CAAM-HP Medical Education Database Form

Application for Candidacy

|  |  |
| --- | --- |
| Submitted by: | [insert name of medical school] |
|  |  |
|  |  |
|  |  |
| Date: | [insert date of submission] |

**ACKNOWLEDGEMENT**

This Database Form for accreditation of medical schools in the Caribbean was adopted with permission from the Liaison Committee on Medical Education and modified from their document *Data Collection Instrument* *for Full Accreditation Surveys.*

**Note: This document, or no part thereof, may be copied without permission from the LCME and the CAAM-HP.**

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**The Application Process for New Schools - Candidacy Status**

The CAAM-HP defines a New School as one that is in the planning stage and has not yet admitted its first charter class of students. For such schools, Candidacy is the status that may be granted by the CAAM-HP during the initial phase of development of the school. Candidacy status is not accreditation. Following evaluation of an application for Candidacy status, CAAM-HP may inform the applicant of areas of strengths, weaknesses and areas that need attention, opportunities for enhancement, and areas of threats and challenges. This has the potential to place the school in a better position for eventual Provisional Accreditation and ultimately Standard Accreditation.

**Background to Establishment of the CAAM-HP**

The Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) was established in 2004 under the aegis of the Caribbean Community (CARICOM) to ensure that the education programmes of medicine and other health professions offered by institutions in participating countries are recognised nationally and regionally to be of international standard. Medical education in the Caribbean Community (CARICOM) began with thirty-three (33) students in 1948 at the foundation of the University College of the West Indies (UCWI), at the Mona Campus in Jamaica as a constituent part of the University of London. In 1962 the UCWI sought independence from London, becoming the University of the West Indies (UWI). From its inception until 2001 when the practice of accrediting overseas institutions was discontinued in keeping with European Union (EU) regulations regarding academic and professional training programmes, the medical education programme of the UWI was accredited by the General Medical Council (GMC) of the UK. This gave national, regional, and international recognition to UWI graduates who were able to register freely in the UK and other Commonwealth countries. This practice continued over the years even as various changes took place in medical education at the University of the West Indies (UWI). Other medical schools were established at the University of Suriname in 1969 and at the University of Guyana in 1985. From the mid-1970s onwards the region witnessed the influx of several ‘offshore’ medical schools catering almost exclusively for an international student population mainly from the US and Canada. In response to these developments and the regional thrust to ensure quality education and training in the context of the CARICOM Single Market and Economy (CSME), a regional accreditation system was established as a means of providing the assurance of quality that generates confidence in the stakeholders. Thus, the Authority was launched under the aegis of CARICOM in July 2004 to accredit the education programmes in medicine, dentistry, veterinary medicine, nursing, and other health professions in CARICOM member states.

**Purposes and Consequences of CAAM-HP Accreditation**

The Authority seeks mutual recognition with other established medical, dental, veterinary and degree nursing education accreditation bodies and is responsible for an ongoing review of accreditation standards. Through accreditation, the Authority will provide assurance to students, graduates, the health professions, healthcare institutions and the public that medical and other health professions education programmes meet reasonable and appropriate international standards for educational quality and that the graduates have received a complete and valid educational experience and have achieved appropriate standards. The cyclical process of institutional self-study and assessment, coupled with external validation by a team of professional peers, provides a mechanism for ongoing quality improvement. This quality assurance focus ensures continuous adjustment of standards to evolving disciplinary expectations and is closely linked to licensing requirements for practice and access to the postgraduate education in the disciplines.

**Difference Between Accreditation of Schools and Education Programmes**

The “scope of recognition” for the CAAM-HP, as recognised by the participating countries of the region, is the accreditation of medical, dental, veterinary and degree nursing education programmes that are provided in the participating countries. Some schools offer multiple parallel segments of their education programmes, sometimes by way of separate campuses where students may complete portions of their study, or through distinct “tracks” within educational programmes where students at a single location may learn similar content using varying educational methods. Schools may also offer programmes or parts of programmes in countries outside of the participating countries, that is, in the case of offshore schools, clinical clerkships may be offered outside of the country in which the school is located. The basic sciences portion of the programme cannot be taken outside the country in which the medical school is located. By restricting the scope of recognition to complete education programmes, the CAAM-HP can focus its assessment activities on comprehensive and comparable units of analysis, independent of the administrative structures of the schools that provide them. Thus, it does not confer accreditation on programmes of one or two-year duration, except as elements of a complete educational programme. On request, CAAM-HP also assesses education programmes of schools in Caribbean countries outside the CARICOM framework.

**Procedures for Candidacy**

To gain Candidacy status, any new medical, dental, veterinary or degree nursing education programme seeking CAAM-HP recognition must follow a series of steps outlined in the document below. In general, the sequence involves initial evaluation of the readiness of the programme of a new school to admit a charter class. For a programme to be considered for Candidacy, the school must pay the required fee (see Appendix C in *Procedures of the CAAM-HP* for the Schedule of Fees), provide information outlined in this document and respond to any additional requests for pertinent data. These data are used to decide on the readiness of the proposed programme to admit a first-year class. Candidacy is normally granted for a period of two years prior to enrolment of the first students. Please note that candidacy is not accreditation and does not guarantee eventual accreditation. It merely indicates that a school has met certain minimum standards to begin operations. The steps in the Candidacy process leading up to application for Provisional Accreditation are outlined below.

1. An initial candidacy survey is conducted during the years prior to enrolment of the first class to determine whether the minimum requirements for consideration by the CAAM-HP have been met. Based on the report of the survey team, the CAAM-HP will determine whether or not to award Candidacy status.
2. Once Candidacy is awarded, schools are required to submit annual progress reports stating what actions are being taken to address areas of concern.
3. A consultation survey is arranged by the Secretariat early in the final Candidacy year, to review progress and to assist the dean and faculty in the formation of a “problem list” to be analysed in the institutional self-study required for the survey for Provisional Accreditation. A report of the survey will be reviewed by the CAAM-HP.
4. At the end of the period of Candidacy, schools which comply with these requirements become eligible to apply to the Authority for Provisional Accreditation.
5. Applications for Provisional Accreditation should not be submitted until the end of the year in which the first students are admitted.

# **Minimum Requirements for Candidacy**

New educational programmes do not need to demonstrate compliance with all CAAM-HP accreditation standards nor to have the resources in place for the entire programme at the time of the application. Nevertheless, the CAAM-HP expects the minimum requirements that are shown for the standards below (narrative and supporting documentation) to be met and the essential elements of institutional organisation, operation, and resources to be in place before it will approve the programme for Candidacy.

