COUNCIL FOR HIGHER EDUCATION

Self-Evaluation Report and Data Collection Instrument

Evaluation of Medical Schools in Israel

July 2020

1.2 Bylaws

The manner in which the medical school is organized, including the responsibilities and privileges of administrative officers, faculty, students, and committees is promulgated in the medical school or university bylaws.

Narrative Response

1. Provide the page number(s) in formally-approved documents (e.g., bylaws) where each of the following is described, and note when and by whom each of these documents was last reviewed and approved:

   - changes to major standing committees
   - responsibilities and privileges of the dean and other administrative officers
   - responsibilities and privileges of the faculty

2. Briefly describe how the bylaws are made available to the faculty.

Supporting Documentation

1. Formally approved documents (bylaws or other policies), as noted above.

1.3 Conflict of Interest Policies

A medical school has policies which deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.

Narrative Response

1. Provide the name of the governing body of the medical school. Describe the composition and the process for initial and renewal of appointment of members in the governing body.

2. Place an "X" next to each area in which the medical school or university has a faculty conflict of interest policy:

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

3. Describe the strategies for managing actual or perceived conflicts of interest as they arise for the following groups:
   - Governing body members
   - University administrators and medical school academic and education leaders (e.g., department heads, dean, vice dean and other relevant positions), senior administrative staff (e.g., chief financial officer)
   - Medical school faculty

Supporting Documentation

1. Policies and procedures intended to prevent or address financial or other conflicts of interest among governing board members, university administrators, or faculty (including recusal from discussions or decisions if a potential conflict occurs).

2. Documentation that illustrates those conflict of interest policies are being followed.

1.4 Affiliation Agreements/Memoranda of Understanding (MOUs) with clinical affiliates

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school's faculty, as specified in written affiliation agreements/MOUs that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum, the following:

- The assurance of medical student and faculty access to appropriate resources for medical student education
- The primacy of the medical education program's authority regarding academic affairs and the education/assessment of medical students
- The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury
- The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment

Narrative Response

1. List the affiliation agreements appropriate to your school. Include parties to the agreement and the dates of signing.

2. When was the last time each agreement was reviewed and by whom?

3. Please confirm that an addendum has been attached to the affiliation agreement conform to Appendix 1. If said appendix has not been appended to the affiliation agreement, please complete Table 1.4-1.

Table 1.4-1 | Affiliation Agreements
For each clinical teaching site used for the inpatient portion of required clinical clerkships, provide the page number(s) in the current affiliation agreement where passages containing the following information appear. Add rows as needed.

1. Assurance of medical student and faculty access to appropriate resources for medical student education
2. Primacy of the medical education program's authority over academic affairs and the education/assessment of medical students
3. Role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
4. Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury
5. Shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment

		Page Number(s) in Agreement				
Clinical teaching site	Date agreement last signed	1. Access to resources	2. Primacy of program	3. Faculty appointments	4. Environmental hazard	5. Learning environment

Supporting Documentation

1. Please include the signed/executed Addendum to the Affiliation Agreement conform to Appendix 1.
   Note: Each affiliation agreement should be saved as a separate document.

Self-Evaluation of Standard 1

1. Please mark on the following scale the extent to which the elements of this standard are implemented at your faculty:

   Unsatisfactory   Satisfactory

   1   2   3   4   5   6

2. Please explain why you have given yourself this rank. Provide a short summary of the main strengths and weaknesses highlighted in your response to this standard. Include a description of the efforts the faculty plans to take to improve areas of weakness and append any relevant documentation.

Standard 2: Leadership and Administration

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

2.1 Dean's Qualifications

The dean of a medical school is qualified by education and experience to provide leadership in medical education.

Narrative Response

1. Provide the length of time of the current dean's appointment (since when- until when).

2. Provide the timeline of the previous three deans of the medical school.

3. Note if the dean has ultimate responsibility for all missions of the medical school or if some of these are under the authority of another administrator.

4. Provide a brief summary of the dean's experience and qualifications to provide leadership in each of the missions of the medical school for which he/she has responsibility.

Supporting Documentation

1. Dean's curriculum vitae. (Abbreviated - please limit to four pages.)

2.2 Dean's Authority /Resources

The dean of a medical school has sufficient available resources and authority to fulfil his or her responsibility for the management and evaluation of the medical curriculum.

Narrative Response

1. Describe how the dean participates in institution-level planning to ensure that the resource needs for the development of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are met?

2. Provide the names and titles of the staff leaders (e.g., director of assessment, director of evaluation) of groups/units currently responsible for providing administrative or academic support for the planning, implementation, and evaluation of the curriculum and for student assessment. Include the percent of time contributed by each individual to this effort. Add rows as needed.

Name of Staff Leader	Title	% Effort (if applicable)	# of Staff Reporting to Leader

3. Note plans for the recruitment of additional individuals to provide administrative and/or academic leadership and/or support for curriculum planning, implementation, or evaluation, and provide the recruitment timeline for and percent of time that will be contributed by these individuals.

4. Describe how and by whom the budget to support the planning and delivery of the medical education program is developed and approved and how it is allocated to departments and administrative units.

2.3 Academic Officer and Faculty Appointments

Academic officers and members of a medical school faculty are appointed by, or on the authority of, the governing board of the medical school or its parent university.

Narrative Response

1. Describe which categories of appointments (e.g. university/campus officers, deans, dean's staff, faculty) are the sole responsibility of the primary institutional governing board.

2. Note if the governing board has delegated the responsibility for some or all categories of appointments to another individual (e.g., the university president, provost, medical school dean).

2.4 Access and Authority of the Dean

The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the medical education program and to other institutional officials as is necessary to fulfill his or her responsibilities.

Narrative Response

1. Summarize the dean's formal and informal access to parent institution and health system administrators. Provide examples to illustrate that the dean has opportunities to interact with these administrators in support of areas related to the needs of the medical education program. Describe how the dean's access to these administrators ensures or will ensure that the needs of the medical education program are included in planning activities at these levels.

2. Describe the dean's authority and responsibility for the medical education program based on the position description provided in the supporting documentation.

Supporting Documentation

1. Provide an organizational chart illustrating the relationship of the medical school dean to university administration, to the deans of other faculties in the university, and to the administrators of the main health science center and affiliated teaching hospitals and clinics.

2. If the dean has an additional role (e.g., vice president for health/academic affairs, rector), include that position description as well.

2.5 Sufficiency of Administrative/Supportive Staff

The dean has the assistance of such associate or assistant deans and administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

Narrative Response

1. Describe the timeline and status of recruitment efforts for any unfilled dean's staff positions or for positions currently filled on an acting/interim basis.

2. If there are any department chair vacancies, describe the status of recruitment\nomination efforts to fill the position(s).

Supporting Data

Table 2.5-1 | Department/track/field chairs			
For each department, provide the requested information regarding current department chairs. Note if the chair position is vacant or filled on an interim/acting basis. Add rows as needed.			
Name of Department/track/field	Name of the position holder	Date Appointed	Note if the Position is Vacant (V) or Filled on an Interim Basis (I)

Table 2.5-2 | Dean's Administrative Staff				
Provide the requested information regarding members of the dean's administrative staff. Include those individuals with dean and director titles. Note if any position is filled on an interim/acting basis. Add rows as needed.				
Name of position holder	Title	% Effort Dedicated to Administrative Role	Date Appointed	Note if the Position is Filled on an Interim Basis

Supporting Documentation

1. Organizational chart of the dean's staff, indicating positions that are vacant or filled on an interim basis.

2.6 Committees

A committee structure is the usual mechanism for involving faculty and others in decisions concerning admissions, promotions, curriculum, library and research, etc. The names, membership, and functions of such committees are not prescribed by these standards, but rather are subject to local determination and needs.

