

**The CARIBBEAN ACCREDITATION Authority   
for Education in Medicine and Other Health Professions**

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The Role of Medical Students in the Accreditation Process

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# INTRODUCTION

Students planning to pursue a career as a medical professional would, understandably, wish to obtain their qualification from a reputable institution that has received approval of its training programme through a rigorous and internationally recognised accreditation process. Accreditation of a school’s medical education programme not only ensures that its students will have received a valid educational experience, but also provides governmental agencies with a reliable criterion for awarding you a license to practice, and assures the public of well-trained health professionals who can deliver high quality health care.

# About Accreditation

Accreditation can be defined as the status of public recognition that an accrediting agency grants to an educational institution or programme that meets the agency’s standards and requirements. This process ensures that educational programmes provided by institutions of higher education meet acceptable levels of quality.

In addition to the recognition and assurances that accreditation provides, the process also promotes institutional self-evaluation and improvement in the quality of the educational programme.

About the Caribbean Accreditation Authority

The Caribbean Accreditation Authority for Education in Medicine and Other Health Professions was established in 2004 by CARICOM Heads of Governments to replace the over-seeing role of the General Medical Council (GMC) of Great Britain which discontinued accrediting Medical Schools outside of the European Union in December 2003.

CAAM-HP’s primary responsibility is the accreditation of medical schools located within the participating countries of the Caribbean Community.

Through accreditation, CAAM-HP provides assurance to medical students, the medical profession, healthcare institutions and the public that undergraduate medical training programmes lead to qualifications that meet national and international standards of structure, function and performance.

The CAAM-HP has followed closely the standards used in the United Kingdom and North America with adaptations to the regional environment. The current revised standards set by CAAM-HP are based largely on those used by the Liaison Committee on Medical Education (LCME) in North America and were adapted for the Caribbean context with their permission in January 2024.

The CAAM-HP has been awarded WFME Recognition status for a period of ten years, 2023 to 2033.

Members of the CAAM-HP include medical, and other health professions educators, administrators, and practitioners, students, and representatives of the public. Student members nominated by participating institutions are full members of the CAAM-HP and represent the interests of students at meetings of its Board.

The CAAM-HP meets at least once a year and administration is currently provided by a Secretariat based in Jamaica.

The accreditation standards and procedures used by the CAAM-HP along with other documents containing information and guidance are available for download on the CAAM-HP website <http://www.caam-hp.org/>.

The accreditation status of participating health education programmes is published annually on the CAAM-HP website and a listing of schools scheduled for site visits in the current year can be obtained from the CAAM-HP Secretariat.

# Opportunities for Student Input

Accrediting teams pay special attention to the perceptions of students about their experiences in their school. Students provide a unique perspective on the environment for teaching and learning, the quality of the educational programme, and the availability of support services. By participating in the accreditation process, students contribute to validating or improving their school's educational programme and to ensuring that legacy for their successors.

This document was prepared to provide you with information about accreditation and the important role that students play in the accreditation process.

# SUMMARY OF THE CAAM-HP ACCREDITATION PROCESS

As a part of its preparation for accreditation, the school is required to carry out an institutional self-study and to submit a comprehensive database of information to the CAAM-HP, including an independent student analysis and a summary report.

The documentation submitted is reviewed by an *ad hoc* survey team of experts appointed by the CAAM-HP in consultation with the school. Following the review, the survey team conducts a visit to the school to corroborate and evaluate the information provided and submits a written report to the CAAM-HP.

After reviewing the report of the survey team on a school’s educational programme, the CAAM-HP will take one of several actions. These accreditation determinations are based on the degree of compliance of the school with the required CAAM-HP accreditation standards. Schools should note, however, that the entire process, from first application to an accreditation determination often requires 12 -18 months depending upon the readiness of the school.

Greater detail about the accreditation process and procedures can be found in the CAAM-HP document *‘Procedures of the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions’* that is available on the CAAM-HP website.

# STUDENT PARTICIPATION IN THE ACCREDITATION PROCESS

The following describes the roles for students in the various stages of the CAAM-HP accreditation process:

## Initial Notification and Communication with the Student body

As soon as the school makes its application for accreditation and begins its preparations, the dean should alert the student body of its intention to seek accreditation from the CAAM-HP.