Additional expectations, not listed below, may be appropriate under certain circumstances (for example, if a school intends to offer extensive clinical instruction during the first year of study). Schools are encouraged to consult with the CAAM-HP Secretariat to determine if additional requirements are likely to be warranted.

The minimum requirements for Candidacy correspond in general to the five major headings and related accreditation standards published on the CAAM-HP website for accreditation of medical education programmes. The Applicant (the proposed entity applying to establish a new medical school) should carefully study the CAAM-HP Standards for Accreditation and the Database Form for accreditation of medical schools in the Caribbean.

To comply with CAAM-HP standards, a school in the planning stage is expected to have the standards listed below in place before requesting consideration for Candidacy. The Applicant shall submit an application that responds to the questions (narrative, supporting data, and supporting documentation) following the standards shown below and contains other supporting documentation as appendices where appropriate.

The application consists of two (2) parts. One is an executive summary and the other a database.

#### An executive summary that delineates at a minimum the following:

1. Description and history of the sponsoring organisation.
2. Names and summaries of the qualifications of the organisers – attached curriculum vitae as an appendix.
3. Justification for establishment of a new medical school in the Caribbean.
4. Site where the programme will be administered.
5. An organisational chart showing the formal delineation of the relationship between the school and the parent university or the sponsoring organisation.
6. An organisational chart showing the relationship of the administrators of the school.
7. The mission statement.
8. A summary of the educational objectives of medical school.
9. The number and percentage of students from CARICOM that are expected to be enrolled and how they will be recruited.
10. The planned number of students in the inaugural class, and the number of matriculants for each of the next four (4) succeeding years.
11. The number and percentage of enrolled students who are citizens or permanent residents of the United States of America (US) during each of the first two years of operation.

#### A completed database with five (5) sections for the following CAAM-HP standards that are copied from the Database Form with modified requests for narrative and supporting documentation.

**Important:**

1. The number of each standard below corresponds to the number of the standard in the Database Form for full accreditation. Do not change the numbers as this is intentional for easy reference. Please do not submit any document more than once.
2. CAAM-HP expects that all the requested information will be available at the time of submission of the application but recognises that in rare instances requested information may not be available at the time of submission of the application. In those instances, provide an approximate date when such information will be available.
3. If sufficient or critical information is not included with the application, CAAM-HP reserves the right to inform the Applicant that no action will be taken until after such information is submitted. The site visit team may request additional information not included below.
4. Applicant refers to the entity applying for Candidacy status for a new medical school that has not yet enrolled any student.
5. Sponsoring organisation refers to a university, health system, or a company under which the medical school will operate.
6. Be sure to adjust the page numbers in the Contents before submission of the application to CAAM-HP.

SECTION 1: Institutional Setting (IS)

**IS-1: Eligibility Requirements**

**The medical school ensures that its medical education programme meets all eligibility requirements of the CAAM-HP for initial and continuing accreditation, including receipt of degree-granting authority from the government or jurisdiction in which it operates.**

**Narrative Response**

1. Provide the name of the country/jurisdiction in which the institution is/will be registered/ chartered/legally authorised to offer the MD/MBBS degree.

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**Supporting Documentation**

1. Provide as an appendix, a signed copy of the above charter and/or letter of authority.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**IS-2: Strategic Planning and Continuous Quality Improvement**

**A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish both short and long-term programmatic goals, establishes measurable outcomes that are used to improve programme quality, and effectively monitors the medical education programme’s compliance with the accreditation standards of CAAM-HP.**

**Narrative Response**

1. Provide the school’s mission statement.

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1. Describe the process used by the Applicant to develop its strategic plan, whether that plan is stand-alone or in conjunction with the sponsoring organisation.

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**Supporting Documentation**

1. Provide as an appendix the current strategic plan of the medical school and/or the plan of the University **or** parent company in which the school is a part.

**IS-3: Policies and Bylaws**

**A medical school disseminates bylaws or appropriate policy documents that describe the responsibilities and privileges of its administrative officers, faculty, students, and committees.**

**Narrative Response**

1. Briefly describe how these formal documents were developed, approved, approved by whom, and will be made available to the administrative officers, the faculty, and the students.

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**Supporting Documentation**

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

1. Responsibilities and privileges of the dean and other administrative officers

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| Appendix title and number |  |
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1. Responsibilities and privileges of the faculty

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1. Names or titles and terms of reference of major standing committees

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**IS-4: Conflict of Interest**

**A medical school establishes and follows effective policies and procedures to govern the actions of board members (the Board), faculty and any other individuals who participate in decision-making that may affect the medical education programme. This is to avoid the impact of conflicts of interest or perceived conflicts of interest in the operation of the programme, its associated clinical facilities and any other related enterprise.**

**Narrative Response**

1. Place an “X” next to each entity for which the school’s institutional governing board is/will be directly responsible:

|  |  |
| --- | --- |
|  | University system |
|  | Sponsoring Organisation |
|  | Health science centre |
|  | Medical school |
|  | Other (describe): |

1. If the school’s institutional governing board will be responsible for any units in addition to the medical school (e.g., other colleges), will there be a separate/subsidiary board or board committee for the medical school?

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1. Will the medical school be part of a for-profit, investor-owned entity? If so, identify any board member(s), administrators, or faculty members who are shareholders/investors/administrators in the holding company for the medical school.

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

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

1. Describe the strategies for identifying and managing actual or perceived conflicts of interest for the following groups:
2. Governing board members
3. Sponsoring organisation administrators
4. Medical school administrators
5. Medical school faculty

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1. What mechanisms will be used to ensure and monitor that the requirements of the conflict-of-interest policies will be followed?

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1. Summarise the policies that deal with circumstances in which the private interests of faculty members or staff may be in conflict with their official responsibilities.

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1. Describe procedures that will be taken by the school, the university, or the sponsoring organisation if the private interests of faculty members or staff are found to be in conflict with their official responsibilities.

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**Supporting Documentation**

1. Provide as an appendix, document(s) outlining policies and procedures intended to prevent or address financial or other conflicts of interest among governing board members, sponsoring organisation administrators, medical school administrators, and medical school faculty (including recusal from discussions and/or decisions if a potential conflict occurs).