Supporting documents:

1. Provide a list of the committees operating within the medical school, and their composition (representatives of which departments/bodies are members).

2. Provide a flow chart of the school's academic and administrative committee structure, names of senior position holders and the needs the committees answer to.

2.7 Functional Integration of the Faculty

The faculty in each discipline, in all sites, are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and data sharing).

Narrative Response

1. Describe the means by which faculty members in each discipline and/or schools are functionally integrated across sites, including anticipated activities such as faculty meetings/retreats and visits by departmental leadership.

2. Describe how institutional policies and/or faculty bylaws support the participation of faculty based at the different sites under the medical school governance (e.g., committee membership).

Self-Evaluation of Standard 2

1. Please mark on the following scale the extent to which the elements of this standard are implemented at your faculty:

   Unsatisfactory   Satisfactory

      1   2   3   4   5   6

2. Please explain why you have given yourself this rank. Provide a short summary of the main strengths and weaknesses highlighted in your response to this standard. Include a description of the efforts the faculty plans to take to improve areas of weakness and append any relevant documentation.

Standard 3: Academic and Learning Environments

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

3.1 Community of Scholars

A medical school is a component of a university that has other graduate and other professional degree programs. The program of medical education leading to the M.D. degree is conducted in an environment that fosters the intellectual challenge and spirit of inquiry as characterized by the community of scholars that constitutes a university. A medical school ensures that students have the opportunity to participate in research and other scholarly activities of the faculty.

Narrative Response

1. Is there a requirement for medical students to complete a scholarly/research project at some point in the curriculum? If so, describe. If students are not required to complete a research project, briefly describe the opportunities that will be available for medical students to participate in research.

2. Describe funding and other resources that are available to support medical student participation in research.

3. Describe the means by which faculty scholarship is fostered in the medical school. Is there a formal mentorship program to assist faculty in their development as scholars? Describe the infrastructure and resources available to support faculty scholarship (e.g., a research office, support for grant development, seed funding for research project development).

3.2 Resident Participation in Medical Student Education

The required clerkships are conducted in a teaching hospital or ambulatory care facility where residents in accredited programs of medical education, under faculty guidance, may participate in teaching the students. Residents are informed about the educational objectives of the clerkships and are prepared for their roles as teachers of medical students.

Supporting Data

Table 3.2-1	Resident Involvement in Required Clinical Clerkships						
List each clinical facility at which one or more medical students take a required clinical clerkship (other than ambulatory, community-based sites). For each clerkship, place a "Y" to indicate that residents in an accredited program are involved in medical student education or an "N" to indicate that residents are not involved in medical student education in that discipline. If there is no clerkship in that discipline at that site, leave the cell blank. Add rows as needed.							
Facility name	Family medicine	Internal medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Neurology

3.3 Anti-Discrimination Policy

A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.

Narrative Response

1. Summarize the medical school's anti-discrimination policy. How is this policy made available to members of the medical education community?

Supporting Documentation

1. The medical school's anti-discrimination policy (or the university policy that applies to the medical school).

3.4 Professionalism

A medical school or its parent university defines the standards of conduct in the professional behavior between students and faculty, and among faculty members themselves.

Narrative Response

1. Describe how the required professional behaviors are made known to students, faculty and others in the medical education learning environment.

Supporting Documentation

1. Provide the defined standards of professional behavior between students and faculty, and among faculty members.

3.5 Student Mistreatment

A medical school develops and widely promulgates written procedures that allow medical students to report violations of conduct standards—such as incidents of harassment or abuse—without fear of retaliation. The procedures specify mechanisms for the prompt handling of such complaints, and for the educational methods aimed at preventing student mistreatment.

Narrative Response

1. Describe how and when medical students, faculty (full-time, part-time, and volunteer), and appropriate professional staff are informed of the medical school's standards of conduct in the faculty-student relationship and of medical student mistreatment policies.

2. Summarize the procedures used by medical students and faculty to report individual or observed incidents of alleged mistreatment in the learning environment. Describe how the medical school ensures that allegations of mistreatment can be made and investigated without fear of retaliation.

3. Who is responsible for ensuring that the learning environment is monitored?

4. Describe recent educational activities for medical students and faculty that were directed at preventing student mistreatment.

Supporting Documentation

1. Provide formal policies and/or procedures for responding to allegations of medical student mistreatment, including the avenues for reporting and mechanisms for investigating reported incidents.

Self-Evaluation of Standard 3

1. Please mark on the following scale the extent to which the elements of this standard are implemented at your faculty:

   Unsatisfactory   Satisfactory

   1   2   3   4   5   6

2. Please explain why you have given yourself this rank. Provide a short summary of the main strengths and weaknesses highlighted in your response to this standard. Include a description of the efforts the faculty plans to take to improve areas of weakness and append any relevant documentation.

Standard 4: Faculty Preparation, Productivity, Participation, and Policies

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development, to provide the leadership and support necessary to attain the institutions educational, research, and service goals.

4.1 Sufficiency of Faculty

The faculty of a medical school provides effective teaching and be of sufficient size to provide the scope of the educational program offered.

Narrative Response

1. Describe the rationale behind the number of positions allocated to pre-clinical and clinical faculty, given number of medical students and graduate (research) students.

2. Describe the rationale of allocating part-time versus full-time employment to clinical faculty.

Supporting Data

Table 4.1-1 | Total Faculty						
Provide the total number of full-time and part-time faculty in the basic science and clinical departments for each listed academic year						
	Full-Time Faculty		Part-Time Faculty		Volunteer Faculty	
	Basic Science	Clinical	Basic Science	Clinical	Basic Science	Clinical
Current Academic Year (date)						
Next Academic Year (date)						

Table 4.1-2 | Clinical Faculty								
List **all** of the medical school's *clinical departments* and provide the number of faculty currently in each. List only the departments included in the faculty counts in table 4.1-1. Add rows as needed.								
		Full-Time Faculty					Other/Not Full-Time	
Facility	Department	Professor	Associate Professor	Assistant Professor	Instructor/ Other	Vacant	Part-Time Faculty	Volunteer

Table 4.1-3	Protected Faculty Time	
If relevant to your faculty, provide the amount of protected time (i.e., time with salary support) that the following individuals have/will have for their educational responsibilities (include a range if not consistent within each group). Add rows as needed.	
Faculty Type	Amount (FTE)
Pre-clerkship/preclinical course directors, including directors of clinical skills courses	
Clerkship directors	
Chair of the curriculum committee	
Other	

4.2 Faculty Appointment and Scholarly Productivity

Persons appointed to a faculty position will have demonstrated achievements within their disciplines commensurate with their faculty rank. The recruitment and development of a medical school's faculty takes into account its mission, the diversity of its student body, and the populations that it serves. It is expected that faculty members will have a commitment to continuing scholarly productivity, thereby contributing to the educational environment of the medical school.

