

# **The Role of Students in the Accreditation of Medical Education Programs in the U.S. and Canada**

**June 2006**

## **Liaison Committee on Medical Education**

Association of American Medical Colleges  
2450 N Street, NW  
Washington, DC 20037  
202-828-0596

Council on Medical Education  
American Medical Association  
515 North State Street  
Chicago, IL 60610  
312-464-4933

[www.lcme.org](http://www.lcme.org)

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**For further information, contact:**

LCME Secretariat  
Association of American Medical Colleges  
2450 N Street, N.W.  
Washington, DC 20037  
Phone: 202-828-0596 Fax: 202-828-1125

LCME Secretariat  
American Medical Association  
515 North State Street  
Chicago, IL 60610  
Phone: 312-464-4933 Fax: 312-464-5830

CACMS Secretariat  
Committee on Accreditation of Canadian Medical Schools  
Association of Canadian Medical Colleges  
774 Echo Drive  
Ottawa, Ontario, Canada K1S 5P2  
Phone: 613-730-0687 Fax: 613-730-1196

**Visit the LCME Web site at:  
[www.lcme.org](http://www.lcme.org)**

**THE ROLE OF STUDENTS IN THE ACCREDITATION OF  
MEDICAL EDUCATION PROGRAMS IN THE U.S. AND CANADA**

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## INTRODUCTION

*My school is up for re-accreditation. What does that mean, and why should I care?*

Accreditation is a process widely used in higher education to evaluate the quality of educational programs. It serves an important public purpose, which is to assure citizens, government agencies, and professional groups that educational programs and institutions meet or exceed nationally accepted standards regarding the educational process and student performance. For example, the federal government requires colleges and universities to be accredited in order for their students to qualify for federal loans. Most state medical licensing boards require students from U.S. medical schools to have graduated from accredited M.D. programs as a condition for receiving a license to practice within their borders.

From an individual school or program's point of view, accreditation serves another important purpose, namely improvement of educational quality. Even the very best U.S. medical schools recognize that they can do a better job of teaching their students. Good ideas for educational improvement may falter, however, because of resistance from powerful faculty members or departments, low priority for education relative to research, or limited resources. The accreditation process requires medical schools to critically examine their strengths and weaknesses, and subjects the outcome to the judgments of a team of outside experts. This process confirms the strengths of a school, and focuses the attention of school and university leaders on addressing any obstacles that stand in the way of quality improvement.

The Liaison Committee on Medical Education, or LCME, is the organization responsible for accrediting medical education programs leading to the M.D. degree in the United States. M.D. programs in Canada are accredited by both the LCME and its parallel Canadian organization, the Committee on Accreditation of Canadian Medical Schools (CACMS). Under normal circumstances, accreditation reviews by the LCME and CACMS take place only once every eight years, and require two years of that interval to prepare for the review. So, although accreditation can be a very powerful tool for stimulating educational and institutional improvement, it is an infrequent opportunity for change in which students play a very prominent role.

This guidebook provides more details about the accreditation process and how students contribute to it. You can read it from cover to cover if you like, or you can use the following quick-start guide to point you to particular topics. Also look for bold-faced subject headings in the different sections of the guidebook.

## QUICK START GUIDE

### If you want to know

#### ...the basics about how LCME accreditation works...



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## THE ACCREDITATION PROCESS

### 1. A Quick Overview of the Accreditation Cycle

The major steps in the eight-year accreditation cycle are

- (a) institutional self-study
- (b) on-site evaluation by a team of outside experts
- (c) review of the team's findings by the LCME
- (d) LCME determination of the school's accreditation status and any necessary follow-up

The first three steps take somewhere between two and two and a half years for most schools. The follow-up activities may require several years, depending on how quickly a school can address identified shortcomings. The LCME also monitors what schools are doing every year, by way of several questionnaires that the schools must complete. A more detailed description of the accreditation process, including *points where students are particularly important (indicated in italics)*, follows.

### 2. The Institutional Self-study

Most of a medical school's efforts in the accreditation process are devoted to the self-study and on-site evaluation of the institution. While there are many other accreditation-related activities that also occur before and after the site visit, they require much less effort on the school's part.

Preparations for an accreditation survey begin approximately one and a half to two years before the on-site review. At the beginning of that time interval the LCME will contact the school, usually during March or April, to establish the exact dates for the accreditation survey. The school will also receive the materials it needs to conduct an institutional self-study.