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**IS-5: Senior Administrative Staff and Faculty Appointments**

**The senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the governing board of the school or parent university/sponsoring organisation to which it belongs.**

**Supporting Data**

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| **Table IS-5.1: Appointments** | | | |
| Complete this table for each category of appointee by inserting an X in the appropriate box. If delegated to another authority, specify the other authority. | | | |
| Category of Appointee | Appointment solely by Board of Trustees or equivalent Board | Appointment delegated by the Board to another Authority | Appointment independent of Board of Trustees or equivalent Board |
| Medical School Dean |  |  |  |
| Medical School Senior Administrators \* |  |  |  |
| Medical School Faculty |  |  |  |

\*Associate and assistant deans, department chairs, directors of institutes, chief operating officer, chief financial officer

**IS-6: Access and Authority of the Dean**

**The dean of a medical school has sufficient and ready access to the school’s president or other institutional official charged with final responsibility for the medical education programme; there is a clear definition of the dean’s authority and responsibility for the medical education programme.**

**Narrative Response**

1. Summarise the dean’s formal (organisational) and informal interactions with and access to the sponsoring organisation administrators.

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1. Through what formal mechanisms will the dean exercise authority over faculty who participate in the medical education programme but who are not employed by the medical school?

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**Supporting Documentation**

1. Provide as an appendix, the organisational chart(s) illustrating the relationship of the medical school dean to sponsoring organisation administration and to the administrators of the health system, health science centre and/or affiliated teaching hospitals.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

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

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**IS-8: Qualifications of the Dean**

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

**Narrative Response**

1. Provide the mission of the medical school. List the missions of the medical school (e.g., education, research) for which the dean has or is expected to have formal leadership responsibility.

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1. Provide a summary of the dean’s experience and qualifications or required experience and qualifications if he/she is not yet appointed to provide leadership in each of the medical school’s missions for which the dean has responsibility.

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1. Provide the percentage time during the normal working hours the dean is physically present or expected to be physically present at the basic sciences campus. If the dean would have more than one office, specify the location and percentage of time she/he is or will be physically present at each location.

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1. If a dean/CAO has not been appointed, provide the approximate date for his/her appointment.

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**Supporting Documentation**

1. Provide as an appendix, the Dean’s curriculum vitae.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**IS-9: Sufficiency and Stability of the Senior Administrative Staff\***

**A medical school has in place a sufficient number of suitably experienced associate or assistant deans, department chairs and senior administrative staff who are able to commit the necessary time to accomplish effectively the missions of the medical school. There should not be excessive turnover or long-standing vacancies in medical school leadership. Medical school leaders include the dean, vice / associate deans, department chairs, and others where a vacancy could negatively impact institutional stability, especially planning for or implementing the educational programme.**

*Areas that commonly require senior administrative support include admissions, student affairs, academic affairs, faculty affairs, graduate education, continuing education, hospital relationships, research, business and planning, department chairs, and fund raising.*

\*See CAAM-HP *Glossary of Terms and Abbreviation for* the definition of senior administrative staff

**Supporting Data**

**A. Staffing**

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| **Table IS 9.1: Dean’s Administrative Staff** | | |
| Provide the requested information in the table below for each current member of the dean's administrative staff with deputy/vice/associate/assistant dean or director titles. In the case of interim/acting appointments, provide the date that the previous incumbent left office. Add rows as needed. | | |
| Title | % Effort dedicated to administrative role | Date appointed or expected to be appointed |
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| **Table IS-9.2: Department Chairs/Heads** | | | |
| Provide the requested information in the table below regarding current or expected department chairs/heads. Add rows as needed. | | | |
| Name of department | Name of Chair/head  If identified | Date appointed or expected to be appointed | Expected percent effort dedicated to this role |
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**Supporting Documentation**

1. Provide as an appendix, an organisational chart for the Office of the Dean.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

1. Provide as an appendix, the curriculum vitae of each department head.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which they will be available |  |

**IS-11: Diversity Policies and Practices**

**A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community.**

**Supporting Documentation**

1. Provide as an appendix formal medical school policies that include the specific diversity categories that guide recruitment and retention activities for the student body, faculty, and senior administrative staff.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**IS-12: Antidiscrimination Policy**

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

**Supporting Documentation**

1. Provide as an appendix, the medical school’s formal antidiscrimination policy (or the sponsoring organisation’s policy that applies to the medical school).

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**IS-13: Affiliation Agreements**

**There must be written and signed affiliation agreements between the medical school and all of its clinical affiliates where the school’s medical students regularly rotate on one or more required clerkship(s) that define, at a minimum, the responsibilities of each party related to the educational programme for medical students.**

**Narrative Response**

1. List all sites where students are expected to receive their required clerkship experiences. If clinical sites are not identified, provide the date by which they will be identified.

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**END OF SECTION 1**

***SECTION 2: Medical Students (MS)***

**MS-1: Premedical Education Required/Coursework**

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

**Narrative Response**

1. List all the college courses or subjects, including associated laboratories, which are required as prerequisites for admission to the medical school.

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1. List any courses or subjects that the medical school plans to recommend, but would not require, as prerequisites for admission.

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**MS-2: Admission Criteria and Applicant Performance on Pre-entry Examinations**

**The faculty of each school develop appropriate criteria and implement effective policies and procedures for the selection of students and make these readily available to potential applicants and other interested parties.**

***Admission criteria used by the school may include non-academic requirements in addition to the results of relevant national, regional or international examinations.***

***Medical schools that admit US citizens and US permanent residents are required to include performance on the MCAT among the criteria for their admission and accept for admission applicants who sat for the MCAT more than three times only in rare and extraordinary personal circumstances.***

**Supporting Data**

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| **Table MS-2.1 School’s Entry Criteria** | |
| Indicate by inserting an x in the second column, the academic criteria used by the school to select applicants for entry to the medical programme. | |
| Appropriate UG Degree required |  |
| GPA |  |
| Medical school’s internal entry examination |  |
| High school/college internal examination results |  |
| National examination results |  |
| Regional examination results |  |
| Medical College Admission Test (MCAT) results |  |
| Other (specify/explain below) |  |
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| **Table MS-2.2 Entry Criteria Specifications/Conditions** | |
| For each of the criteria used by the school (above), outline the conditions that applicants must meet in order to be accepted for entry to the medical education programme including minimum scores, number of attempts or other specific requirements. (Add rows as needed.) | |
| Entry Criterion | Required conditions |
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1. Briefly describe the school’s admission process, from receipt of the initial application through to offer of acceptance and matriculation.