Narrative Response

1. Describe the means by which faculty scholarship is fostered in the medical school. Describe any formal mentorship program to assist faculty throughout their development as scholars. Describe the infrastructure and resources available to support faculty scholarship.

Supporting Data

Table 4.2-1 | Scholarly Productivity				
Provide the total number of each type of scholarly work, by department (basic science and clinical), from the most recently completed year (academic or calendar year, whichever is used in the medical school's accounting of faculty scholarly efforts). Only count each article/book chapter once per department.				
Department	Articles in Peer-Review Journals	Published Books/ Book Chapters	Faculty Co-Investigators or PI's on Extramural Grants	Other Peer-Reviewed Scholarship*
*Provide a definition of "other peer-reviewed scholarship," if this category is used:				
Provide the year used for these data:				

4.3 Faculty Appointment Policies

A medical school has clear policies for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of members of the faculty. The appointment process involves the faculty, the appropriate departmental heads, and the dean. Faculty members receive a clear definition of the terms of appointment, responsibilities, line of communication, privileges and benefits, and policy on practice earnings.

Narrative Response

1. Describe the specific programs or activities offered to assist faculty in preparing for promotion.

2. Describe how faculty are informed of the policies and the programs.

4.4 Faculty Feedback/Professional Development

Faculty members receive feedback on teaching. Opportunities for professional development are provided to enhance faculty members skills and leadership abilities in teaching and research.

Narrative Response:

1. Describe how faculty are informed of the availability of faculty development activities and the steps that are taken to ensure that faculty development is accessible at all instructional sites, including geographically distributed campuses.

2. Describe the means by which problems identified with an individual faculty member's teaching and assessment skills are remediated.

3. Describe plans to make funding available to support faculty participation in professional development activities related to their roles as teachers (e.g., attendance at regional/national medical education meetings).

4. Describe how and when faculty members receive formal feedback on their academic performance, progress toward promotion, and, if relevant, tenure from departmental leaders (i.e., the department chair or division/section chief).

Supporting Documentation

1. Medical school or university policies that require faculty to receive regular formal feedback on their performance, progress toward promotion, and, if relevant, tenure. Note when these policies were approved.

2. A list of the faculty development programs (e.g., workshops, lectures, seminars) provided during the most recent academic year, including general topic and number of attendees, and the locations where these programs were offered.

Self-Evaluation of Standard 4

1. Please mark on the following scale the extent to which the elements of this standard are implemented at your faculty:

   Unsatisfactory   Satisfactory

        1   2   3   4   5   6

2. Please explain why you have given yourself this rank. Provide a short summary of the main strengths and weaknesses highlighted in your response to this standard. Include a description of the efforts the faculty plans to take to improve areas of weakness and append any relevant documentation.

Standard 5: Educational Resources and Infrastructure

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

5.1 Student Amenities

A medical school provides students with amenities that increase efficiency, such as study space, lounge areas and food service, if not available in the immediate vicinity of the school.

Supporting Data

1. Provide data from a student survey asking the students to evaluate their satisfaction on a six-point Likert scale for study space, lounge areas, and food service either in the school or in the immediate vicinity of the school.

5.2 Security and Student Safety

A medical school has an appropriate security system for its personnel and all properties.

Narrative Response

1. Describe the security procedures and system(s) that are in place and the personnel available to provide a safe learning environment for medical students during the following time periods.
   - During regular classroom hours on campus
   - Outside of regular classroom hours on campus

Supporting Data

1. Provide data from a student survey asking the students to evaluate on a six-point Likert scale their satisfaction with security.

5.3 Sufficiency of Buildings

Medical school has physical facilities that are qualitatively adequate for the size and scope of the educational program, as well as of the student body.

Narrative Response

1. Specify the school's physical location in the institution (building/s). List any other departments/programs that share the building/s.

Supporting Data

1. Provide data from a student survey asking the students to evaluate on a six-point Likert scale their satisfaction with the adequacy of the lecture hall, clinical skills teaching/simulation space, and small group discussion rooms.

Table 5.3-1 | Classroom Space			
Provide the requested information on the types of classroom space (lecture hall, laboratory, clinical skills teaching/ simulation space, small group discussion room, etc.) used for each instructional format during the medical curriculum. Include only space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed.			
Room Type/Purpose	# of Rooms of this Size/Type	Seating Capacity (provide a range if variable across rooms)	Building(s) in which Rooms are Located

5.4 Library Resources

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 that is familiar with regional and national information, resources and data systems and is 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 programs served by the main medical school library.

2. Briefly summarize any partnerships that extend the library's access to information resources. For example, does the library interact with other universities and/or affiliated hospital libraries?

3. List the hours during which the library and the public access computers are available to medical students.

Supporting Data

1. Provide data from a student survey asking the students to evaluate on a six-point Likert scale their satisfaction with the library resources.

Table 5.4-1 | Medical School Library Resources					
Provide the requested information on library resources for the most recent academic year. Add rows as needed.					
Library/Campus (as appropriate)	Total Current Journal Subscriptions (all formats)	# of Book Titles (all formats)	# of Databases	Total User Seating	# of Public Workstations

Table 5.4-2| Medical School Library Staffing		
Provide the number of staff FTE's in the following areas, using the most recent academic year. Add rows as needed.		
Professional Staff	Technical and Paraprofessional Staff	Part-Time Staff (e.g., student workers)

5.5 Resources for Clinical Instruction

A medical school has, or is assured the use of, appropriate resources- *including simulations equipment and facilities-* **for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).**

Narrative Response

1. List the clinical placement sites for required clinical experiences that will occur in the pre-clerkship phase of the curriculum.

2. Describe any substantive changes in hospital and other clinical affiliations anticipated by the medical school for the next six academic years.

3. Describe the plans to ensure that the mix of inpatient and ambulatory settings identified for required clinical clerkships will provide adequate numbers and types of patients in each discipline.

Supporting Data

Table 5.5-1 | Clinical-site Patient Volume				
Provide the requested information for each hospital used for the inpatient portion of one or more required clinical clerkships (or longitudinal integrated clinical clerkships). Add rows as needed.				
Clinical Facility name/Campus (if applicable)	# of beds in use	Average daily occupancy	# of admissions per year	# of outpatient visits per year

Table 5.5-2| Inpatient Teaching Facilities				
Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship) that will take place at an inpatient facility. Only provide information for services used for required clinical clerkships at each hospital. Add rows as needed.				
Clinical Facility/Hospital Name/Campus (if applicable)	Clerkship	Average Daily Patient Census	Anticipated Average # of Students Per Clerkship (range)	
			School's Medical Students	Medical Students from Other Schools

5.6 Security, Student Safety, and Disaster Preparedness

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

Narrative Response

1. Describe the emergency and disaster preparedness policies, procedures, and plans. Include how medical students and faculty will be informed of these institutional emergency and disaster preparedness policies and plans.

Supporting Documentation

1. Copies of medical school or university emergency and disaster preparedness policies, procedures, and plans, as they relate to medical students, faculty, and staff.

Self-Evaluation of Standard 5

1. Please mark on the following scale the extent to which the elements of this standard are implemented at your faculty:

   Unsatisfactory   Satisfactory

      1   2   3   4   5   6

2. Please explain why you have given yourself this rank. Provide a short summary of the main strengths and weaknesses highlighted in your response to this standard. Include a description of the efforts the faculty plans to take to improve areas of weakness and append any relevant documentation.

