty's interest and ability to use it. Is computer-assisted instruction substituting for more traditional teaching and/or assessment of students? Is it cultivating self-learning behaviours? Are there resources to help the faculty identify or develop educational material?

E. Clinical Teaching Facilities

Include summary database pages on each of the major affiliated hospitals and on the organisation of community/ambulatory facilities for clinical education in the appendix. These should show hospital characteristics and the distribution of students and residents.

Describe in serial paragraphs the hospitals and ambulatory-care facilities utilized for clinical experiences. For facilities visited by the survey team, evaluate quality, the general level of patient-care activity, and the amenities for students (conference and classrooms, on-call quarters, library, etc.). Look at sample history-physical examination records and progress notes and comment on evidence of supervision and review by faculty and/or residents.

Provide a summary description of the network of teaching facilities and comment on the overall quality and the collective sufficiency of experiences necessary for the clinical education of the students. Treat especially the outpatient teaching facilities, noting the adequacy of consultation space, appointment and information systems, etc.

Are written affiliation agreements up to date and explicit on the role of and expectations for the students? Are the clinical service chiefs appointed by or with the concurrence of the school? In clinical affiliations, does the school faculty have control and authority for the educational programme? Are there any problems intrinsic to the clinical facilities themselves, in the relationship of the school with affiliated hospitals, or from the impact of the student teaching programme on teaching hospital operation or funding? Are there adverse clinical teaching impacts relating to declining hospital utilization, shorter length of stay, increased patient acuity, and/or changed case mix?

Do the clinical facilities provide adequate space and amenities, sufficient opportunity to work up and follow patients, freedom from excessive service work, and an acknowledged priority of teaching? Summarize the adequacy of student supervision by residents or attending physicians, dentists or veterinarians, faculty or clinical instructors. Mention any clinical services without approved junior staff training programmes. What is the availability and perceived teaching effectiveness of faculty?

GRADUATE EDUCATION

Include in the Appendix summary pages showing numbers of graduate trainees, residency programmes and sponsoring programme.

Where appropriate, describe the existing graduate and/or residency programmes, including total enrollment and degrees awarded. Are the graduate programmes under the auspices of the university's graduate school, the medical, dental, veterinary or nursing school, a graduate council, or individual departments? Describe the graduate faculty.

Does the institution conduct a regular and systematic review of the graduate programme, evaluating research productivity, the strength of the faculty, accomplishment of trainees, and the role of the graduate programme in the education of the students? Evaluate the appropriateness of size, jurisdiction, adequacy of funding, and the value of the graduate programme to research and education in the medical, dental, veterinary or nursing school. If graduate students participate in student teaching, are they prepared for their teaching role?

RESEARCH

Summarize the number of basic science and clinical faculty members who are principal investigators and the number and dollar value of both institutional and extramural research grants. Evaluate the trend in research funding over the past three years and indicate the extent to which research is an institutional priority.

Is there an appropriate infrastructure to support research? Is there an explicit strategy to pursue specific research directions or accomplish a particular level of research productivity? Are there departmental or individual research incentives? How broad is the research involvement of basic science and clinical departments? Are there "centres of excellence" and/or interdisciplinary research institutes at the school or affiliated with the institution? To what extent do the students participate in research?

MEDICAL, DENTAL, VETERINARY OR NURSING SCHOOL DEPARTMENTS

Include in the Appendix a summary of the basic science and clinical department tables from the database.

A. Basic Science Departments

Include the basic science departments with a major role in student teaching. In a brief preface, evaluate the basic science departments collectively, in relation to their overall sense of mission and philosophy, resources (financial, faculty, facilities), academic strength, and cohesion in teaching and research.

Use tables such as the following to summarize the following relationships and reduce repetition in the narrative.

Basic Science Faculty Numbers and Percent Time Teaching the Students				
Name of Department *	**Total Faculty**	**Full-time Faculty**	**Percent time Teaching**	**Percent time Research**
Molecular Biology				
Microbiology/Immunology				
Anatomy				
Pathology				
Physiology				

* Adjust/add to the list of Departments in keeping with what pertains in the school

Basic Science Department Expenditures, [insert year] by Funding Source ($ in Millions)				
Name of Department *	**Govt. /School Funds**	**Research, Training**	**Department Sources**	**Total Expenditures**
Molecular Biology				
Microbiology/Immunology				
Anatomy				
Pathology				
Physiology				

Through the use of such tables and narrative, cover the following in a description of each department: the adequacy of its faculty size, space, equipment and financial resources, and the proportion of its time spent in student teaching, research and other activities.