Student representatives should meet with the dean at the beginning of the self-study process to discuss their involvement in data collection, participation in appropriate working groups and, once a date has been set, their participation in the survey visit.

If required the CAAM-HP will arrange orientation sessions for the school on request.

## Participation in the Institutional self-study (ISS)

In carrying out the ISS, the dean appoints a self-study task force and committees corresponding to the section headings in the CAAM-HP Standards. These may include administrators, department heads, faculty, students, residents, alumni, and sometimes members of the public.

These committees are responsible for collection of relevant information about the school that is needed for completion of a comprehensive database form (DBF). Each committee prepares a written analysis of their assigned section, identifying the school’s strengths and weaknesses in accordance with the CAAM-HP accreditation standards. These are used to create a summary of the self-study findings, including strengths, perceived areas of non-compliance with accreditation standards/challenges, and recommendations for the future.

Students should participate in the institutional self-study during the year before the school's site visit and are included on the self-study task force and its committees as appropriate. Each school organises the self-study according to its particular structure and needs, and the specific role of students will depend on the school and its self-study committee organisation. However, common committees on which students sit include ‘Educational Programmes’, ‘the Students’, and ‘Educational Resources’ (General Facilities, Clinical Teaching Facilities, Information Resources and Library Services).

## Completion of the Database Form (DBF)

The DBF catalogues information from schools that will help determine whether accreditation standards are being met. It is divided into five sections that correspond to those used in the document *‘Standards for the Accreditation of Medical Schools in the Caribbean Community CARICOM’* (in the case of schools that require an undergraduate internship prior to award of their degree, a sixth section on ‘Internship’ is also required).

While students participate as members of appropriate committees, entry and verification of information for the DBF is the responsibility of senior faculty members and administrators.

## Independent Student Analysis (ISA)

At the time that the school initiates the self-study process, the student leadership begins an independent review of the school’s educational programme, educational resources, and student services. This should be started early and must be completed in sufficient time for inclusion of the data in the school’s self-study report.

This survey / analysis is conducted by students and is a critical element of the accreditation process. Assistance may be obtained from the school administration in handling the logistics of the student review, but the analysis and conclusions should be the students' own.

The process should be coordinated by a small steering committee, preferably selected by the student body to include members of the student executive, class representatives and representatives of student organisations. Methods used to solicit input should ensure that there is broad and representative response.

The organisers of the student review should familiarise themselves with the CAAM-HP Standards and analysis should be based on comprehensive data collection, that includes input from students in all years covering a wide range of subjects of importance to students. Quantifiable data from the student body is obtained through a questionnaire that is distributed to all students in all stages of their programme.

The ISA forms part of the package of documents submitted to the Authority three months prior to the scheduled site visit. These are distributed to the members of the visiting team for review before arriving on site and are used as a basis for verification of data and evaluation of the education programme.

The included appendix to this document provides guidelines for conducting the ISA, details of the questionnaire format and how it should be analysed and reported. Areas covered include:

* Accessibility of dean(s) and faculty members
* Participation of students in school committees
* Curriculum, including workload, quality of required courses and clerkships/clinical experiences/ supervised practice, instructional formats, balance between scheduled class time and time for independent learning
* Student assessment, including the grading system, and amount and timeliness of feedback
* System for the evaluation of courses or clerkships/clinical experiences/supervised practice and teachers, and whether identified problems are corrected
* Student support services and counselling systems (personal, academic, career, financial aid), including adequacy and availability
* Student health, including adequacy, availability, and confidentiality, and availability and cost of health and disability insurance
* Facilities, including quality of educational space, availability of study and relaxation space, security on campus and at affiliated clinical sites
* Library facilities, including access and quality of holdings, and IT and information resources
* The learning environment, including policies and procedures to deal with harassment or abuse.

## Students’ Role during the Site Visit

The CAAM-HP survey team is appointed by the CAAM-HP from a roster of persons who are knowledgeable and experienced in medical education, and in the practice of medicine. It often includes members from the international academic community. Observers from local, regional or international organisations may apply to attend during a survey visit but do not participate in accreditation decisions.

## Team meetings

During the survey visit, the team meets formally with the dean, members of the dean's administrative staff, department chairs, representatives from affiliated clinical teaching sites, faculty members, and students.