Standard 6: Competencies, Curricular Objectives, and Curricular Design

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

Supporting Data

1. Provide a general schematic or diagram that illustrates the overall structure of the curriculum for a class. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkships in each academic period of the curriculum. Briefly describe the general structure of the curriculum, including when in the curriculum the required clerkships begin (e.g., mid-way through year two, at the beginning of year three).

2. If the school offers a parallel curriculum (track) to a subset of students, include the following information in each description and highlight the difference(s) from the curriculum of the standard medical education program:
   - The location of the parallel curriculum
   - The year the parallel curriculum will be first offered (i.e. will students be in the track from the beginning of their studies or join later on)
   - The focus of the parallel curriculum, including the additional objectives that students must master
   - The general curriculum structure (including the sequence of courses/clerkships in each curriculum year/phase)
   - The number of students who will participate in each year of the curriculum
   - A schematic of the parallel curriculum (track).

3. Please fill the following table for each pre-clinical/clinical year studies:

Pre-clinical:

Table 6.0-1	Pre-clinical Phase Instructional Formats					
List each course in the pre-clinical 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. Provide a definition of "other" if selected. Add rows as needed.						
	Number of Formal Instructional Hours Per Course					
Course	Lecture	Lab	Small Group	Patient Contact*	Other (describe)	Total
Total						

Clinical:

Table 6.0-2	Clerkship Length and Formal Instructional Hours per Clerkship	
Using the academic year(s) for the required clerkships, provide the total number of weeks and overall amount of hours spent in each required clerkship per week. Provide a range of hours if there will be significant variation across sites. Add rows as needed.		
Clerkship	Total Weeks	Typical Hours per Week of Formal Instruction

6.1 Learning Objectives

A medical school defines its objectives and makes them known to all medical students and faculty. The curriculum provides a broad-base education in the science basic to medicine, a variety of clinical subjects, and various ethical, cultural, behavioral and socioeconomic subjects pertinent to medicine.

Narrative Response

1. Describe how the medical education program objectives and their linkage to the relevant competencies were developed.

2. Describe how medical education program objectives will be disseminated to each of the following groups:

   - Faculty with responsibility for teaching, supervising, and/or assessing medical students in the pre-clinical years of the curriculum.
   - Faculty with responsibility for teaching, supervising, and/or assessing medical students in the clinical years of the curriculum.
   - Medical students

Supporting Data

Table 6.1-1 | Competencies, Program Objectives, and Outcome Measures		
As available, for each general competency expected of graduates, provide the related medical education program objectives and the outcome measure(s) that will be used <u>specifically</u> to assess students' attainment of each program objective. Add rows as needed.		
General Competency	Medical Education Program Objective(s)	Outcome Measure(s) for Objective

6.2 Clinical Training

The requirements for successful completion of the program of medical education include a particular focus on clerkships and other forms of clinical training – *including extensive medical simulations* - where students obtain hands-on experience. A system for monitoring the achievement of clinical educational goals must be developed, based on these criteria, and students must be evaluated in this framework.

Narrative Response

1. Describe how and by which individuals or groups the list of required clinical encounters and skills was developed. Indicate if the curriculum committee or other central oversight body (e.g., a committee of clerkship directors) played a role in reviewing and approving the list of patient types/clinical conditions and skills across courses and clerkships.

2. Describe which individuals and/or groups are developing the list of alternative experiences -*including extensive medical simulations* -which are designed to remedy gaps when students are unable to access a required encounter or perform a required skill.

3. Describe how medical students, faculty, and residents are informed of the required clinical encounters and skills and the corresponding levels of student responsibility.

Supporting Data

Table 6.2-1 | Required Clinical training				
Provide the criteria for each of the major clinical clerkships (Family medicine, Internal medicine, Ob-Gyn, Pediatrics, Neurology, Psychiatry and Surgery) for the patient types or clinical conditions that medical students are expected to encounter, the required procedures/skills, and the clinical settings, along with the corresponding level(s) of student responsibility for each. Add rows as needed.				
Clerkship/Clinical Discipline	Patient Type/Clinical Condition	Procedure/Skill	Clinical Setting	Level of Student Responsibility*

* Select the specific level of student responsibility that is expected of all students; i.e what the students are expected to do in that clinical setting (e.g., observe, assist).

6.3 Education Program Duration

The program of education in the art and science of medicine leading to the M.D. degree is of six years duration plus one year of rotating internship. Institutions may have a three or four- year study program in Medicine for the MD degree, designated for students that hold a Bachelor's degree.

Narrative Response

1. Provide the total number of scheduled weeks of instruction in the curriculum for each study program. In the case of three or four-year study programs, explain the rationale. (include time for required assessments but do not include vacation time).

6.4 Self-Directed and Life-Long Learning

The faculty of a medical school ensures that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

Narrative Response

1. List the courses in which self-directed learning activities 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 the methods used to assess student achievement of these skills. Use the names of relevant courses from Tables 6.0-1 when answering.

   - Identify, analyze, and synthesize information relevant to their learning needs;
   - Share the information with their peers and tutor/facilitator;
   - Apply their knowledge to the resolution of the clinical case;
   - Receive feedback and are assessed on their skills in self-directed learning.

2. Describe the amount of time scheduled for self-directed learning sessions within the pre-clinical years of the program.

Supporting Documentation

1. Provide an average weekly schedule for each of the pre-clinical years.

6.5 Inpatient/Outpatient Experiences

Instruction and experience in patient care are provided in both ambulatory and hospital settings.

Narrative Response

1. Describe how the curriculum committee or subcommittee ensures that medical students spend sufficient time in ambulatory and inpatient settings to meet the learning objectives for each required clinical learning experience.

Supporting Data

Table 6.5-1 | Percentage Total Required Clinical Learning Experience			
Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each clinical learning experience. If the names differ from those in the table, substitute the name used by the medical school. If the amount of time spent in each setting varies across instructional sites (e.g., hospitals), provide a range.			
Instructional Site		% of total required clinical learning experience time	
		Ambulatory	Inpatient
	Emergency Medicine		
	Family Medicine		
	Internal Medicine		
	Obstetrics and Gynecology		
	Pediatrics		
	Psychiatry		
	Surgery		
	Other (list)		

6.6 Elective Opportunities

The curriculum should include clinical elective courses designed to supplement the required courses and to provide opportunities for students to pursue individual academic interests.

Narrative Response

1. Indicate whether the medical school has a policy that requires diversification of electives. How and by whom is students' adherence to this policy monitored?

2. Describe the policies or practices that require or encourage medical students to use electives to pursue a broad range of learning activities.

Supporting Data

Table 6.6-1	Required Elective Weeks

Provide the number of required weeks of elective time in each year of the curriculum.		
Total required elective weeks		
1st clinical year	2nd clinical year	3rd clinical year

Self-Evaluation of Standard 6

1. Please mark on the following scale the extent to which the elements of this standard are implemented at your faculty:

   Unsatisfactory   Satisfactory

      1   2   3   4   5   6

2. Please explain why you have given yourself this rank. Provide a short summary of the main strengths and weaknesses highlighted in your response to this standard. Include a description of the efforts the faculty plans to take to improve areas of weakness and append any relevant documentation.

