CAAM-HP Medical Education Database

# Section III – Educational Programme

## [Name of school]

## [Date of submission]

**GUIDELINES FOR SCHOOLS**

This data base section has been prepared as an editable template in Microsoft Word format

Shaded text boxes and tables are provided as guidelines for entering text in response to each item.

Where additional documents are requested, a place has been provided for the school to indicate a reference to an appendix

In some cases, tables may need to be expanded or duplicated and column or row headings may need to be adjusted to conform to terminology used by the school

Schools should make every effort to be concise in their responses while ensuring that each required item is addressed adequately

##### Part A: Key Quantitative Indicators

1. Total number ofscheduled weeks of instruction for the complete educational programme.
2. Provide the examination results for first-time takers of promotion exams during the three most recently completed academic years.

1st Year: Exam Title

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **No. Examined** | **% Passing** | **Mean GPA** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2nd Year: Exam Title

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **No. Examined** | **% Passing** | **Mean GPA** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

3rd Year: Exam Title

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **No. Examined** | **% Passing** | **Mean GPA** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

4th Year: Exam Title

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **No. Examined** | **% Passing** | **Mean GPA** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Final/Graduating exam

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **No. Examined** | **% Passing** | **Mean GPA** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Graduation, licensure and placement data for the last **five** years

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| from: to: | **Last Year** | | **2 years prior** | | **3 years prior** | | **4 years prior** | | **5 years prior** | |
| **No.** | **%** | **No.** | **%** | **No.** | **%** | **No.** | **%** | **No.** | **%** |
| Graduation numbers  (and % of starting cohort) |  |  |  |  |  |  |  |  |  |  |
| Licensure rates of graduates  (if applicable and available) |  |  |  |  |  |  |  |  |  |  |
| Graduates placed in internship or residency  (actual no. and % of graduating class) |  |  |  |  |  |  |  |  |  |  |
| Graduates successfully completing internship/residency  (actual no. and % of graduating class) |  |  |  |  |  |  |  |  |  |  |

**Part B: Narrative Data and Tables**

**ED-1 Periodically, a medical school should in consultation with relevant stakeholders, professional, governmental and private sector entities and NGOs, review the state of medicine and its practise in the constituency it serves. Such reviews should be used to ensure that the programme is relevant to the needs of the community and to identify perceived deficiencies in the curriculum and the curriculum committee given clear directives as a result of such re-assessment of successes and unmet challenges. The faculty of a medical school must define its medical education programme objectives in outcome-based terms that allow the assessment of the students’ process in developing the competencies that the profession and the public expect of a doctor.**

*Educational objectives are statements of the items of knowledge, skills, behaviours, and attitudes that students are expected to exhibit as evidence of their achievement. They are not statements of mission or broad institutional purpose, such as education, research, health care, or community service. Educational objectives state what students are expected to learn, not what is to be taught.*

*Student achievement of these objectives must be documented by specific and measurable outcomes (e.g., measures of basic science grounding in the clinical years, examination results; and where applicable, performance of graduates in residency training, performance in licensing examinations, etc.).*

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1. List the general objectives of the educational programme.
2. Indicate the year in which they were originally adopted and the year in which they were most recently reviewed or revised.

|  |  |
| --- | --- |
| Year adopted |  |
| Year last revised |  |

**ED-2 Strategic Planning and Continuous Quality Improvement – the school must engage in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality and ensure effective monitoring of the medical education programme’s compliance with accreditation standards.**

1. Please outline the processes within your school which address the requirements of this standard.

**ED-3 The objectives for clinical education must include criteria for the types of patients and the appropriate clinical settings needed for the objectives to be met.**

*Each course or clerkship that requires physical or simulated patient interactions should specify the kinds of patients that students must see in order to achieve the objectives of the learning experience. They should also specify the extent of student interaction with patients and the venue(s) in which the interactions will occur, irrespective of the student’s religious beliefs and with full respect for the autonomy of the patient. A corollary requirement of this standard is that courses and clerkships will monitor and verify, by appropriate means, the variety of patient encounters in which students participate, so that adjustments in the criteria can be made if necessary without sacrificing educational quality.*

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1. Describe how both individual departments and the curriculum committee determine the kinds of patients and the clinical settings needed to meet the objectives for clinical education. Provide the school’s list, by discipline, of core cases to which all students must be exposed.