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| **Table MS-2.3 Procedural Steps in the Admission Process** | | |
| For each of the following steps describe the criteria used to make the relevant decision and the individuals and groups (e.g., admission committee, interview committee) involved in the decision-making process: | | |
| Procedural step | Criteria to be met | Responsible Group/Individual |
| Preliminary screening |  |  |
| Selection for interview \* |  |  |
| Acceptance decision |  |  |
| Creation of a ‘wait list’ |  |  |
| Offer of admission |  |  |

\* Enter N/A if interviews are not used by the school

1. If interviews are used, describe the interview process, how interviewers are trained and/or oriented to the process and the scoring system used to rank interviewees.

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

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1. Describe any programme for academic enrichment for accepted or provisionally accepted students who are at risk of less than satisfactory performance in medical school. Provide outcome data of any such programme for the past three years.

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1. Describe how applicants are selected for conditional acceptance - e.g., selected for enrolment in an academic enhancement programme prior to matriculation.

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

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1. Describe how applicants are selected for conditional acceptance- e.g., selected for enrolment in an academic enhancement programme prior to matriculation.

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**Supporting Documentation**

Provide in an appendix where the school’s entry criteria are published/made available to applicants.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**MS-3: Final Authority of Admission Committee**

**The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee that includes faculty, administrators, and students and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings.**

**Narrative Response**

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

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

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1. Summarise the charge to the admission committee and the source of the committee’s authority (e.g., medical school bylaws). Are there circumstances where the admission committee would not make the final admission decision (e.g., selection of applicants for admission from the waitlist)? In such cases, note if the admission committee would classify such applicants as acceptable.

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**Supporting Documentation**

1. Provide as an appendix, the document that contains the composition of and charge to the admission committee and specify the page number.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**MS-4: Avoidance of Political or Financial Considerations in Admission**

**The selection of individual medical students for admission is not influenced by any political or financial factors.**

**Narrative Response**

1. Describe how the medical school will ensure that there will be no conflicts of interest in the admission process and that admission decisions will not be influenced by political or financial factors.

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**MS-5: Policies and Procedures for Student Assessment, Promotion and Graduation and their Dissemination**

**The faculty of a medical school establish standards, policies, and procedures for assessment, advancement/promotion and graduation of its students and for any disciplinary action. The medical school makes these available to applicants, enrolled students and other interested parties.**

**Narrative Response**

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

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**Supporting Documentation**

1. Provide as an appendix, the school’s policies and procedures for the assessment, advancement, graduation, and dismissal of medical students.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

1. Provide as an appendix, the charge to or the terms of reference for the medical student promotions and graduation committee(s). Copy and complete this table if the two committees are different.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**MS-6: Personal Attributes of Accepted Applicants**

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

**Narrative Response**

1. Describe the personal attributes of applicants that will be considered during the admission process. Describe how and by whom the current list of attributes was developed and approved.

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1. Describe the methods to be used during the admission process to evaluate and document the specified personal attributes of applicants. Refer to the admission procedures as outlined in Standard MS-5 (Policies and Procedures Regarding Student Selection and Their Dissemination) to illustrate at what stage of the admission process, how, and by whom these attributes will be assessed and used in the admission decision.

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**Supporting Documentation**

1. Provide as an appendix, any standard form(s) to be used to guide and/or to evaluate the results of applicant interviews.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**MS-7: Technical Standards**

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

**Narrative Response**

1. Describe when and by whom the technical standards were developed and approved. If they were not yet approved by the faculty, provide the date by which the faculty is expected to approve them.

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

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1. Describe how and when medical school applicants and enrolled medical students should be expected to document that they are familiar with and capable of meeting the technical standards with or without accommodation (e.g., by formally indicating that they have received and reviewed the standards). How and by whom will this student documentation be monitored?

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1. Indicate how applicants, students, faculty, and administrators would be able to access the information on technical standards.

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**Supporting Documentation**

1. Provide as an appendix, the medical school’s technical standards for the admission, retention, and graduation of applicants and students.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**MS-13: Academic Advising and Academic Counselling**

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

**Narrative Response**

1. How will medical students experiencing academic difficulty or at risk for academic difficulty be identified? Will there be a process for identifying students who are likely to be in academic difficulty before they receive a failing final course/clerkship grade?

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1. Describe the types of academic assistance that will be available to medical students (e.g., tutoring, academic advising, study skills/time management workshops). For each type of assistance available to students, summarise the role and organisational locus (e.g., medical school, university, other) of the individual(s) who will provide this support and the way(s) in which medical students can gain access to each of the resources. How will medical students be informed about the availability of these resources? Schools with regional campus(es) should provide this information by campus.

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1. Describe how the medical school plans to provide an option for medical students to obtain academic counselling from individuals who have no role in assessment or advancement decisions about them, including individuals who would be likely to prepare the MSPE.

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1. Will the school have a programme for academic enrichment for selected applicants or accepted students prior to matriculation or immediately on matriculation. If so, provide a description of the programme.

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**MS-14: Career Advising**

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

**Narrative Response**

1. Provide an overview of the planned system of career advising for medical students. In the description, include the personnel from the medical school administration, faculty (e.g., career advisors, specialty advisors), and other sites (e.g., a university career office, outside consultants) who should be available to support the medical student career advising system and the role(s) played by each. Provide the title(s) and organisational placement(s) of the individual(s) who would be responsible for the management/coordination of the career advising system.

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**MS-15: Financial Aid/Debt Management Counselling/Student Educational Debt**

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

**Narrative Response**

1. Describe financial aid and debt management counselling/advising activities (including one-on-one sessions) that will be available for medical students.

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| **First Year of Operation**  **First Year Students** | | **Second Year of Operation**  **First Year Students** | | **Second Year of Operation**  **Second Year Students** | |
| Tuition | Fees | Tuition | Fees | Tuition | Fees |
|  |  |  |  |  |  |

**MS-16: Tuition Refund Policy**

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

**Narrative Response**

1. Briefly describe the tuition and fee refund policy. Describe how the policy will be disseminated to medical students.

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

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**Supporting Documentation**

1. Provide as an appendix, the policy for refunding tuition and fee payments to medical students who withdraw or are dismissed from the medical education programme.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide a date by which it will be available |  |

**MS-17 : Personal Counselling/Mental Health/Well-Being Programme**

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

**Narrative Response**

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

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1. Comment on how the medical school plans to ensure that personal counselling and mental health services will be accessible and confidential.