Standard 7: Curricular Content

The faculty of a medical school ensures that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

7.1 Scientific Method and Research

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

Supporting Data

Table 7.1-1 | Teaching and Assessment of Scientific Method	
List the required learning experiences that include instruction in – and assessment of – content related to the scientific method. For each listed experience, include the format used for the exercise (e.g., hands-on laboratory sessions, simulations). Add rows as needed.	
Required learning experience	Format

Table 7.1-2 | Research			
List all required learning experiences that include formal learning objectives that address **a)** the basic scientific and ethical principles of clinical and translational research, and **b)** how this research is conducted, evaluated, explained to patients and applied to patient care **c)** critical appraisal of scientific literature. Add rows as needed.			
Required learning experience	a) Scientific and Ethical Principles (described above)	b) Conduct and evaluation of clinical research and explained to patients	c) Critical appraisal of scientific literature

7.2 Ethics, Human Values, Behavioral, and Socioeconomic Subjects Pertinent to Medicine

The faculty of a medical school ensures that it includes content and clinical experiences related to the ethical, human values, behavioral and socioeconomic subjects pertinent to medicine.

Supporting Data

Table 7.2-1 | Curricular Content

For each topic area, place an "X" in the appropriate column to indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course. Place an "X" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.

	Course Type		Years/Phases Topic Areas are Taught and Assessed		
	Independent course	Integrated course(s)	Year 1	Year 2	Year 3 and/or 4
Biomedical informatics					
Care of the elderly					
Care of the disabled					
Complementary/alternative health care					
Evidence-based medicine					
Global health issues					
Health care financing					
Human development/life cycle					
Human sexuality					
Law and medicine					
Medication management/compliance					
Medical socioeconomics					
Nutrition					
Pain management					
Palliative care					
Patient safety					
Population-based medicine					
Biomedical ethics					
Ethical decision-making					
Professionalism					

7.3 Sciences Basic to Medicine

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

Supporting Data

Table 7.3-1 | Curricular Content					
For each topic area, place an "X" in the appropriate column to indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course. Place an "X" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.					
Topic Areas	Course Type		Years Topic Areas Are Taught and Assessed		
	Independent course	Integrated course(s)	Year 1	Year 2	Year 3 and/or 4
Biochemistry					
Biostatistics and Epidemiology					
Genetics					
Gross Anatomy					
Immunology					
Microbiology					
Pathology					
Pharmacology					
Physiology					
Pathophysiology					

7.4 Primary Care

All schools must offer a core curriculum in primary care, utilizing the disciplines or multidisciplinary approaches involved in the delivery of such care.

Narrative Response

1. Describe where primary care in the pre-clinical and clinical stage of training is taught and for how long.

2. Describe how students are assessed for their knowledge and skills in primary care.

7.5 Clinical Disciplines

The faculty of a medical school ensures that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to:

- Recognize wellness, determinants of health, and opportunities for health promotion and disease prevention
- Recognize and interpret symptoms and signs of disease
- Develop working hypotheses and treatment plans
- Recognize the potential health-related impact on patients of behavioral and socioeconomic factors
- Assist patients in addressing health-related issues involving all organ systems.

Supporting Data

Table 7.5-1 | General Medical Education						
Place an "X" in the appropriate column to indicate the year(s) in which each topic area is taught. Indicate the name of the course or clerkship of which the topic area is a part of.						
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Education to diagnose disease						
Education to manage disease						
Education in disease prevention						
Education in health maintenance						

7.6 Diagnostic Imaging, Clinical Pathology, and Multi-Disciplinary Care

The curriculum provides grounding in the body of knowledge represented in the disciplines that support the fundamental clinical subjects, for example, diagnostic imaging and clinical pathology. Students must have opportunities to gain knowledge in those content areas that incorporate several disciplines in providing medical care, for example, emergency medicine and the care of the elderly and disabled.

Supporting Data

Table 7.6-1 | Diagnostic Imaging, Clinical Pathology, etc.						
Place an "X" in the appropriate column to indicate the year(s) in which each topic area is taught. Indicate the name of the course or clerkship of which the topic area is a part of.						
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Diagnostic imaging						
Clinical pathology						
Emergency medicine						

7.7 Societal Problems

The school must specify how students are prepared for their role in addressing the medical consequences of common societal problems, for example, providing instruction in the diagnosis, prevention, appropriate reporting and treatment of violence and abuse. Students are instructed in the social determinants of health.

Narrative Response

1. Describe five common societal problems that are taught and assessed in the curriculum. For each of the five:

   - Describe the process used by faculty to select the problem.
   - Describe where and how content related to the societal problem is taught in the curriculum.
   - Provide the relevant course and clerkship objectives that address the diagnosis, prevention, appropriate reporting (if relevant), and treatment of the medical consequences of this societal problem.

7.8 Communication Skills

The faculty of a medical school ensures that the curriculum includes specific instruction and assessment of communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues and other health professionals.

Supporting Data

Table 7.8-1 | Communication Skills		
Under each heading, provide the names of courses and clerkships that include explicit learning objectives related to the listed topics areas. Add rows as needed.		
Topic Areas		
Communicating with patients and patients' families	Communicating with physicians (e.g., as part of the medical team)	Communicating with non-physician health professionals (e.g., as part of the health care team)

7.9 Inter-professional Collaborative Skills

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

Supporting Data

Table 7.9-1 | Interprofessional Collaborative Skills in the Curriculum						
Complete the following table with information on required experiences where medical students are brought together with students and/or practitioners from other health professions to learn to function collaboratively on health care teams with the goal of providing coordinated services to patients. Add rows as needed.						
Name and Curriculum Phase of the Course or Clerkship Where the Experience Occurs	Year Course or Clerkship is Taught	Learning Objectives of the Experience	Duration of the Experience (e.g., single session)	Setting(s) Where the Experience Occurs	Other Health Professions Students (S) or Practitioners (P)	Assessment Method(s)

7.10 Cultural Competence and Health Care Disparities

The faculty of a medical school ensures that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process.

Supporting Data

Table 7.10-1 | Cultural Competence	
Provide the names of courses and clerkships that include objectives related to cultural competence in health care.	
Course/Clerkship	Topic area(s) covered

Self-Evaluation of Standard 7

1. Please mark on the following scale the extent to which the elements of this standard are implemented at your faculty:

   Unsatisfactory   Satisfactory

      1   2   3   4   5   6

2. Please explain why you have given yourself this rank. Provide a short summary of the main strengths and weaknesses highlighted in your response to this standard. Include a description of the efforts the faculty plans to take to improve areas of weakness and append any relevant documentation.

Standard 8: Curricular Management, Evaluation, and Enhancement

The faculty of a medical school engages in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

Supporting Documentation

1. An organizational chart for the management of the curriculum that includes the curriculum committee and its subcommittees, other relevant committees, and the individuals or groups with involvement in curriculum design, implementation, and evaluation.

8.1 Design and Management

The program's faculty is responsible for the design, implementation, and evaluation of a coherent and integrated curriculum.

Narrative Response

1. Describe the composition of the curriculum committee and the methods used to selects its members and chair.

2. If there are subcommittees of the curriculum committee, describe the charge/role of each, along with its membership and reporting relationship to the parent committee. Specify which committee has the final authority for each:

   - Developing and reviewing the medical education program objectives.
   - Ensuring the horizontal and vertical integration of curriculum content (i.e. that it is coordinated and integrated within and across years).
   - Monitoring the overall quality and outcomes of all required learning experiences.
   - Monitoring the effectiveness of segments of the curriculum and the curriculum as a whole.