Comment on the proportion of financing from university/state sources, - grants and contracts, and other income. Summarize departmental faculty development activities and mentoring programmes. Express the survey team's judgment of any major areas of strength or weakness (non-compliance, partial compliance or substantial non-compliance) in the department's educational activities, research productivity, and other missions and responsibilities.

A write-up of a basic science department should read something like this:

> *Biochemistry: A new chair was appointed six months ago. The department has been successful in recruiting faculty and obtaining research support; but this is now limited by available space. Approximately **X**% of faculty time is devoted to research: Strong areas of research include molecular biology, protein structure, and trans-membrane signaling. Faculty members are well represented on national committees and study sections, and published **X** papers and x books and chapters last year. A total of **X** students are presently enrolled in the Ph.D. programme. All incoming junior faculty are paired with a senior faculty mentor during their first year.*
>
> *The department has an excellent record of innovative teaching and has a first-class course director. It is well positioned for the future, and it is anticipated that it will grow under its new leadership.*

B. Clinical Departments

Include clinical departments with major roles in student teaching. Prepare this section the same as the Basic Science Departments above. Use tables such as the ones below to summarize key features and to avoid repetition of data in the narrative but, through the tables and narrative, cover the same points as with the basic science departments. In addition, comment on the impact, if any, of pressure for clinical service on teaching commitments, and on the dependency on and prospects for clinical income.

Where appropriate, comment on the number and quality of applicants for residency/graduate training and the extent to which the programmes are filled. Describe any departmental programme for preparing residents for their roles in teaching and evaluating students.

Clinical Faculty Numbers and Percent Time Teaching Students e.g. Medical School				
Department	Total Faculty	Full-Time Faculty	Volunteer Faculty	% Time Teaching Students
Family Medicine				
Internal Medicine				
Obs/Gynaecology				
Paediatrics				
Psychiatry				
Surgery				

Clinical Department Expenditures, [Year], By Funding Source* ($ in Millions) e.g. Medical school

Department	Govt./School Funds	Research & Training	Other Dept. Sources	Total Expenditures
Family Medicine				
Internal Medicine				
Obs/Gynaecology				
Paediatrics				
Psychiatry				
Surgery				

An example of a write-up for a clinical department is given below:

*Surgery: The chair was appointed to that position one year ago. The teaching of students accounts for **X%** and the teaching of house staff for **X%** of faculty effort; research occupies **XX%** of the faculty's time. Areas of research emphasis include transplant immunobiology and immunotherapy and the biology of wound-healing and metabolism in critical illness. In the last year, faculty members published **X** papers and **X** books or book chapters. Faculty mentoring is provided by the chair on an informal basis. The department sponsors a "Teaching the teachers" programme annually for its faculty and residents.*

There are no undue pressures to generate clinical income, and commitments to clinical activities have not distorted the department's teaching or research missions. The department is well-endowed with faculty, readily staffs new programme and replaces those who retire or leave through its internationally-recognised residency and postdoctoral training programme.

THE REPORT OF A LIMITED SURVEY

Introduction

A limited survey is conducted when concerns of a serious nature arise and the CAAM-HP believes that a site visit is necessary to validate the corrective actions. In general, the team conducting a limited survey should focus on these specific areas of concern during the visit. However, any substantive new problems that have emerged in the interim may also be pursued by the team.

Background

In preparation for the limited survey, the school is sent a letter by the CAAM-HP Secretariat six months beforehand detailing the elements of a "mini-database" that will provide the descriptive and quantified information about the concerns of the CAAM-HP. This database is used to provide supporting documentation for the text and appendices of the limited survey report.

The survey team chair and secretary are expected to review carefully the school's previous accreditation history (survey and progress reports). They should organise the visit and discussions around the items of concern highlighted in the letter to the school outlining the areas to be documented in the database.