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

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**MS-19: Confidentiality of Student Educational Record**

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

**Narrative Response**

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

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

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1. Describe how the medical school will determine which individuals would have permission to review a medical student’s educational records. Identify the categories of individuals (e.g., administrators, faculty) who would be permitted to review medical student educational records. How does the medical school plan to ensure that student educational records would be available only to those individuals who are permitted to review them?

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**Supporting Documentation**

1. Provide as an appendix, the policy and procedure for a member of the faculty/administration to gain access to a medical student’s educational records.

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| Appendix title and number |  |
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| Place ✔ if not available and provide date when it is expected to be available |  |

**MS-21: Student Access to Healthcare Services**

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

**Narrative Response**

1. Describe the system for providing medical students with access to diagnostic, preventive, and therapeutic health services, including where and by whom (i.e., roles and titles) services will be provided.

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

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**Supporting Documentation**

1. Provide as an appendix, the policy or guidance document that specifies that medical students may be excused from classes or clinical activities in order to access health services.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**MS-23: Student Health and Disability Insurance**

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

**Narrative Response**

1. Indicate how information about health insurance will be made available to students. Describe the health insurance options that would be expected for medical students and their dependents. For example, will there an insurance plan that would be offered through the school/university.

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1. Indicate how and when disability insurance will be made available to medical students. Describe how and when medical students will be informed of its availability.

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**MS-24: Immunisation Requirements and Monitoring**

**A medical school follows the ministry of health or other accepted guidelines in determining the minimum immunisations for medical students in the locations where they study, including electives and monitors students’ compliance with those requirements.**

**Narrative Response**

1. Note the basis for immunisation requirements for medical students (e.g., from the Centers for Disease Control and Prevention, state agencies, country where school is registered, etc.).

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**MS-26: Learning Environment and Professional Standards**

**A medical school ensures 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 support staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.**

**Supporting Data**

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| **Table MS-26.1: Professional Behaviours** | | |
| List the professional behaviours that medical students will be expected to develop, the location in the curriculum where formal learning experiences related to the development of these behaviours will occur and/or will be assessed, and the methods to be used to assess student attainment of each behaviour. Add rows as needed. | | |
| Behaviour | Location(s) in Curriculum | Assessment Method(s) |
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**Narrative Response**

1. Describe how the required professional behaviours will be made known to students, faculty, residents, and others in the medical education learning environment.
2. Provide a summary of the policies and procedures regarding honesty of students on examinations, quizzes, and use of artificial intelligence.

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**Supporting Documentation**

1. Provide as an appendix the Student Honor code or similar document showing policies and procedures regarding honesty of students on examinations, quizzes, and use of artificial intelligence.

**MS-29: Teacher/Administrator-Learner Relationship**

**A medical school defines and publicises the standards of conduct for the teacher-learner and administrator-learner relationship and develops written policies for preventing and addressing violations of those standards.**

**Supporting Documentation**

1. Provide as an appendix a copy of any formal statement of the standards of conduct expected in the teacher-learner and administrator-learner relationship.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**MS-30: Student Mistreatment**

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

**Narrative Response**

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

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**Supporting Documentation**

1. Provide as an appendix, the formal medical school or sponsoring organisation/parent company policies on student mistreatment, including the formal policies and/or procedures for responding to allegations of medical student mistreatment and the avenues for reporting and mechanisms for investigating reported incidents.

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| Appendix title and number |  |
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| Place ✔ if not available and provide date when it is expected to be available |  |

**MS-31: Student Complaints**

**A medical school has written policy and procedures for addressing complaints from students related to areas covered by CAAM-HP standards and processes. The information provided by the medical school to students includes the school’s policy and procedures for addressing student complaints, as well as contact information for the CAAM-HP secretariat to which students may submit complaints not resolved at the institutional level.**

**Narrative Response**

1. Describe the school’s policy and procedures for addressing complaints from students related to areas covered by CAAM-HP standards and processes.

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**Supporting Documentation**

1. Provide as an appendix, the school’s written policy and procedures for addressing complaints from students related to areas covered by CAAM-HP standards and processes.

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| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**END OF SECTION 2**

SECTION 3: EDUCATIONAL PROGRAMME (ED)

**ED-1: Programme and Learning Objectives**

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

**Narrative Response**

1. Provide a summary of the objectives/content for each course/module during the pre-clinical phase of the curriculum. First-year courses/modules are summarised first followed by second-year courses/modules. If the pre-clerkship phase of the curriculum extends into the third year as in the case of five-year educational programmes, a third-year section should be added.
2. First Year

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1. Second Year

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1. Describe how medical education programme objectives will be disseminated to each of the following groups:
2. Medical students
3. Faculty with responsibility for teaching, supervising, and/or assessing medical students.

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1. Describe how learning objectives for each required course and clerkship will be disseminated to each of the following groups:
2. Medical students
3. Faculty with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship.
4. Residents with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship.

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**Supporting Data**

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| **Table ED-1.1: Competencies, Programme Objectives, and Outcome Measures** |
| List each general competency expected of graduates, and provide the related medical education programme objectives, and the outcome measure(s) specifically to be used to assess students’ attainment of each education programme objective. Duplicate the table for each additional competency and add rows as necessary. |

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| General Competency |  | |
| Medical Education Programme Objective(s)  Linked to the Competency | | Outcome (Assessment) Measure(s) for Each Objective |
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| **Table ED-1.2: Course/Module and Learning Objectives for Year One (1)** | | |
| List all courses/modules for year 1 and indicate (Yes or No) if course/module and learning objectives are present. Add rows as needed. | | |
| Name of Course/Module | Are Course/Module Objectives Present? | Are there Learning Objectives for All Educational Sessions? |
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| **Table ED-1.3: Course/Module and Learning Objectives for Year Two (2)** | | |
| List all courses/modules for year 2 and indicate (Yes or No) if course/module and learning objectives are present. If they are not yet developed, provide a date by which they will be available. Add rows as needed. | | |
| Name of Course/Module | Are Course/Module Objectives Present? | Are there Learning Objectives for All Educational Sessions? |
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**ED-3: Self-Directed and Life-Long Learning**

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

**Narrative Response**

1. List the courses/modules in which self-directed learning activities (as defined in the language of ED-3) occur during the pre-clerkship phase of the curriculum. Describe the learning activities in which students engage in all of the following components of self-directed learning in a unified sequence and indicate how and by whom student achievement of these skills is assessed and feedback provided. (Use the names of relevant courses from Tables ED-1.2 and ED-1.3 above when answering.)
2. Self-assessment of their learning needs
3. Independent identification, analysis, and synthesis of relevant information
4. Independent and facilitator appraisal of the credibility of information sources
5. Assessed on and receive feedback on their information-seeking skills.