4. Describe the mechanisms responsible for introducing changes and updating the curriculum and how they operate. Specify any fundamental changes that were made in the curriculum during the last five years, as well as recent and planned (upcoming year) changes.

5. Describe the mechanisms for coordinating and examining the contents that are, in fact, being taught.

Supporting Documentation

1. Provide the requirements 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.

2. A list of curriculum committee members, including their voting status and membership category (e.g., faculty, student, or administrator).

* Note: Have available on-site for the survey team two years of curriculum committee minutes.

8.2 Program Evaluation

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance medical education program quality. These data are collected during program enrollment after program completion, and entrance into residency.

Narrative Response

1. Select three current medical education program objectives. Examples should include the domains of knowledge, skills, and behaviours. For each objective, describe how the objective was evaluated and provide specific data illustrating the extent to which the objective is being met.

2. Describe any efforts to address outcome measures that illustrate suboptimal performance by medical students in one or more of the medical education program objectives. Provide two examples of the steps taken to address the gaps between desired and actual outcomes.

Supporting Data

Table 8.2-1 | Monitoring of Medical Education Program Outcomes	
Provide the individuals and/or groups in the medical school that are responsible for evaluating each of the program outcome indicators listed below. Add rows as needed.	
Outcome indicator	Individuals and groups receiving the data
Student performance in required learning experiences	
Performance-based assessment of clinical skills	
Student advancement and graduation rates	
National exam first time pass rates (Israeli)	
USMLE Step 1 (if relevant)	
USMLE Step 2 CS (if relevant)	
USMLE Step 2 CK (if relevant)	

8.3 Monitoring Student Time

The committee responsible for curriculum gives careful attention to the impact on students of the amount of work required.

Narrative Response

1. Provide the policies that govern the amount of required time in the pre-clerkship phase of training and how it is monitored.

2. Describe how data on medical student duty hours will be collected during the clerkship phase of the curriculum and to whom the data will be reported.

3. Describe the frequency with which the curriculum committee and/or its relevant subcommittee(s) will monitor the clinical workload of medical students during the clinical clerkships.

8.4 Curricular Review, Revision, and Content Monitoring

The objectives, content, and methods of pedagogy utilized for each segment of the curriculum, as well as for the entire curriculum, is subjected to periodic evaluation. Redundancies and deficiencies in the curriculum identified by the evaluations are corrected.

Narrative Response

1. Describe the process of formal review that is being planned for each of the listed curriculum elements. Include in the description the frequency with which such reviews are conducted, the process used to conduct them and the administrative support that is available for the reviews (e.g., through an office of medical education). Specify the individuals as well as the groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) that will receive the results of the evaluation.

   - Required courses in the pre-clerkship phase of the curriculum
   - Required clerkships
   - Individual years or phases of the curriculum
   - The curriculum as a whole

2. Describe how the curriculum database was developed and provide in the appendix a search as an example. If not, describe how you intend to develop a database.

8.5 Comparability

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

Narrative Response

1. Describe the following for each required clerkship:

   - The way in which the individuals responsible for the course or clerkship will communicate with faculty at each instructional site regarding course or clerkship planning and implementation (including learning objectives and/or required clinical encounters and skills), student assessment (i.e. the grading system) and course evaluation. Include how often this is done. means by which faculty members at each instructional site are informed of and oriented to the objectives, required clinical encounters and skills (if relevant), and grading system for the course or clerkship.
   - The mechanisms that will be used for sharing and reviewing data on student satisfaction and performance across instructional sites

2. Describe the individuals (e.g., site director, clerkship director, department chair) and/or groups (e.g., curriculum committee or a curriculum committee subcommittee) that will be responsible for reviewing and acting on information related to comparability across instructional sites. Summarize the information that will be used by these individuals and groups to determine whether comparability does or does not exist.

Self-Evaluation of Standard 8

1. Please mark on the following scale the extent to which the elements of this standard are implemented at your faculty:

     Unsatisfactory   Satisfactory

        1   2   3   4   5   6

2. Please explain why you have given yourself this rank. Provide a short summary of the main strengths and weaknesses highlighted in your response to this standard. Include a description of the efforts the faculty plans to take to improve areas of weakness and append any relevant documentation.

Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

9.1 Assessment System

The faculty of a medical school ensures that the assessment of student achievement employs a variety of measures of knowledge, competence, and performance, systematically and sequentially applied throughout medical school.

Narrative Response

Table 9.1-1 | Methods of Assessment – Pre-clinical years *by year*									
List all courses that will be offered for each year, adding rows as needed. Indicate the total number of exams per course. Each year should be a separate table. The table should indicate items that will contribute to a grade and whether narrative assessment for formative or summative purposes will be provided by placing an "X" in the appropriate column. For faculty ratings, include evaluations provided by faculty members and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Provide specifics for each occurrence of "Other." Number each entry (1, 2, etc.) and provide the corresponding number in the table.									
				Included in Grade					
Course Name	Length of Course (weeks)	Anticipated # of Exams	Internal Exam	Lab or Practical Exam	OSCE/ SP Exam	Faculty/ Rating	Paper or Oral Pres.	Formative Feedback	Other* (specify)
*Other:									

Table 9.1-2 | Methods of Assessment in Required Clerkships								
List all required clerkships that will be offered in the curriculum, adding rows as needed. Indicate items that will contribute to a grade and whether narrative assessment for formative or summative purposes will be provided by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Provide specifics for each occurrence of "Other." Number each entry (1, 2, etc.) and provide the corresponding number in the table.								
			Included in Grade					
Clerkship Name	Length of Clerkship (in weeks)	Formative Feedback	Internal Written Exams	Oral Exam or Pres.	Faculty/ Resident Rating	OSCE/ SP Exams	NBME Subject Exam (if relevant)	Other* (specify)
*Other:								

9.2 Establishment of Standards of Achievement

The central curriculum management committee establishes the standards of achievement.

Narrative Response

1. Describe the working methods and process that the central curriculum management committee uses to establish the standards of achievement for the courses and requirements for progress along the program's years.

2. Describe how the medical school will ensure that faculty members with appropriate knowledge and expertise set the standards of achievement for courses and clerkships, and for the curriculum as a whole.

9.3 Narrative Assessment

A medical school ensures that a narrative description of student performance and of non-cognitive achievements are recorded to supplement grade reports in all required clinical clerkships and in all courses where student-faculty interaction permits this form of assessment.

Narrative Response

1. Describe any institutional policies that include the requirement for a narrative description of medical student performance, whenever feasible.

2. If a narrative assessment is not provided in a course where teacher-student interaction could permit it to occur (e.g., where there is sufficient time devoted to small group learning), describe the reason(s).

9.4 Monitoring Examination Frequency

The faculty committee monitors the frequency of examinations and their scheduling, particularly when the students are enrolled in several subjects simultaneously.

Narrative Response

1. Describe how examination frequency is being monitored, what the guiding principles are through which the faculty committee monitors the frequency of the examination and what the methods of ensuring that the frequency is fair and realistic are.

9.5 Direct Observation of Clinical Skills

A medical school ensures that the there is a system of assessment which assures that students have acquired and can demonstrate on direct observation the core clinical skills and behaviors needed in subsequent medical training.

Narrative Response

1. Describe and specify the system of assessment that assures that all students are directly observed carrying out the core clinical skills and behaviors.