It is the responsibility of the dean to ensure appropriate student representation for meetings with the survey team. It is important that these students are well prepared to provide representative student opinion and are familiar with the results of the student analysis.

Meetings with student body representatives generally take place at small informal lunch time sessions to discuss student issues and perspectives. Student representatives for these sessions should include student leadership, a mix of academic years and one or more of the students responsible for preparation of the student analysis.

## Tours of facilities

Students are also asked to serve as guides during the inspection of classrooms, laboratories, library and computer-learning centres, student lounge areas, and the clinical settings used for required clerkships/clinical/supervised practice experiences. During these tours, the team’s primary interest is on the educational facilities and services that are provided for students.

# Site Visit Reporting and Accreditation Determination

At the end of the visit, the survey team gives a confidential oral summation of its findings and conclusions to the dean and to the university chief executive.

The survey team prepares a written report that is sent to the dean for review and correction of any factual errors. The survey team's final report is then reviewed by the CAAM-HP, which decides the programme's accreditation status.

The CAAM-HP only makes public the accreditation status of a programme. The survey report and all relevant data and pre-survey materials are held confidential. Barring an appeal that must be submitted within seven (7) days of notification of the adverse decision, the decision of the CAAM-HP is final.

CAAM-HP Student Members

In addition to their role during preparation and conduct of site visits, students also participate as members of the CAAM-HP itself. These student representatives are usually chosen while in their penultimate year of study and serve for a period of two years. The selection of such students is set out in Procedures of the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions.

Subject to Conflict of Interest Guidelines, student members on the CAAM-HP may participate as members of a survey team where they assume full responsibility of team membership, including gathering data on specific areas during the site visit and preparing corresponding sections of the team report. Subject to these same guidelines, CAAM-HP student members participate fully in the discussions and vote on accreditation determinations.

Student members of the CAAM-HP may also be asked to offer orientation workshops for students at schools with upcoming survey visits.

Appendix

# Guidelines for Conducting the Independent Student Analysis (ISA) for Full Accreditation Site Visits and Provisional Accreditation Site Visits

Checklist of Requirements

|  |
| --- |
| Please note that the CAAM-HP considers the Independent Student Analysis (ISA) to be critical, but it can only use the analysis if it is completed using the required survey items with the results presented in the required format.   * Include all of the [survey items listed in the Required Student Opinion Survey Items section below](#_Required_Student_Opinion_1), exactly as written. * Add survey items not included in the required list as needed to reflect the distinctive characteristics of your medical school or to address other issues of particular importance to your medical school’s students. * Use the [required response scale in the Reporting of Results - Tables in the Independent Student Analysis section](#_Reporting_of_Results_1) for all survey items. * Encourage participation in the survey; aim for maximum response rate for each class year. A high response rate is necessary to ensure the credibility of the information. The student opinion survey should achieve a minimum of a 70-80% response rate. The students responsible for the survey may use incentives supplied by the medical school administration to support a good response rate. * Title the ISA narrative report sections “Methods”, “Executive Summary”, “Narrative Description of Results”, “Summary and Conclusions”, and “Numerical Tables”. See the [ISA Report Development section below](#_ISA_Report_Development). * Specify in the “Methods” section the dates when surveys were administered to each class, the survey response rate for each class year, and the overall response rate. Describe any other methods used by students to collect information from their classmates. * Use the [table in the Reporting of Results - Tables in the Independent Student Analysis section below](#_Reporting_of_Results_1) to report responses to each survey item in the “Numerical Tables” section. * Note that the Faculty Accreditation Lead may ask for the survey and the ISA to be redone if they do not contain the required items or are not reported in the required format. |

ISA Report Development

The ISA report includes a narrative and the data tables for each item in the survey. The following are guidelines for writing some of the ISA Report sections:

1. **“Methods”**

Begin with a description of the method(s) used to gather student opinion data, including the survey of students in all classes. Include the dates when surveys were administered and a response rate table that displays the number and percent of students responding to the survey for each class year and overall. If applicable, also include the number of students participating in other methods used by students to collect opinions from their classmates, such as class meetings or focus groups.

1. **“Executive Summary”**

Follow the “Methods” section with an executive summary. Use the summary to highlight the major findings and organise it by accreditation standards or by some other appropriate framework (e.g., curriculum, student services).