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**ED-9: Biomedical, Behavioural, Social Sciences**

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

**Supporting Data**

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| **Table ED-9.1: Curricular Content** | | |
| For each topic area, place an “X” under each column to indicate the phases in which the learning objectives related to each topic are taught and assessed. If the information is not available for the clerkship phase, leave that column blank. | | |
| Topic Areas | Phases Where Topic Areas Will Be Taught and Assessed | |
| Pre-clerkship Phase | Clerkship Phase |
| Biochemistry |  |  |
| Biostatistics and Epidemiology |  |  |
| Community Health |  |  |
| Developmental Anatomy |  |  |
| Genetics |  |  |
| Gross Anatomy |  |  |
| Histology |  |  |
| Immunology |  |  |
| Microbiology |  |  |
| Pathology |  |  |
| Pharmacology |  |  |
| Physiology |  |  |
| Behavioural Science |  |  |
| Pathophysiology of Disease |  |  |

**ED-12: Scientific Method/Clinical/Translational Research**

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

**Supporting Data**

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| **Table ED-12.1: Scientific Method/Clinical/Translational Research Assessment** | | |
| Identify where in the curriculum medical students will learn and be assessed on the scientific method and the following basic scientific and ethical principles of clinical research during the pre-clerkship phase of the curriculum. | | |
| 1. Scientific Method | | |
| Name of Course/Module | Relevant Learning Objectives | Assessment Method(s) |
|  |  |  |
| 1. Scientific principles of clinical research | | |
| Name of Course/Module | Relevant Learning Objectives | Assessment Method(s) |
|  |  |  |
| 1. Scientific principles of translational research | | |
| Name of Course/Module | Relevant Learning Objectives | Assessment Method(s) |
|  |  |  |
| 1. Ethical principles of clinical and translational research | | |
| Name of Course/Module | Relevant Learning Objectives | Assessment Method(s) |
|  |  |  |
| 1. Use of biomedical statistics in medical science research and its application to patient care | | |
| Name of Course/Module | Relevant Learning Objectives | Assessment Method(s) |
|  |  |  |
| 1. How clinical and translational research is explained to patients | | |
| Name of Course/Module | Relevant Learning Objectives | Assessment Method(s) |
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**ED-13: Societal Problems**

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

**Supporting Data**

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| **Table ED-12.1: Common Societal Problems Taught and Assessed in the pre-clerkship phase of the Curriculum** | | | |
| For five common societal problems identified by the school, list the courses/module where the teaching will occur; categorise the learning objectives according to whether they address: (a) the diagnosis; (b) prevention; (c) appropriate reporting (if relevant); and (d) treatment of the medical consequences of the societal problem; and assessment method(s) for each objective. | | | |
| Societal Problem | Course/Module | Type of Learning Objectives (a, b, c, d) | Assessment Method(s) |
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**Supporting Documentation**

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

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**ED-14: Structural Competence, Cultural Competence and Health Inequities**

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

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

**Supporting Data**

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| **Table ED-14.1: Recognising and Addressing Bias** | |
| Provide the names of courses/modules that will prepare students to be aware of their own gender and cultural biases and those of their peers and teachers. Add rows as needed. | |
| Course/Module | Instructional Formats |
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| **Table ED-14.2: Structural Competence, Cultural Competence, Health Inequities, and Healthcare Disparities** | | | | |
| For each topic area listed \*, indicate with an “X” the phase in the curriculum where it will be taught, and the methods used in that phase to assess student performance. | | | | |
| Topic | Pre-clerkship Phase | Assessment Method(s) | Clerkship Phase | Assessment Method(s) |
| Structural Competence |  |  |  |  |
| Cultural Competence |  |  |  |  |
| Health Inequities |  |  |  |  |
| Healthcare Disparities |  |  |  |  |

\* See the Glossary *of Terms for CAAM-HP Accreditation* *Standards* for the CAAM-HP definitions of structural competence, cultural competence, health inequities, and healthcare disparities.

**ED-15: Medical Ethics**

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

**Supporting Data**

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| **Table ED-15.1: Medical Ethics Teaching and Assessment in the Curriculum** | | |
| For each topic area listed, identify where in the curriculum medical students are expected to learn and be assessed on medical ethics and professionalism. | | |
| 1. Biomedical ethics | | |
| Course/Clerkship | Learning Objectives | Assessment Method(s) |
|  |  |  |
| 1. Ethical decision-making | | |
| Course/Clerkship | Learning Objectives | Assessment Method(s) |
|  |  |  |
| 1. Professionalism | | |
| Course/Clerkship | Learning Objectives | Assessment Method(s) |
|  |  |  |
| 1. Ethical behaviour in patient care | | |
| Course/Clerkship | Learning Objectives | Assessment Method(s) |
|  |  |  |

**Narrative Response**

1. How will breaches of ethical behaviours in patient care by medical students be identified and remediated?

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**Supporting Documentation**

1. Provide as an appendix, instruments to be used in the formative and/or summative assessment of medical students’ ethical behaviour during the pre-clerkship phase of the curriculum.

|  |  |
| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**ED-16: Communication Skills**

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

**Supporting Data**

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| **Table ED-16.1: Skills of Communicating with Patients and Patients’ Families** |
| Complete the table below for each course or clerkship where these explicit skills are planned to be taught and assessed and list the relevant learning objectives for each course and clerkship. Duplicate the blank table for each such course or clerkship as needed. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Course/Clerkship |  | | |
| Learning Objectives | | Teaching Format(s) | Assessment Method(s) |
|  | |  |  |

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| --- |
| **Table ED-16.2: Skills of Communicating with Physicians as Part of the Medical Team** |
| Complete the table below for each course or clerkship where these explicit skills are planned to be taught and assessed and list the relevant learning objectives for each course and clerkship. Duplicate the blank table for each such course or clerkship as needed. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Course/Clerkship |  | | |
| Learning Objectives | | Teaching Format(s) | Assessment Method(s) |
|  | |  |  |

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| **Table ED-16.3: Skills of Communicating with Non-Physician Health Professionals as Part of the Health Care Team** |
| Complete the table below for each course or clerkship where these explicit skills are planned to be taught and assessed and list the relevant learning objectives for each course and clerkship. Duplicate the blank table for each such course or clerkship as needed. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Course/Clerkship |  | | |
| Learning Objectives | | Teaching Format(s) | Assessment Method(s) |
|  | |  |  |