9.6   Student Advancement and Appeal Process

The medical school publicizes to all faculty members and students its standards and procedures for the evaluation, advancement, and graduation of its students and for disciplinary action. A medical school ensures that there is a fair process for the faculty or administration to follow when taking any action that adversely affects the status of a student. The process includes timely notice of the impending action, disclosure of the evidence on which the action would be based, and an opportunity for the student to respond.

Narrative Response

1. Describe the standards and procedures for promotion and graduation that are applied for evaluation, advancement, and graduation of its students and for disciplinary action as specified in the standard above.

2. Summarize the due process protections that will apply when there is the possibility of an adverse action being taken against a medical student for academic or professional reasons. Include a description of the process for appeal of an adverse action against a student, including the groups or individuals that will be involved at each step in the process.

Supporting Documentation

1. The policy that specifies that there is a standard for promotion and graduation.

2. The policies and procedures for disciplinary action and due process.

9.7 Timely Assessment

The dean (or vice dean of teaching) and the directors of all courses and clerkships design and implement a system of evaluation of the work of each student during progression through each course or clerkship. Each student is assessed early enough during a unit of study to allow time for remediation. All course directors or departmental heads, or their designates, serve as expert consultants to the chief academic officer for facilitation of performance of both students and faculty. Final grades are available within six weeks of the end of a course or clerkship.

Narrative Response

1. Describe how the school monitors the provision of mid-course and mid-clerkship feedback. How and by what individuals and groups is the provision of this feedback monitored?

Supporting Data

Table 9.7-1 | Availability of Final Grades												
For each required clinical clerkship, provide the average number of weeks, and the minimum/maximum number of weeks it took for students to receive grades in each of the indicated academic years. Also provide the percentage of students who did not receive grades within six weeks. Add rows as needed.												
Required Clerkship	AY 2016-2017				AY 2017-18				AY 2018-19			
	Avg.	Min.	Max.	%	Avg.	Min.	Max.	%	Avg.	Min.	Max.	%

Supporting Documentation

1. Any institutional policy or directive requiring that medical students receive formative feedback by at least the mid-point of courses and clerkships of four weeks (or longer) duration.

Self-Evaluation of Standard 9

1. Please mark on the following scale the extent to which the elements of this standard are implemented at your faculty:

   Unsatisfactory   Satisfactory

      1   2   3   4   5   6

2. Please explain why you have given yourself this rank. Provide a short summary of the main strengths and weaknesses highlighted in your response to this standard. Include a description of the efforts the faculty plans to take to improve areas of weakness and append any relevant documentation.

Standard 10: Medical Student Selection, Assignment, and Progress

A medical school establishes and publishes admission requirements for potential applicants to the medical education program and uses effective policies and procedures for medical student selection, enrollment, and assignment.

10.1 Admissions

The faculty of each school develops criteria and procedures for the selection of students, which is published and available to potential applicants. Medical schools strive to select students who possess the intelligence, integrity, and personal and emotional characteristics that are perceived necessary for them to become effective physicians.

Narrative Response

1. What methods and processes are used by the medical school to measure the intelligence, integrity, and personal and emotional characteristics that are perceived necessary in a promising applicant?

2. Describe the steps in the admissions process, beginning with the receipt of the initial application. For each of the following steps, as applicable, describe the procedures and criteria that will be used to make the relevant decision and the individuals and groups (e.g., admission committee or subcommittee, interview committee) involved in the decision-making process:
   - Preliminary screening for applicants to receive the secondary/supplementary application
   - Selection for the interview
   - The interview
   - The acceptance decision
   - The offer of admission

3. Describe how the criteria for student selection are made available to prospective applicants and their advisors and to the public.

Supporting Documentation

1. Policies and procedures for the selection, assessment, advancement, graduation, and dismissal of medical students, and the policies and procedures for disciplinary action.

10.2 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 how and by whom the technical standards were or will be developed and approved.

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

3. Describe how medical school applicants and/or students are expected to attest that they are familiar with and capable of meeting the technical standards with or without accommodation.

Supporting Documentation

1. Provide the medical school's technical standards for the admission of applicants and for the retention and graduation of enrolled students.

10.3 Final Authority of the Admission Committee

The final responsibility for accepting students to a medical school rests with a formally instituted admission committee. Persons or groups external to the medical school may assist in the evaluation of applicants, but the final responsibility belongs to the medical faculty. The selection of individual medical students for admission is not influenced by any political or financial factors. All criteria utilized in the selection process are available to the public. Advanced standing may be granted to students for work done prior to admission.

Narrative Response

1. Describe the size and composition of the medical school admission committee. In the description, note the initial categories of membership (e.g., faculty, medical school administrators, and community members) and the specified number of members from each category. Note any anticipated changes to the composition of the admission committee over time (e.g., the addition of students). If there are subcommittees of the admission committee, describe their composition, role, and authority.

2. Describe the process for selection of admission committee members and the length of their initial appointment. Note if members can be reappointed and if there is a maximum term of service.

3. Describe how admission committee members are oriented to admission committee policies and to the admission process.

4. Summarize the charge to the admission committee and the source of the committee's authority (e.g., medical school bylaws). Describe whether the admission committee as a whole, or a subset of the admission committee, will have the final authority for making all admission decisions. If a subset of the admission committee makes the final admission decision for some students, describe the source of its authority.

5. Describe how the medical school will ensure that there are no conflicts of interest in the admission process and that no admission decisions will be influenced by political or financial factors.

Supporting Documentation

1. An excerpt from the medical school bylaws or other formal document that specifies the charge to and composition of the admission committee and its subcommittees (if any) and the rules for its operation, including voting membership and definition of a quorum at meetings.

10.4 Transfer Students

Differences in curricula across schools require that decisions about the transfer of students between schools be based on an assurance that the courses previously taken are compatible with the program to be entered. Accepted transfer students have demonstrated achievements in premedical education and medical school that are comparable to those of students in the class they join. A medical school has sufficient institutional resources to accommodate the transfer of students. Transfer students may be accepted into the middle years of the curriculum, but are not accepted into the final year of the program except under rare circumstances.

Narrative Response

1. Describe the procedures used for selecting applicants for transfer or for admission with advanced standing, including the procedures by which the medical school determines the comparability of the applicants' educational experiences and prior academic achievement to those of medical students in the class that they would join. List the criteria (e.g., GPA, entrance exam scores, USMLE, MCAT, etc.) that are considered in making the determination of comparability.

Supporting Data

Table 10.4-1 Transfer/Advanced Standing Admissions									
Provide the number of transfer students and students with advanced standing admitted from other medical schools into each year of the curriculum during the indicated academic years.									
Year 1		Year 2		Year 3		Year 4		Year 5	Year 6
AY 2017-18	AY 2018-19	AY 2017-18	AY 2018-19	AY 2017-18	AY 2018-19	AY 2017-18	AY 2018-19	AY 2017-18	AY 2018-19

Supporting Documentation

1. Medical school policies and procedures related to transfer and admission with advanced standing.

10.5 Visiting Students

Students visiting from other schools for clinical clerkships and electives possess qualifications equivalent to the students they will join in these experiences. A medical school has sufficient institutional resources to accommodate such students without significantly diminishing the resources available to students already enrolled. Visiting students are registered by the school for the period in which they are visiting, so as to ensure that they satisfy the school's requirements for health records, immunizations, health insurance, and liability protection.