**ED-4 A medical school must ensure that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his/her level of training and that the activities supervised are within the scope of practice of the supervising health professional.**

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1. How does the school ensure that its students in clinical learning situations are adequately supervised?

**ED-5 The objectives of the educational programme must be made known to all medical students and to the faculty, residents / junior staff, and others with direct responsibilities for medical student education.**

*Among those who should exhibit familiarity with the overall objectives for the education of medical students are the dean and the academic leadership of clinical affiliates where the educational programme takes place.*

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Describe how the general objectives of the educational programme are made known to:

1. medical students;
2. teaching staff, including full-time and part-time faculty, graduate students, and resident physicians with responsibility for teaching;
3. the academic leadership of the medical school and its affiliated institutions.

**ED-6 The degree programme of medical education must include at least 130 weeks of instruction delivered over at least 4 calendar years.**

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Provide the number of scheduled weeks of instruction in:

|  |  |
| --- | --- |
| Programme Year | Weeks |
| Year One |  |
| Year Two |  |
| Year Three |  |
| Year Four |  |
| Year Five |  |

**ED-7 The medical school must design and the faculty approve a curriculum that provides a general professional education, and ensure that it includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students’ self-assessment of learning needs; independent identification, analysis and synthesis of relevant information and appraisal of the credibility of information sources.**

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1. Supply a copy of the Course Schematic showing the approximate sequencing of, and relationships between, required courses and clerkships in each academic period of the curriculum.

|  |  |
| --- | --- |
| Appendix reference |  |
| Not available |  |

1. Supply a copy of the Required Courses and Clerkships with educational methods, in each academic period of the curriculum as stipulated in the required course and clerkship forms.
2. If the school offers multiple tracks, provide a separate description of tracks.
3. Outline the opportunities in the curriculum for self-directed learning.

**ED-8 The curriculum must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students’ ability to use principles and skills wisely in solving problems of health and disease.**

*The curriculum must include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on care.*

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Provide one or more examples of how students acquire the following skills and understanding:

* Ability to learn through self-directed, independent study
* Skills of critical judgment based on evidence
* Skills of medical problem-solving
* Understanding of societal needs and demands on health care

**ED-9 There must be comparable educational experiences and equivalent methods of assessment across all alternative instructional sites within a given discipline.**

*Compliance with this standard requires that educational experiences given at alternative sites be designed to achieve the same educational objectives. Course duration or clerkship length should be identical, unless a compelling reason exists for varying the length of the experience. The instruments and criteria used for student assessment, as well as policies for the determination of grades, should be the same at all alternative sites.*

*The faculty who teach at various sites should be sufficiently knowledgeable in the subject matter to provide effective instruction, with a clear understanding of the objectives of the educational experience and the assessment methods used to determine achievement of those objectives. Opportunities to enhance teaching and assessment skills should be available for faculty at all instructional sites.*

*While the types and frequency of problems or clinical conditions seen at alternate sites may vary, each course or clerkship must identify any core experiences needed to achieve its objectives, and assure that students received sufficient exposure to such experiences.*

*The proportion of time spent in inpatient and ambulatory settings may vary according to local circumstance, but in such cases the course or clerkship director must assure that limitations in learning environments do not impede the accomplishment of objectives.*

*To facilitate comparability of educational experiences and equivalency of assessment methods, the course or clerkship director should orient all participants, both teachers and learners, about the educational objectives and the assessment system used. This can be accomplished through regularly scheduled meetings between the director of the course or clerkship and the directors of the various sites that are used.*

*Course or clerkship leaders should review student assessments of their experiences at alternative sites to identify any persistent variations in educational experiences or assessment methods.*

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For courses or clerkships offered at more than one site, describe the following:

1. How faculty members at all sites are oriented to the objectives and grading system for the course or clerkship.
2. How and how often individuals responsible for the course or clerkship at all sites communicate regarding planning, implementation, student assessment and course evaluation.
3. Faculty development activities related to teaching and assessment skills that are available to instructional staff across sites.
4. Mechanisms for review and sharing of student evaluations of their educational experiences, and any other data reflecting the comparability of learning experiences across sites.