**ED-18: Curricular Management**

**A medical school has in place an institutional body (i.e., a faculty committee) that oversees the medical education programme as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.**

**Narrative Response**

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

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

|  |
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|  |

**Supporting Documentation**

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

|  |  |
| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**ED-19: Use of Medical Educational Programme Objectives**

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

**Narrative Response**

1. Describe how the medical education programme objectives will be used in the following activities:
2. The prospective selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases
3. The evaluation of the curriculum

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**Supporting Documentation**

1. Provide as an appendix, the medical education programme objective.

|  |  |
| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**ED-20: Curricular Design, Review, Revision/Content Monitoring**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table ED-20.1: Preclerkship Phase Instructional Formats** | | | | | | | | |
| List each course/module in the preclerkship phase of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that “small group” includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. If “other” is selected, describe the other format in the text. Add rows as needed. | | | | | | | | |
|  |  | | Number of Formal Instructional Hours Per Course | | | | | |
| Course/Module | Check if Year 1 | Check if Year 2 | Lecture | Lab | Small Group | Patient Contact\* | Other\*\* | Total |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Totals | | |  |  |  |  |  |  |

\*Include interactions with simulated patients

\*\*Describe other

|  |  |
| --- | --- |
| **Table ED-20.2: Assessment of Students – Preclerkship Phase** | |
| Provide a list of the methods used for assessment of the performance of students for each course/module in the preclerkship phase of the curriculum. Add rows as needed. | |
| Course/Module | Assessment Method |
|  |  |
|  |  |
|  |  |

**Supporting Documentation**

1. Provide as an appendix, a schematic or diagram that illustrates the structure of the curriculum for the inaugural year. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses/modules and clerkships in each year, illustrating when one curriculum phase ends and the next begins.

|  |  |
| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

1. Provide as an appendix, a summary description of each course/module (Preclerkship phase) and each clerkship (clerkship phase if available) in the curriculum. Each course/module and each clerkship show its name and year administered e.g. Year 1, Year 2, etc.

|  |  |
| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**ED-25: Monitoring Student Time**

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

**Narrative Response**

1. Referring to the sample weekly schedules requested for the supporting documentation below, describe the amount of unscheduled time in an average week available for medical students to engage in self-directed learning in the pre-clerkship phase of the curriculum.

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|  |

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

|  |
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1. Summarise the content of any policies/guidelines covering the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note whether the policy addresses only scheduled in-class activities or also includes required activities that must be completed outside of scheduled class time.

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**Supporting Documentation**

1. Provide as an appendix, a sample of a weekly schedule in the pre-clerkship phase of the curriculum.

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| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

1. Provide as an appendix, the formal policies or guidelines addressing the amount of scheduled time during a given week during the pre-clerkship phase of the curriculum.

|  |  |
| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**ED-31: Setting Standards of Achievement**

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

**Narrative Response**

1. Describe any roles of the following in setting the standards of achievement (i.e., grading criteria, passing standard) for courses and clerkships and for the curriculum as a whole (i.e., progression and graduation requirements):
2. The curriculum committee
3. Other medical school committees
4. Academic departments
5. Course/clerkship leaders

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**ED-32: Formative Assessment and Feedback**

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

**Narrative Response**

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

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| --- | --- | --- | --- |
| **Table ED-32.2: Pre-clerkship Formative Feedback** | | | |
| Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) to be used to provide formative feedback during each course in the pre-clerkship phase of the curriculum. Add rows as needed | | | |
| Course Name | Length of Course  (in Weeks) | Type(s) of Formative Feedback Provided | Timing of Formative Feedback |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Supporting Documentation**

1. Provide as an appendix, any institutional policy or guideline requiring that medical students receive formative feedback by at least the mid-point of courses and clerkships of four weeks (or longer) duration.

|  |  |
| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**ED-34: Student Appeal Process**

**A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.**

**Narrative Response**

1. Summarise the due process protections in place at the medical school when there is the possibility of the school’s taking an adverse action against a medical student for academic or professionalism reasons. Include a description of the initial decision-making process and the process for appeal of an adverse action taken for academic or professionalism reasons (not including a grade appeal), including the groups or individuals involved at each step in the process.

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1. Describe how the due process policy and procedures will be made known to medical students.

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**Supporting Documentation**

1. Provide as an appendix, the policies and procedures for disciplinary action and due process.

|  |  |
| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**END OF SECTION 3**

SECTION 4: Faculty (FA)

**FA-1: Faculty Recruitment**

**The recruitment and development of a medical school’s faculty take into account its mission, the diversity of its student body, and the population it serves.**

**Narrative Response**

1. Describe any medical school or sponsoring organisation policies and procedures on faculty recruitment.

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1. How do these policies and procedures relate to the medical school’s mission, student body, and population served?

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**Supporting Documentation**

1. Provide as an appendix, a copy of the document that contains the policy.

|  |  |
| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**FA-2: Sufficiency of Faculty**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table FA-2.1: Pre-clerkship Faculty** | | | | |
| List each of the medical school’s pre-clerkship disciplines and the department where the pre-clerkship faculty are based (pre-clinical or clinical department) and provide the number of faculty in that discipline and department who will be teaching medical students. Do not include faculty in preclinical disciplines who would have no role in medical student education (e.g., have a full-time research role). Only list those disciplines (e.g., pathology) included in the pre-clinical faculty counts in Table 2.2. Schools with one or more regional campus(es) should also provide the campus name. Add rows as needed. Place an \* next to the discipline if the faculty is not yet appointed | | | | |
| Discipline | Department | Full-Time Faculty | Full-Time Vacant | Part-Time/ Volunteer Faculty |
|  |  |  |  |  |
|  |  |  |  |  |

**FA-4: Scholarly Productivity**

**The faculty members demonstrate a commitment to continuing scholarly productivity characteristic of an institution of higher learning.**

**Narrative Response**

1. Describe the medical school’s expectations for faculty scholarly activity, including whether such activities are required for retention, promotion, and the granting of tenure.