1. **“Narrative Description of Results”**

In the narrative that follows the executive summary, concisely summarise the results of the student opinion survey, organising the findings by topic areas (e.g., curriculum, student services). Note the areas in which the medical school is doing well and areas in which it needs improvement, documenting conclusions using data from the survey. Note any recent changes (e.g., curriculum revisions or changes in student services) that may reflect differences in how each class rated an item or other reasons for areas of student concern or differences across classes. DO NOT INCLUDE individual student data or individual student comments. However, you may include as illustrations in the “Narrative” section, comments that are representative of a large number of student responses and/or include a synthesis of similar comments from a number of students.

1. **“Numerical Tables”**

Include a table for each item on the survey. For each item, the CAAM-HP requires providing the number and percent of students who selected n/a, dissatisfied and very dissatisfied combined, and satisfied and very satisfied combined. These must be presented in total and by class year.

# Required Student Opinion Survey Items

The CAAM-HP requires that the questionnaire include, at a minimum, the following items and that you use the scale provided below. This is so that the response data includes topics that relate to the CAAM-HP accreditation requirements that are required for your medical school’s database.

You may add other survey items as needed to reflect the distinctive characteristics of your medical school or to address other issues of particular importance to your medical school’s students.

----------------------------------------------------------------------------------------------------------------------------

***Please indicate your level of satisfaction, using the following scale for each item:***

a = Very dissatisfied

b = Dissatisfied

c = Satisfied

d = Very satisfied

N/A = No opportunity to assess/Have not experienced this

----------------------------------------------------------------------------------------------------------------------------

Note: Data from items indicated by an asterisk (\*) should only be included for students in the required clerkship years of the curriculum (typically years 3 and 4, but in some schools, years 3 to 5).

**For Full Accreditation Site Visits only**

**STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS**

**Office of the Associate Dean of Students/Student Affairs or equivalent**

1. Accessibility a b c d N/A
2. Awareness of student concerns a b c d N/A
3. Responsiveness to student problems a b c d N/A

**Office of the Associate Dean for Educational Programmes/Medical Education or equivalent**

1. Accessibility a b c d N/A
2. Awareness of student concerns a b c d N/A
3. Responsiveness to student problems a b c d N/A

**LEARNING ENVIRONMENT AND FACILITIES**

1. Clarity of the medical school’s student mistreatment policy a b c d N/A
2. Satisfaction with the processes to report student mistreatment a b c d N/A
3. Satisfaction with medical school activities to prevent student a b c d N/A

mistreatment

1. Adequacy of medical school actions on reports of student a b c d N/A

mistreatment

1. Adequacy of safety and security at medical school campus a b c d N/A
2. Adequacy of safety and security at clinical sites**\*** a b c d N/A
3. Adequacy of pre-clerkship lecture halls, a b c d N/A  
   large group classroom facilities
4. Adequacy of pre-clerkship small group teaching spaces a b c d N/A
5. Adequacy of educational/teaching spaces at hospitals**\*** a b c d N/A
6. Adequacy of relaxation space for pre-clerkship a b c d N/A  
   students
7. Adequacy of study space for pre-clerkship students a b c d N/A
8. Adequacy of student study space at hospitals/clinical sites\* a b c d N/A
9. Adequacy of secure storage space for pre-clerkship a b c d N/A  
   students’ personal belongings
10. Adequacy of secure storage space for personal belongings at a b c d N/A

hospitals/clinical sites\*

1. Adequacy of relaxation space at hospitals/clinical sites**\*** a b c d N/A
2. Access to research opportunities a b c d N/A
3. Support for participation in research a b c d N/A
4. Access to service learning/community service opportunities a b c d N/A

**LIBRARY AND INFORMATION RESOURCES**

1. Access to library resources and holdings a b c d N/A
2. Quality of library support and services a b c d N/A
3. Access to technology support a b c d N/A
4. Access to online learning resources a b c d N/A