**ED-10 Accredited programmes must notify CAAM-HP of plans for any major modification of the curriculum.**

*Notification should include the explicitly-defined goals of the change, the plans for implementation, and the methods that will be used to evaluate the results. Planning for curriculum change should consider the incremental resources that will be required, including physical facilities and space, faculty / resident support, demands on library facilities and operations, information management needs, and computer hardware.*

*In view of the increasing pace of discovery of new knowledge and technology in medicine, the CAAM-HP encourages experimentation that aims at increasing the efficiency and effectiveness of medical education.*

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1. Describe any plans for major modification of the present curriculum.

**ED-11 A medical school must ensure that the learning environment of its medical education programme is conducive to the ongoing development of explicit and appropriate professional behaviours in its medical students, faculty and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences and identify and promptly correct violations of professional standards.**

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1. Please describe how the school ensures that this standard is addressed.

**ED-12 The programme must introduce medical students to the basic scientific and ethical principles of clinical and translational research including the ways in which such research is conducted, evaluated, explained to patients and applied to patient care.**

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1. How are these topics covered in your curriculum?

**ED-13 The medical school should ensure that the medical education programme provides sufficient opportunities encourages and supports medical students’ participation in service-learning and community service activities.**

*Service–learning is defined as a structured learning experience that combines community service with preparation and reflection.*

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1. Please provide information on how students learn through interaction with patients during their care and through community service activities.

**ED-14 The curriculum must include behavioural and socioeconomic subjects, in addition to basic science and clinical disciplines.**

*Subjects widely recognised as important components of the general professional education of a physician should be included in the medical education curriculum. Depth of coverage of the individual topics will depend on the school's educational goals and objectives.*

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1. Which behavioural and socio-economic topics are covered in the curriculum and how are they delivered?

**ED-15 The curriculum must include the contemporary content of those disciplines that have been traditionally titled anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, community and preventive medicine as well as ethics, law and international codes of conduct.**

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1. Indicate where in the curriculum the above subjects are covered, either as separate required courses or as part of interdisciplinary required courses.

**ED-16 Instruction within the basic sciences should include laboratory or other practical exercises that entail accurate observations of biomedical phenomena.**

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1. Describe where in the curriculum students participate in required laboratory exercises (real or simulated) that oblige them to make observations of biomedical phenomena and collect or analyse data.

**ED-17 Clinical instruction must cover all organ systems, and include the important aspects of preventive, emergency, acute, chronic, continuing, rehabilitative, family medicine and end-of-life care.**

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1. How does the school ensure that all the above aspects of clinical medicine are included as part of required clinical instruction?

**ED-18 Clinical experience in primary care, internal medicine, women’s health/obstetrics and gynaecology, child health / paediatrics, psychiatry and surgery must be included as part of the curriculum**

*Students’ experience must be based in outpatient, inpatient and emergency settings.*

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1. Describe where in the curriculum students acquire the relevant knowledge and skills in each of the disciplines above and the number of hours/weeks devoted to each.

**ED-19 Educational opportunities must be available in multi-disciplinary content areas, such as emergency medicine and geriatrics, and in the disciplines that support the practice of medicine, such as diagnostic imaging and clinical pathology.**

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Describe where in the curriculum the following subject areas are covered:

1. Emergency Medicine
2. Geriatrics
3. Diagnostic Imaging/Radiology
4. Clinical Pathology

**ED-20 Critical analyses of data must be a component of all segments of the curriculum.**

1. Describe how critical analysis of data and phenomena is accomplished in (i) the biomedical and social sciences and (ii) the clinical components of the programme.

**ED-21 The faculty of a medical school must ensure that the core curriculum of the medical education programme prepares students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.**

1. Describe how the school ensures that its educational goals for inter-professional collaborative skills are achieved.

**ED-22 There must be specific instruction in communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, other health professionals and resolution of conflicts.**

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Describe where in the curriculum (specific course or clerkship) students gain experience in the following areas. Include the settings in which instruction occurs (e.g., classroom, clinical) and the format(s) used (e.g., lecture, small-group, standardized patient, role play, etc.).

1. Communicating with patients and patient families.
2. Communicating with colleagues (medical and non-medical)

**ED-23 The curriculum must prepare students for their role in addressing the medical consequences of common societal problems.**

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1. Indicate where in the curriculum students learn about the medical consequences of common societal problems.