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**FA-7: Faculty Professional Development**

**A medical school and/or its sponsoring organisation provides opportunities for professional development for all faculty members, including part-time faculty and volunteer physicians involved in teaching in the areas of discipline content, curricular design, programme evaluation, student assessment methods, instructional methodology, and research to enhance his or her skills and leadership abilities in these areas.**

**Narrative Response**

1. Describe the availability of proposed programmes to enhance the teaching and assessment skills of the faculty.

|  |
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**FA-8: Responsibility for Medical School Policies**

**The dean and a committee of the medical school’s administrators and members of the school’s faculty determine governance and medical school policies within their purview.**

**Narrative Response**

1. Which committee that consists of the dean, relevant medical school administrators, and faculty representatives determine the governance and policy-making processes of the medical school? Describe the committee’s membership (by name or position), charge or purpose, scope of authority, and how often it meets. Indicate if there are students on the committee. Are members appointed by administrator(s) or elected by their peers?

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1. Briefly describe how the faculty, who are not members of the committee, have input to this committee.

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**END OF SECTION 4**

SECTION 5: Educational Resources (ER)

**ER-1: Adequacy of Financial Resources**

**The current and anticipated financial resources of a medical school are from diverse sources and are adequate to sustain a sound programme of medical education and to accomplish other institutional goals. In the event of unexpected closure of the school the resources must also be sufficient to continue the programme until all enrolled students are placed in a comparable programme or graduated.**

**Supporting Data**

|  |  |  |
| --- | --- | --- |
| **Table ER-1.1: Revenue and Expenses** | | |
| Provide the requested revenue and expenses (in millions $US, one decimal space) and totals for the for the first year of operation. Add rows as needed. | | |
| **Revenue** | **$** | **%** |
| Cash on hand |  |  |
| From T&F\* assessed to medical students |  |  |
| From T&F School’s Graduate programmes |  |  |
| From continuing medical education programmes |  |  |
| From other T&F revenues |  |  |
| Total from university or sponsoring organisation |  |  |
| Total from research grants |  |  |
| Total from other grants |  |  |
| Total from donations |  |  |
| Total from in-kind donations |  |  |
| Total from clinical practice |  |  |
| **Total revenue** |  | |
|  | | |
| **Expenditures** | **$** | **%** |
| Facilities - maintenance, utilities etc. |  |  |
| Facilities - unbudgeted |  |  |
| Unbudgeted expenditures - other |  |  |
| Personnel – include benefits |  |  |
| Scholarships/grants to students |  |  |
| Loans |  |  |
| Total bad debt write-off |  |  |
| Other – list below this table |  |  |
|  |  |  |
| **Total Expenditures** |  |  |
| **Net income (loss) for the year** |  |  |
| **Total reserve fund** |  |  |

\* Tuition and Other Student Fees

**ER-2: Dean’s Authority for Resources**

**The dean of a medical school has access to sufficient resources and the budgetary authority to achieve the mission and educational objectives of the school.**

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

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**ER-3: Pressures for Institutional Self-Financing**

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

**Narrative Response**

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

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1. Describe the process for setting tuition and fees for the medical school.

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1. Describe how and by whom pressures to generate funding from clinical care, research, and/or tuition & fees will be managed to prevent negative effects on the medical education programme.

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**ER-4: Sufficiency of Buildings and Equipment**

**A medical school has or is assured the use of buildings and equipment appropriate to achieve the educational, clinical, research, and other goals of the mission.**

**Supporting Data**

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| --- |
| **Table ER-4.1: Buildings** |
| Duplicate and complete the table of teaching facilities for each building where medical students will regularly take classes, including laboratory experiences during the pre-clerkship years. Do not include classrooms located in clinical facilities. Add rows as necessary. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Building |  | | |
| Year Constructed |  | | |
| Type of Room\* | | Seating Capacity | Main Educational Use(s)\*\* |
| Lecture Hall | |  |  |
| Science Laboratory | |  |  |
| Conference Room | |  |  |
| Small-group Discussion Room | |  |  |

\*Indicate total number of such rooms in parentheses.

\*\*Lectures, small-group discussion, dissection, wet labs, slide study, etc.

**Supporting Documentation**

1. Provide as an appendix, a copy of the architectural blueprint of the instructional building(s).

|  |  |
| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**ER-7: Security, Student Safety, and Disaster/Emergency Preparedness**

**Appropriate security systems are in place and policies and procedures for students, faculty, and support staff to follow in case of a disaster or emergency, are published and widely distributed at all educational sites.**

**Narrative Response**

1. Describe the school’s policies for preparing for and for dealing with emergencies or disease outbreaks.

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1. Describe the security system(s) in place and the personnel available to provide a safe learning environment for medical students during the times/situations listed below. If the medical school has regional campuses, describe the security systems in place at each campus.
2. During regular classroom hours on campus
3. Outside of regular classroom hours on campus

|  |
| --- |
|  |

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

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**Supporting Documentation**

1. Attach as an appendix, a copy of the medical school or sponsoring organisation emergency and disaster preparedness policies, procedures, and plans, as they relate to medical students, faculty, and staff.

|  |  |
| --- | --- |
| Appendix title and number |  |
| Page number |  |
| Place ✔ if not available and provide date when it is expected to be available |  |

**ER-8: Library Resources/Staff**

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

**Narrative Response**

1. List any other schools and/or programme(s) that will be served by the main medical school library.

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1. Describe medical student and faculty access to electronic and other library resources. Will the library resources listed above be available to medical students and faculty at sites separate from the medical school campus?

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**ER-9: Information Technology Resources/Staff**

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

1. Describe how medical students, residents, and faculty will be able to access educational resources (e.g., curriculum materials) from off-campus sites.

|  |
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**ER-11: Study Space/Lounge/Storage Space/Call Rooms**

**A medical school has or ensures that each campus and each clinical site for required clerkships has adequate study space, lounge for student relaxation, personal lockers for students, and secure and safe on-call rooms for students who are on evening, late night, and all-night calls.**

**Narrative Response**

1. Describe the locations of lounge/relaxation space and personal lockers or other secure storage areas for student belongings on the central medical school campus, at each facility used for required clinical clerkships, and on each regional campus (if applicable) for students in the pre-clerkship and clerkship portions of the curriculum. Note if the space is solely for medical student use or if it is shared with others.

|  |
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**Supporting Data**

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| --- | --- | --- | --- |
| **Table ER-11.1: Space at Educational Sites. List each campus. Add rows as needed.** | | | |
| For each educational site used by students from the school, indicate availability in the columns below by entering ‘Yes’ or ‘No’ in the appropriate column. | | | |
| Name of Site | Lounge/ Relaxation | Personal locker | Study Space |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**END OF SECTION 5**