Narrative Response

1. Describe the procedures and criteria used by the medical school to determine if a potential visiting medical student has qualifications, including education experiences, required to take elective(s) at the institution. Include the following information in the description:

   - How the academic credentials and immunization status of visiting students are verified.
   - How the medical school ensures that there are adequate resources (including clinical resources) and appropriate supervision at the site for both the visiting student and any of the medical school's own students.
   - How the medical school ensures that a performance assessment is provided for each visiting student.
   - Identify the medical school or university staff member(s) who is/are responsible for maintaining an accurate and up-to-date roster of visiting medical students.

Self-Evaluation of Standard 10

1. Please mark on the following scale the extent to which the elements of this standard are implemented at your faculty:

    Unsatisfactory   Satisfactory

        1   2   3   4   5   6

2. Please explain why you have given yourself this rank. Provide a short summary of the main strengths and weaknesses highlighted in your response to this standard. Include a description of the efforts the faculty plans to take to improve areas of weakness and append any relevant documentation.

Standard 11: Medical Student Academic Support, Career Advising, Educational Records, Financial Aid, and Access to Personal Counseling.

A medical school provides effective academic support, student services, financial aid counseling, and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services

11.1 Student Access to Educational Records

A medical school has policies and procedures in place that permit a medical student to review and challenge his or her educational records. Student records are confidential and made available only to 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. Describe the procedure that medical students follow in order to review or challenge their records. In particular, describe how medical students review and challenge the following:

   - Course and clerkship data (e.g., examination performance, narrative assessments)
   - Course and clerkship grades

2. Note if there are any components of medical students' educational records that students will not be permitted to review.

3. Will students be able to gain access to their records in a timely manner? What does the school anticipate the typical time for a student to gain access being?

4. Describe how the medical school's policies and procedures related to students' ability to review and challenge their records will be made known to students and faculty.

Supporting Documentation

1. Formal medical school policies and procedures related to medical students' ability to review and challenge their records, including the length of time it takes for students to gain access to their records.

11.2 Advising the Choice of Electives

Students are permitted to take electives at other institutions, and there is a system centralized in the dean's office to screen the students' proposed extramural programs prior to approval and to ensure the return of a performance appraisal by the host program.

Narrative Response

1. Describe all procedures relating to students choosing and taking electives at other institutions, including the administrative procedure, advising and performance appraisal.

Supporting Data

1. Provide data from a student survey asking the students to evaluate on a six-point Likert scale their satisfaction with advising the choice of electives.

11.3 Career Advising

A medical school makes career advice available to its medical students to help them apply for appropriate residency programs.

Narrative Response

1. Provide an overview of the system of career counseling for medical students, including the personnel from the medical school administration, the faculty (e.g., career advisors), and other sites (e.g., a university career office, outside consultants) who will be available to support the medical student career advising system. Describe the roles/responsibilities of these personnel. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management of the career advising system.

Supporting Data

1. Provide data from a student survey asking the students to evaluate on a six-point Likert scale their satisfaction with career advising.

Table 11.3-1	Average Graduation Rates Over Five Years/Seven Years	
Provide the overall graduation rate, and the percentage of medical students who graduated in four years *averaged over the past five years* and six years *averaged over the past seven years. Note: these data should be updated immediately prior to submission of the data collection instrument.* *MD/PhD excluded.		
Four-year graduation rate	Six-year graduation rate	Overall graduation rate

Table 11.3-2| Residency Match Rates for US students- *if relevant*				
Provide the number and percentage of participating medical students who initially matched to PGY-1 programs in the National Resident Matching Program without entering the Supplemental Offer and Acceptance Program (SOAP), as well as the percentage of participating students who remained unmatched at the end of the SOAP.				
	AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20
Percentage Initially Matched (prior to SOAP)				
Percentage Unmatched (after SOAP)				

11.4 Financial Aid

A medical school reports its policies with regard to counseling about financial aid. To the extent possible, a school provides financial aid to students.

Narrative Response

1. Describe the financial aid given in the medical school, what the criteria are for a student to receive financial aid and who the decision makers for financial aid in the institution/medical school are.

2. Describe activities designed to assist students with their debt management.

3. Indicate the number of financial aid staff members who will be specifically assigned to assist medical students and note any additional recruitments planned as the number of medical students increase.

4. Describe current activities at the medical school or university to increase the amount and availability of scholarship and grant support for medical students (e.g., a current fund-raising campaign devoted to increasing scholarship resources). Describe the goals of these activities, their current levels of success, and the timeframe for their completion.

5. Describe other mechanisms that will be used by the medical school and the university to limit medical student debt, such as limiting tuition increases.

Supporting Data

1. Provide data from a student survey asking the students to evaluate on a six-point Likert scale their debt management activities.

11.5 Personal Counseling

A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education. Confidential counseling by mental health professionals is made available to students.

Narrative Response

1. Describe the system that the medical school uses for personal counseling of medical students, including mental health services, and the way the school ensures that counseling is accessible and confidential. Note specifically the individuals available to provide personal counseling (i.e., roles and titles, as available), and where services are provided.

2. Summarize the mandatory programs used to facilitate students' well-being and their ongoing adjustment and preparation to the physical and emotional demands of medical school and the medical profession.

Supporting Data

1. Provide data from a student survey asking the students to evaluate on a six-point Likert scale their satisfaction with personal counseling.

11.6 Student Exposure Policies/Procedures

A medical school develops policies dealing with students' exposure to infectious and environmental hazards. The policies include education of students about methods of prevention and the effects of infectious and/or environmental disease or disability on student education activities.

Narrative Response

1. Briefly summarize institutional policies in the following areas related to medical student exposure to infectious and environmental hazards:

    - The procedures for care and treatment after exposure, including definition of financial responsibility.
    - The implications of infectious and/or environmental disease or disability on medical student educational activities.

2. Describe when and how students, including visiting students, learn about methods to prevent exposure to infectious and environmental hazards and the procedures to follow in the event of exposure.

Supporting Data

1. Provide data from a student survey asking the students to evaluate on a six-point Likert scale their satisfaction with training related to the education to prevent exposure to infectious and environmental hazards.

Supporting Documentation

1. Relevant policies on medical student exposure to infections and environmental hazards, including the implications of infectious and/or environmental disease or disability on medical student educational activities.

11.7 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student are not involved in the academic assessment or promotion of the medical student receiving those services. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

Narrative Response

1. Describe how the medical school will ensure that a provider of health and/or psychiatric/psychological services to a medical student will not be involved in the academic assessment of or in decisions about the promotion of that student. Describe how medical students and faculty are informed of this requirement.

2. If health, immunization, and/or psychiatric/psychological services are provided by university or medical school service providers, describe where these student health records will be stored. Note if any medical school personnel will have access to these records.

Supporting Documentation

a. Policies and/or procedures that specify that providers of health and psychiatric/psychological services to a medical student will not be involved in the academic assessment of or in decisions about the promotion of that student.

Self-Evaluation of Standard 11

1. Please mark on the following scale the extent to which the elements of this standard are implemented at your faculty:

   Unsatisfactory   Satisfactory

       1   2   3   4   5   6

2. Please explain why you have given yourself this rank. Provide a short summary of the main strengths and weaknesses highlighted in your response to this standard. Include a description of the efforts the faculty plans to take to improve areas of weakness and append any relevant documentation.