**ED-24 The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.**

*All instruction should stress the need for students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on their health.*

*To demonstrate compliance with this standard, schools should be able to document objectives relating to the development of skills in cultural competence and indicate where in the curriculum students are exposed to such material, and demonstrate the extent to which the objectives are being achieved.*

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1. Indicate where in the curriculum students learn about issues related to cultural competence. Note whether the instruction occurs through formal teaching or as a result of exposure in the clinical setting.

**ED-25 Medical students must learn to recognise and appropriately address gender, cultural and religious biases in themselves and others, and in the process of health care delivery.**

*The objectives for clinical instruction should include student understanding of demographic influences on health care quality and effectiveness, such as racial and ethnic disparities in the diagnosis and treatment of diseases. The objectives should also address the need for self-awareness among students regarding any personal biases in their approach to health care delivery.*

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1. Describe where in the curriculum (in formal teaching sessions or indirectly through clinical experiences) students receive instruction addressing the following:
2. Demographic influences on health care quality and effectiveness (including racial or ethnic disparities in health care delivery).
3. Student self-awareness of their own biases.
4. Provide evidence that institutional or course- and clerkship-specific objectives related to gender, cultural and religious biases on health care are being met.

**ED-26 The curriculum must include elective courses to supplement required courses.**

*While electives permit students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests, they should also provide opportunities for students to pursue individual academic interests.*

1. Indicate the weeks of elective time available in each year of the curriculum.

|  |  |
| --- | --- |
| **Year** | **Elective Time  (weeks)** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

1. What is the maximum number of weeks that students may spend taking electives at another institution?

1. Describe how electives are selected and approved.
2. How is the student’s performance during an elective assessed?
3. Provide the average number of weeks that students in the most recent graduating class spent taking electives at another institution.

|  |  |
| --- | --- |
| No.  of Students | Avg. no. of weeks spent in  electives at other institutions |
|  |  |

**ED-27 Faculty, residents / junior staff, graduate students and postdoctoral fellows in the biomedical sciences serving as teachers or teaching assistants, must be familiar with the educational objectives of the course / clerkship and should be prepared / trained for their roles in teaching and assessment.**

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1. Describe any institution-level programmes to enhance the teaching and evaluation skills of graduate students, postdoctoral fellows, or residents. If such programmes are the same as those provided for faculty, indicate this in your response.

**ED-28 Supervision of student learning experiences must be provided throughout required courses / clerkships by members of the medical school’s faculty.**

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1. If there are any required clerkships where the physicians who supervise students are not members of the medical school faculty, explain how you ensure that students are adequately supervised.

**ED-29 The medical school faculty must establish a system for the assessment of student achievement throughout medical school that employs a variety of measures of knowledge, skills, behaviours, and attitudes.**

*Assessment of student performance should measure not only retention of factual knowledge, but also development of the skills, behaviours, and attitudes needed in subsequent medical training and practice.*

*The ability to use data for solving problems commonly encountered in medical practice should be assessed.*

*The sole use of frequent tests which condition students to memorize details for short-term retention only is not considered a good system of assessment to foster self-initiated learning.*

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1. What are the respective roles of central school bodies, e.g. the curriculum committee and individual disciplines in designing and implementing assessments?
2. What requirements are there for formative assessments with feedback to the students?
3. How does the school ensure the maintenance of standards and the fairness of assessments?
4. Describe how the school uses blueprinting and standard setting in assessments?
5. Describe how the school ensures that the methods used to assess student performance are appropriate to achieve its institutional and course or clerkship-specific objectives.

**ED-30 The chief academic officer, curriculum leaders, and faculty must understand, or have access to individuals who are knowledgeable about methods for measuring student performance. The school should provide opportunities for faculty members to develop their skills in such methods.**

1. Describe any faculty development activities (e.g. workshops) available for faculty members to enhance their skills in the assessment of student performance.