**STUDENT SERVICES**

1. Accessibility of student health services a b c d N/A
2. Availability of personal counselling/mental health services a b c d N/A
3. Confidentiality of mental health services a b c d N/A
4. Availability of student well-being programmes a b c d N/A
5. Adequacy of career advising a b c d N/A
6. Adequacy of advising about elective choices a b c d N/A
7. Quality of financial aid administrative services a b c d N/A
8. Adequacy of debt management counselling a b c d N/A
9. Availability of academic advising a b c d N/A
10. Availability of tutorial help a b c d N/A
11. Adequacy of education to prevent exposure a b c d N/A

to infectious and environmental hazards

1. Adequacy of education about procedures to follow after a b c d N/A

a potential exposure to infectious and environmental hazards

**MEDICAL EDUCATION PROGRAMME**

1. Utility of the medical education programme objectives to a b c d N/A

support learning

1. Quality of the pre-clerkship phase a b c d N/A
2. Clinical skills instruction in the pre-clerkship phase a b c d N/A
3. Amount of formative feedback in the pre-clerkship a b c d N/A

phase

1. Quality of formative feedback in the pre-clerkship a b c d N/A

phase

1. Fairness of summative assessments in pre-clerkship phase a b c d N/A
2. Opportunities for self-directed learning in the a b c d N/A

pre-clerkship phase **1**

1. Adequacy of unscheduled time for self-directed learning

in the pre-clerkship phase **1** a b c d N/A

1. Student workload in the pre-clerkship phase a b c d N/A
2. Coordination/integration of content in the a b c d N/A

pre-clerkship phase

1. Utility of the pre-clerkship phase as preparation for a b c d N/A

required clerkships\*

1. Quality of the required clerkships\* a b c d N/A
2. Access to patients during the required clerkships\* a b c d N/A
3. Student workload in the required clerkships\* a b c d N/A
4. Adequacy of supervision in clinical settings\* a b c d N/A
5. Amount of formative feedback in the required clerkships\* a b c d N/A
6. Fairness of summative assessments in the clerkship phase\* a b c d N/A
7. Clinical skills assessment in the clerkship phase\* a b c d N/A
8. Quality of formative feedback in the required clerkships\* a b c d N/A
9. Clarity of policies for advancement/graduation a b c d N/A
10. Ability to review and challenge student academic records a b c d N/A
11. Medical school responsiveness to student feedback on a b c d N/A

courses

1. Medical school responsiveness to student feedback a b c d N/A  
   on clerkships\*
2. Adequacy of education to diagnose disease a b c d N/A
3. Adequacy of education to manage disease a b c d N/A
4. Adequacy of education in disease prevention a b c d N/A
5. Adequacy of education in health maintenance a b c d N/A
6. Adequacy of education in caring for patients from

different backgrounds a b c d N/A

1. Adequacy of education related to interprofessional   
   collaborative skills **2** a b c d N/A
2. Opportunities for medical students to learn to recognise

and appropriately address biases in themselves, in others,

and in the health care delivery process. a b c d N/A

**1** Self-directed learning (ED-3) includes self-assessment of learning needs, identification of information to meet those needs from credible sources, and feedback on this skill.

**2**Interprofessional collaborative skills (ED-16) prepare students to function collaboratively on health care teams with students/health professionals from other professions.

**For Provisional Accreditation Site Visits only**

**STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS**

**Office of the Associate Dean of Students/Student Affairs**

1. Accessibility a b c d N/A
2. Awareness of student concerns a b c d N/A
3. Responsiveness to student problems a b c d N/A

**Office of the Associate Dean for Education**

1. Accessibility a b c d N/A
2. Awareness of student concerns a b c d N/A
3. Responsiveness to student problems a b c d N/A

**LEARNING ENVIRONMENT AND FACILITIES**

1. Clarity of the medical school student mistreatment policy a b c d N/A
2. Satisfaction with the process to report student mistreatment a b c d N/A
3. Satisfaction with medical school activities to a b c d N/A

prevent mistreatment

1. Adequacy of pre-clerkship lecture halls, a b c d N/A   
   large group classroom facilities
2. Adequacy of pre-clerkship small group teaching spaces a b c d N/A
3. Adequacy of relaxation space for pre-clerkship students a b c d N/A
4. Adequacy of study space for pre-clerkship students a b c d N/A
5. Adequacy of secure storage space for pre-clerkship a b c d N/A  
   students’ personal belongings
6. Access to research opportunities a b c d N/A
7. Support for participation in research a b c d N/A
8. Satisfaction with library a b c d N/A
9. Satisfaction with on-call facilities in third year a b c d N/A
10. Satisfaction with duty hours in third year a b c d N/A