Limited Survey Report Format

The CAAM-HP Secretariat will provide a template for a standard-cover page. Please ensure that the full name of the school and the visit date appear on this cover page.

Table of contents: Organise by category of concern, listed in the order that the items would appear in the full-survey database (e.g., Objectives, Governance/Administration, Educational programme, The Students, Resources, etc.). Also include a table of contents for the Appendices.

Memorandum from *ad hoc* survey team to CAAM-HP (As with a full report)

Introduction & Composition of survey team (As with full report)

Summary of Findings and Conclusions

This is different from the list of institutional strengths, non-compliance issues, and transition areas of the regular, full report. It should rather comprise a listing of the issues addressed by the limited survey, including any new concerns explored during the survey, arranged in the same order as the sections come up in the regular database (see Table of Contents, above).

It describes the team's findings on each concern separately in summary terms (details of the problem and findings come later). An example of summary statements in a limited survey is provided in the following.

Example of Findings and Conclusions

Educational Programme

The previous barrier to curricular renewal has been eliminated as the dean has appointed a new curriculum committee and the Faculty Council has adopted new bylaws to empower it with responsibility for implementation and management of changes agreed to by the Council.

The Students

The school has made no appreciable progress in the administration of student financial aid. The hours of business of the university's centrally-administered office are not convenient to the students; the number of lost applications continues to be high; and delays in processing applications, distributing checks, and handling problems continue unabated.

Final Survey Findings and Conclusions

Address each area of concern separately. Related concerns can be grouped together. For each concern, first describe the situation at the time of the previous survey visit, providing enough supporting data firm the previous survey report to document its seriousness. Indicate whether the problem is long-standing or has arisen recently.

Describe in specific terms the steps that have been taken to correct the concern. Provide evidence showing how well the problem has been addressed. Indicate further actions needed or future plans related to the concern. Provide a team evaluation of the success in dealing with the issue.

If any substantive new concern is identified during the limited survey, describe it and provide the team's assessment of needed corrective actions) and/or follow-up, and what, if anything, the institution is planning to do about the matter.

The following is an example of a more detailed exposition of concerns based on the first item in the summary above:

Oversight and management of the curriculum: The previous survey showed that curricular reform, endorsed in general terms by the Faculty Council several years previously, had not been implemented. The student self-study was extremely critical of the lecture-driven curriculum in the first two years and the virtual absence of opportunities for independent- and group learning. The curriculum committee was meeting on a quarterly basis, largely concerned with the review of new course offerings. There was no staff support bringing critiques and plans to the attention of the committee, and no inventory of the curriculum to identify unnecessary redundancy and opportunity for innovation.

Since the last visit, the dean has appointed a new curriculum committee and staffed it with a newly recruited associate dean. A curriculum inventory is being built, using input from the student note service and a key words/phrases check list completed by students in classes. The Faculty Council has adopted changes in the faculty bylaws empowering the curriculum committee with greater responsibility for curriculum management and implementation. The committee is meeting every other week and expects to have a slate of first-phase curricular changes ready for review by the Faculty Council in the next month. The faculty will be asked to agree with a goal of 25% reduction in didactic teaching in the coming year. The survey team finds this a commendable new beginning that will need to be followed closely.

Prior Accreditation Surveys

The CAAM-HP does not always review the previous full survey report in its entirety when considering a limited survey. Therefore, this section should contain enough relevant information about the history and setting of the school to serve as a frame of reference.

Summarize the findings and conclusions of the previous full survey (and any interim limited survey), quoting or paraphrasing the major strengths and concerns identified by earlier observers. Describe the actions of the CAAM-HP (including requests for progress reports) and summarize the nature of the response(s).

GUIDELINES FOR TYPISTS AND SECRETARIES ON REPORT PREPARATION

General Comments

1. Use one-inch margins throughout.

2. Use conventional type styles (fonts) similar to that used in official correspondence. Avoid large type styles, use of all capitals or colours that might not copy or reproduce clearly on black and white printers. (Either Times New Roman or Calibri 12 point is acceptable.)

3. Original or copied material should be on one side of the page only.

4. Please carefully check the quality of all photocopying as copying may produce distortions, low contrast, or crooked pages. Be sure that originals are of sufficiently high resolution for reproduction.