**ED-31 There must be ongoing assessment that assures students have acquired and can demonstrate on direct observation the core clinical skills, behaviours and attitudes that have been specified in the school’s educational objectives.**

*There must be assessment of problem solving, clinical reasoning, and communication skills in relation to both individuals and communities.*

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1. Is there a core list of clinical skills/behaviours that students must master? (check)

|  |  |
| --- | --- |
|  | Yes, as part of the institutional educational objectives |
|  | Yes, as a separate list for each required clinical clerkship |
|  | No (please explain if checked) |

1. If one or more comprehensive assessments of communication or clinical skills (e.g., OSCE or standardized patient assessments) are given outside of individual courses or clerkships, describe the assessment methods and when the assessments are administered.
2. If the curriculum contains formal experiences in problem solving and clinical reasoning, provide examples and indicate how student achievement is assessed.
3. Provide examples of when and how student communication skills are assessed.

**ED-32 The directors of all courses/clerkships must design and implement a system of formative and summative assessment of student achievement in each course/clerkship.**

*Those directly responsible for the assessment of student performance should understand the uses and limitations of various test formats, criterion-referenced vs. norm-referenced grading, reliability and validity issues, formative vs. summative assessment and objective vs. subjective formats.*

*Each student should be evaluated early enough during a unit of study to allow time for remedial work.*

*Courses or clerkships that are short in duration may not have sufficient time to provide structured activities for formative assessment, but should provide some alternate means (such as self-testing or teacher consultation) that will allow students to measure their progress in learning.*

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1. Describe any faculty development activities (e.g., workshops) available for faculty members to enhance their skills in the assessment of student performance.
2. Describe how the school ensures that mid-course and mid-clerkship assessments occur. Include methods (such as review of test results, formal written comments, oral comments) used to provide formative feedback.
3. Include a copy of any standard form(s) used by faculty members or resident physicians to assess students during required clinical clerkships.

|  |  |
| --- | --- |
| Appendix reference |  |
| Not available |  |

**ED-33 Narrative descriptions of student performance including personal qualities and interactions should be included as part of assessments in all required courses and clerkships where teacher-student interaction permits this form of assessment.**

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1. Describe how the school assesses these personal qualities and interactions and provide examples of narrative assessments of student performance that are used by the school.

**ED-34 There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum which is designed to achieve the school’s overall educational objectives.**

*The faculty must be responsible for the detailed design and implementation of the components of the curriculum.*

*An institutional body (commonly a curriculum committee) must oversee the educational programme as a whole. An effective central curriculum authority will exhibit:*

* + *Faculty, student, and administrative participation.*
  + *Expertise in curricular design, pedagogy, and assessment methods.*
  + *Empowerment to work in the best interests of the institution’s programmes without undue influence from special interests or departmental pressures.*

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Describe how the school ensures or oversees:

1. Logical sequencing of the various segments of the curriculum
2. Content that is coordinated and integrated within and across the academic periods of study (horizontal and vertical integration);
3. The development of specific course or clerkship objectives;
4. Methods of pedagogy and student assessment that are appropriate for the achievement of the school’s educational objectives.

**ED-35 Curriculum management involves leading, directing, coordinating, controlling, planning, evaluating, and reporting. Evidence of effective curriculum management includes:**

* + *Evaluation of programme effectiveness by outcomes analysis.*
  + *Monitoring of content and workload in each discipline, including the identification of omissions and unwanted redundancies.*
  + *Review of the stated objectives of individual courses and clerkships, as well as methods of pedagogy and student assessment to assure congruence with institutional educational objectives.*
  + *Ongoing review and updating of content, and evaluation of course and teacher quality.*

*Minutes of the curriculum committee meetings and reports to the faculty governance and deans should document that such activities take place and should show the committee’s findings and recommendations.*

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1. Provide an organizational chart for management of the curriculum that includes the curriculum committee and its subcommittees, other relevant committees, the chief academic officer, and other individuals or groups involved in curriculum design, implementation, and evaluation.

|  |  |
| --- | --- |
| Appendix reference |  |
| Not available |  |

1. Provide the charge or terms of reference for the curriculum committee and the source of its authority (bylaws, mandate from the dean or faculty executive committee etc.)
2. Describe the composition of this committee and mechanisms for selecting its members and chair.
3. Indicate the frequency of regularly scheduled meetings of this during a typical academic year: (check)

|  |  |
| --- | --- |
| Weekly |  |
| Biweekly |  |
| Monthly |  |
| Bimonthly |  |
| Other (describe) |  |

1. If there are standing subcommittees, describe their role, membership, and reporting relationship to the parent committee.
2. Describe the roles of the curriculum committee and any subcommittees, chief academic officer or associate dean for educational programmes, and departments in each of the following:

* Developing and reviewing the institutional objectives for the educational programme
* Ensuring use of appropriate teaching methods or instructional formats
* Monitoring the content in each discipline for consistency with the school’s overall objectives
* Ensuring that content is coordinated and integrated within and across academic periods of study
* Ensuring use of appropriate methods to assess student performance;
* Monitoring the quality of teaching.