**STUDENT SERVICES**

1. Accessibility of student health services a b c d N/A
2. Confidentiality of mental health services a b c d N/A
3. Availability of personal counselling/mental health services a b c d N/A
4. Availability of programmes to support student well-being a b c d N/A
5. Adequacy of career advising a b c d N/A
6. Quality of financial aid administrative services a b c d N/A
7. Adequacy of debt management counselling a b c d N/A
8. Availability of academic advising a b c d N/A
9. Availability of tutorial help a b c d N/A
10. Adequacy of education about prevention of exposure a b c d N/A

to infectious and environmental hazards

1. Adequacy of education about procedures to follow after a b c d N/A

potential exposure to infectious and environmental hazards

**MEDICAL EDUCATION PROGRAMME**

1. Quality of the first year a b c d N/A
2. Quality of the second year a b c d N/A
3. Quality of the third year a b c d N/A
4. Amount of formative feedback in the first year a b c d N/A
5. Amount of formative feedback in the second year a b c d N/A
6. Amount of formative feedback in the third year a b c d N/A
7. Quality of formative feedback in the first year a b c d N/A
8. Quality of formative feedback in the second year a b c d N/A
9. Quality of formative feedback in the third year a b c d N/A
10. Opportunities for self-directed learning **1** a b c d N/A

41. Adequacy of unscheduled time for self-directed learning **1** a b c d N/A

42. Overall workload in the first year a b c d N/A

43. Overall workload in the second year a b c d N/A

44. Coordination/integration of content in the first year a b c d N/A

45. Medical school responsiveness to student feedback a b c d N/A

on courses and teaching

**1** Self-directed learning (ED-3) includes self-assessment of learning needs, identification of information to meet those needs from credible sources, and feedback on this skill.

Reporting of Results – Required Tables in the Independent Student Analysis

**Develop a separate table for each survey item** such that the data for all relevant class years are included in the same table. The required format for the tables is shown below. The column titled “Number of Total Responses/Response Rate to this Item” shows the total number of students responding to the item (N) divided by the total number of students in the class (%). For the other columns, please add very dissatisfied + dissatisfied (a + b) responses and satisfied + very satisfied (c + d) responses.

Calculate all response data percentages using the total number of responses **which includes N/A responses** as the denominator, and the type of response (e.g., satisfied/very satisfied) as the numerator. Response data percentages calculated any other way will need to be redone, which may cause delays for your medical school.

The following table format should be used for items where students in all years of the curriculum respond.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table Title\*** | | | | | | | | |
| Medical School Class | Number of Total Responses/Response Rate to this Item | | Number and % of  N/A  Responses | | Number and % of  Dissatisfied/Very Dissatisfied  Responses | | Number and % of  Satisfied/Very Satisfied Responses | |
| N | % | N | % | N | % | N | % |
| Year 1 |  |  |  |  |  |  |  |  |
| Year 2 |  |  |  |  |  |  |  |  |
| Year 3 |  |  |  |  |  |  |  |  |
| Year 4 |  |  |  |  |  |  |  |  |
| Year 5\*\* |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\*The table title should match the items listed in the Appendix. Required Student Opinion Survey Items. For example, the table title for #1 in the Required Student Opinion Survey Items would be “Accessibility of the Office of the Associate Dean of Students/Student Affairs.”

\*\*For schools that offer 5-year educational programme

If an item is specific to a set of students, such as an item about the clinical years/clerkships, the table can be modified to reflect the medical school class(es) that can provide data based on their experience. If an item is directed to students who are or have been in the clerkship years, the following table format should be used:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table Title** | | | | | | | | |
| Medical School Class\* | Number of Total Responses/Response Rate to this Item | | Number and % of  N/A  Responses | | Number and % of  Dissatisfied/Very Dissatisfied  Responses | | Number and % of  Satisfied/Very Satisfied Responses | |
| N | % | N | % | N | % | N | % |
| Year 3 |  |  |  |  |  |  |  |  |
| Year 4 |  |  |  |  |  |  |  |  |
| Year 5\*\* |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Delete any rows that include students who have not experienced the required clerkships.

\*\*For schools that offer 5-year educational programme