5. After the entire report is completed and assembled, insert page numbers at the bottom of each page, including database pages & appendices. Do not number each section separately.

6. Please use common style conventions:

    *   The word "dean" is not capitalized except when it begins a sentence or stands as "Dean (Name)". The same is true for vice chancellor, vice president, president, and chair.

    *   The words "survey team" are not capitalized.

    *   The words for example "veterinary school", "college", and "university" are not capitalized unless they begin sentences or refer to the name of a specific school e.g. "XXXX" Veterinary School".

    *   The word "faculty" is not capitalized unless it begins a sentence or is the equivalent of school, e.g., "the dean intends to allocate more funds to the Faculty for laboratory construction".

    *   "Physiology", "Biochemistry", etc. are capitalized when they refer to departments. The word "department" is not capitalized except in the specific, e.g. "Department of Medicine".

Report Format

1. Please be sure that the full name of the school and the visit date appear on the cover page.

2. Immediately following the title page is the Table of Contents (including that for the Appendix) which can be numbered with small Roman numerals at the bottom of the page.

3. Following the Table of Contents (including that for the Appendix) is the team's covering memorandum and signature sheet. (See sample attached.) Number with Roman numerals.

4. After the report is accepted and printed, the Secretariat will ensure that it is signed by the Team Chair and/or Team Secretary.

5. The draft report is sent concurrently to team members and the CAAM-HP Secretariat; it should be a full copy, including the Appendix pages. The Secretariat sends the draft report to the dean for correction of any factual errors.

6. As much as is possible, ensure that all typographical, grammatical and punctuation errors in the draft have been corrected.

Appendix 1 - Sample Table of Contents

Appendix 2 - Sample of Appendices to a Report

Appendix 3 - Sample of Memorandum to CAAM-HP

TO: The Caribbean Accreditation Authority for Education in Medicine and Other
         Health Professions

FROM: The Survey Team that visited the **(name of school)** on **(dates)**

RE: Final Team Survey Report

On behalf of the *ad hoc* CAAM-HP survey team that visited the **(name of school)** on **(dates)**, the following final report of the team's findings and conclusions is provided.

Respectfully,

(Name)
(Team Secretary)

Appendix 4 - Documents available from the CAAM-HP

- Summary of the Accreditation Procedures for Established Schools
- Procedures of the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions
- Standards for the Accreditation of Medical Schools in the Caribbean Community
- Standards for the Accreditation of Dental Schools in the Caribbean Community
- Standards for the Accreditation of Veterinary Schools in the Caribbean Community
- Standards for the Accreditation of Degree Nursing Programmes in the Caribbean Community
- Standards for the Accreditation of Nutrition and Dietetics Degree Programmes in the Caribbean Community
- Accreditation Guidelines for New and Developing Schools
- Students' Role in the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions
- Guidelines For Accreditation Survey Visits
- Guide for Writing a Report on a Visit of a Survey Team
- Guide to the Institutional Self-Study for Programmes of Education in Medicine
- Guide to the Institutional Self-Study for Programmes of Education in Dental Medicine
- Guide to the Institutional Self-Study for Programmes of Education in Veterinary Medicine
- Guide to the Institutional Self-Study for Degree Programmes of Education in Nursing
- Instructions for Completing the CAAM-HP Medical Education Database and Institutional Self-Study
- Instructions for Completing the CAAM-HP Dental Education Database and Institutional Self-Study
- Instructions for Completing the CAAM-HP Veterinary Education Database and Institutional Self-Study
- Instructions for Completing the CAAM-HP Nursing Education Database and Institutional Self-Study
- Medical Education Database
- Dental Education Database
- Veterinary Education Database
- Nursing Education Database
- Database Form for Required Courses and Clerkships for Medicine
- Database Form for Required Courses and Clerkships for Dental Medicine
- Database Form for Required Courses and Clerkships for Veterinary Medicine
- Database Form for Required Courses and Clerkships for Nursing
- Annual Medical School Questionnaire
- Annual Dental School Questionnaire
- Annual Veterinary School Questionnaire

All of the above documents are available on the CAAM-HP website at: www.caam-hp.org