1. Year of implementation for the last major revision of the curriculum:

1. Summarize the principal features of that revision, including the reasons for the change and the specific goals that the change was designed to accomplish.
2. Provide examples of the types of changes that can be handled at the level of the course or clerkship and the types of changes that require curriculum committee or other central approval.
3. Describe the process of formal review for each of the curriculum element listed below. Include in the description how often such reviews are conducted, how they are conducted, and under what auspices (e.g., the department, the curriculum committee) they are undertaken.

* Required courses
* Required clerkships
* Individual years or academic periods of the curriculum
* The entire curriculum

1. Describe how the curriculum committee monitors the content of required courses and clerkships, and how gaps and unwanted redundancies are identified.

**ED-36 The academic faculty must have sufficient resources and authority to fulfil the responsibility for the management and evaluation of the curriculum.**

*The dean / chief academic officer, with ultimate individual responsibility for the design and management of the educational programme as a whole, may delegate operational responsibility for curriculum oversight to a vice dean or associate dean.*

*The kinds of resources needed by the chief academic officer to assure effective delivery of the educational programme include:*

* + *Adequate numbers of teachers who have the time and training necessary to achieve the programme’s objectives.*
  + *Appropriate and adequate teaching space for the methods of pedagogy employed in the educational programme.*
  + *Appropriate educational infrastructure (computers, audiovisual aids, laboratories, etc.).*
  + *Educational support services, such as examination grading, classroom scheduling, and faculty training in methods of teaching and assessment.*
  + *Support and services for the efforts of the curriculum management body and for any interdisciplinary teaching efforts that are not supported at a departmental level.*

*The chief academic officer must have explicit authority to ensure the implementation and management of the educational programme, and to facilitate change when modifications to the curriculum are determined to be necessary.*

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1. Provide the name and title of the chief academic officer responsible for the medical education programme. If the dean functions as the chief academic officer but has delegated responsibility for medical student education to an associate dean or other individual, provide the name and title of the latter.

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |

1. Provide a position description for the individual responsible for the medical education programme.
2. List the faculty and resources available to each teaching department.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | **No. of Faculty** | **No of Students per Course/Clerkship (range)** | **No. Exclusive Equipped Teaching Rooms/ Laboratories** | **No. Shared Equipped Teaching Rooms/ Laboratories** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**ED-37 The committee should give careful attention to the impact on students of the amount of work required, including the frequency of examinations and their scheduling.**

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1. Provide the average number of unscheduled hours per week during each segment of the curriculum and the number of for-credit examinations in each.

|  |  |  |  |
| --- | --- | --- | --- |
| **Year/Semester/Phase** | **No. of unscheduled hours (range)** | **No. of for-credit examinations** | **No. of not-for-credit examinations (range)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Describe how the curriculum committee or the relevant subcommittee(s) monitors the workload of students within and across individual courses and clerkships.

*Note:* ***Questions for standards ED-38 through ED-44*** *should be completed only by schools that offer an MD/MB BS educational programme on more than one geographically separate campus.*

**ED-38 The medical school’s academic officers must be responsible for the conduct and quality of the educational programme and for assuring the adequacy of faculty at all educational sites.**

**ED-39 The academic officer in charge of each geographically separate site must be administratively responsible to the chief academic officer of the medical school conducting the educational programme.**

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1. List each geographically separate campus, its location, and the name and title of the chief academic officer at the site.

|  |  |  |
| --- | --- | --- |
| Campus | Location | Name/Title of Principal Academic Officer |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Describe the role of the medical school’s chief academic officer in oversight of the conduct and quality of the educational programme at all sites. Include the reporting relationships between the principal academic officer at each geographically separate campus and the chief academic officer of the medical school.
2. For each geographically separate campus (including the main campus of the medical school) indicate the average number of students in a given year at that site. The total for each year should add up to the total enrolment for that year.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Campus | NumberYear 1 | NumberYear 2 | NumberYear 3 | NumberYear 4 | **Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

**ED-40 The faculty in each discipline at all sites must be functionally integrated by appropriate administrative mechanisms.**

*Schools should be able to demonstrate the means by which faculty at dispersed sites participate in student education that is consistent with the objectives and performance expectations established by course or clerkship leadership.*

*Mechanisms to achieve functional integration may include regular meetings, electronic communication, periodic visits to all sites by course or clerkship leadership, and sharing of course or clerkship assessment data and other types of feedback regarding faculty performance of their educational responsibilities.*

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1. Describe how faculty members in each discipline are functionally integrated across sites to assure comparability of educational experiences and of student assessment.

**ED-41 There must be a single standard for promotion and graduation of students across geographically separate campuses.**

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1. Confirm that the school meets this standard. If there are any variations from it, describe them and the reasons for them.

**ED-42 The parent school must assume ultimate responsibility for the selection and assignment of all medical students when geographically separated campuses are operated.**

**ED-43 Students should have the opportunity to move among the component programmes of the school.**

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1. Describe how students are selected for and assigned to different medical school campuses. Include the process, if any, for appealing assignment to a specific site or for changing sites. Note any circumstances where decisions about student selection and assignment are not made by the parent school.
2. Are students allowed to take part of a year (i.e., individual required courses or clerkships) at a geographically separate campus? (check)

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**ED-44 Students assigned to all campuses should receive the same rights and support services.**

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1. Describe any variations in student services (financial aid, health services, etc.) or in access to student services at the various campuses of the medical school.
2. Indicate any student services that are available only at the main campus of the medical school or parent university.

**ED-45 To guide programme improvement, medical schools must evaluate the effectiveness of the educational programme by documenting the extent to which its objectives have been met.**

*In evaluating programme quality, schools must consider student evaluations of their courses and teachers, and an appropriate variety of outcome measures.*

*Among the kinds of outcome measures that serve this purpose are data on student performance, academic progress and programme completion rates, acceptance into residency / postgraduate programmes, postgraduate performance, and practice characteristics of graduates.*

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1. Check all indicators used by the medical school to evaluate educational programme effectiveness. (If there has been a previous CAAM-HP accreditation visit tick only those used since that visit). Please note that analysis of these data will be considered as part of the accreditation decision-making process.

|  |  |
| --- | --- |
|  | Student scores on internally developed examinations |
|  | Performance-based assessment of clinical skills (e.g., OSCEs) |
|  | Results of CAMC, USMLE, PLAB or other national examinations |
|  | Student evaluation of courses and clerkships |
|  | Student advancement and graduation rates |
|  | Specialty choice of graduates |
|  | Assessment of residency performance of graduates(where applicable) |
|  | Licensure rates of graduates (where applicable) |
|  | Specialty certification rates |
|  | Practice location of graduates |
|  | Practice type of graduates |
|  | Other (specify) |

1. For each checked item, indicate:
2. How the data are collected (including response rates for questionnaires)
3. What groups or individuals review the data (e.g., curriculum committee, department chairs)
4. How the information is used for curriculum review and change
5. Provide evidence that the educational programme objectives in the domains of knowledge, skills, behaviours, and attitudes are being achieved.

**ED-46 Medical schools must evaluate the performance of their students and graduates in the framework of national and international norms of accomplishment and performance within the health care system.**

*\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If available, provide summary data on the performance of your graduates in the following over the last five years:

1. **Examination results**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examination** | **No. taking examination in previous 5 years** | **Examination scores (range)** | **No. passing** | **No. passing at first attempt** |
| CAMC Part II |  |  |  |  |
| USMLE Step 1 |  |  |  |  |
| USMLE Step 2 |  |  |  |  |
| USMLE Step 3 |  |  |  |  |
| MCCQE Part I |  |  |  |  |
| MCCQE Part II |  |  |  |  |
| PLAB Part II |  |  |  |  |

If some or all of your graduates do not sit the above examinations please give the number sitting any internal end of course examination(s) in the last five years, the number passing and the number passing at the first attempt.

1. **Graduate medical education**

Please provide details of any measures you have of the performance of your graduates over the last five years in graduate medical education (e.g. from surveys of graduates or internship/residency programme directors).

**END OF SECTION III**