Once the visit date is set, *the dean should alert the student body about the upcoming accreditation survey.* The dean will be appointing a coordinator who will oversee the self-study process over the next year or so. *The dean, the self-study coordinator, or both should meet with student leaders to discuss what roles students will play in the school's self-study process, and to get them started on a parallel, independent student analysis of the school (see below).*

The self-study is just that, an exhaustive review of the structure and functioning of the medical school as it relates to the educational program leading to the M.D. degree. Most self-studies take a year or more to complete. The self-study requires the school to compile a comprehensive catalog of its organization and processes, which is referred to as the "medical education database." The database is organized around the five major categories of accreditation standards:

- Institutional Setting (of the medical school)
- Educational Program for the M.D. Degree
- Medical Students
- Faculty
- Educational Resources

The database also includes a section with details about all required courses and clerkships, and *a compilation of student opinion data that includes the independent student analysis of the medical school* along with a copy of the results of the school's most recent AAMC Graduation Questionnaire.

The self-study is usually headed by a task force or steering committee, with additional committees formed to review and analyze accreditation data in each of the five major categories of accreditation standards. The committee or group that deals with medical students will focus on admissions, student services, and the learning environment, but will not be directly involved in the separate student analysis of the school. *The dean and self-study coordinator, in collaboration with student leadership, should appoint one or more students to the self-study task force and to appropriate self-study committees.* The self-study committees will complete their analysis, and prepare reports of their findings, about six months before the site visit takes place. The committee findings will then be synthesized by the task force or steering committee into a final, comprehensive self-study summary report identifying the most notable strengths and accomplishments of the school, and areas where it can improve its performance.

### 3. Independent Student Analysis

*At the same time that the school initiates its self-study process, the student leadership should begin an independent review of the medical education program, student services, the environment for learning, and the adequacy of educational resources.* In performing their analysis, the group leading the student review will need to conduct a student opinion survey of all enrolled students in order to develop a comprehensive picture of how students perceive their institution. Medical school officials can provide logistical support and technical advice for students to help them conduct their analysis, but should not participate in the review or interpretation of student survey information.

The results of the student survey can be combined with results of the most recent AAMC Graduation Questionnaire (which the school should provide) to develop a student report similar to those of the self-study committees, highlighting student perceptions of the school's most notable strengths and achievements, and areas where it can do better. That report should be available to the self-study task force at the same time as the reports of the various self-study committees (about six months before the site visit), so that student opinion can be fully incorporated into the school's final self-study summary.

### 4. The Survey Visit

The LCME Secretariat will appoint a survey team drawn from a roster of knowledgeable, experienced medical school administrative and educational leaders, as well as members of the medical practice community. Most survey teams consist of five members, are led by a medical school dean, and include a voting member of the LCME or a representative of the Secretariat staff. Team members represent a variety of backgrounds (for example, associate deans of curriculum and student affairs, leaders of research programs or clinical practices, experts in faculty affairs) and, wherever possible, include at least some members from schools with characteristics similar to the school being reviewed. Occasionally survey teams include a sixth member, who may be *one of the student members of the LCME*, or an observer from another accrediting group or organization.

About three months before the site visit, the members of the survey team will receive all of the information that the school collected and analyzed in its self-study process, including the complete medical education database, the final self-study summary report, and the student report along with its supporting data (results of the student opinion survey and AAMC Graduation Questionnaire). The team will review that information and develop a preliminary assessment of the school before arriving to conduct its on-site review.

The visit begins late Sunday afternoon, when the team gathers to review its impressions and identify any major issues that need clarification. It then meets with the dean to discuss his or her perceptions of the

school, what it does best and what challenges it faces, and any looming issues that could affect the school's functioning or operations in the immediate future.

Over the course of the next two and a half days (usually ending by mid-day on Wednesday) the team will meet with the academic and administrative leaders of the school and its affiliated hospitals, department chairs, faculty members, and students. *They will meet formally with students on two occasions, during extended luncheon sessions on Monday and Tuesday.* Over the course of their visit the team will also inspect educational and student facilities on the main campus and at major teaching hospitals, *with students serving as guides for these tours and providing an opportunity for informal discussion about the school.* During its discussions with representatives of the school, the survey team will be gathering additional information, clarifying the data it has already received, and making definitive assessments of how well the school complies with accreditation standards. At the end of the survey, the team gives an oral summary of its findings and conclusions to the dean and to the chief executive of the university.

### **5. Preparation and Review of the Survey Team Report**

In the month or so immediately after the site visit, the survey team will write a summary of its observations and conclusions. A draft version of the report is sent to the dean so that any factual errors can be corrected and any potential misunderstandings can be clarified. After making any needed corrections, the secretary of the survey team will send the final report to the LCME Secretariat for review at the next scheduled LCME meeting, which will take place early in October, February, or June.

The members of the LCME will review the report and determine whether the school should receive continued accreditation, and any follow-up that may be needed to ensure that the school complies with all accreditation standards. Because the quality of U.S. and Canadian medical education programs is uniformly high, the probability of any school losing its accreditation as a result of an accreditation survey is quite low. Before such an event were to happen, the LCME would in most circumstances give the school an opportunity to correct its problems before withdrawing accreditation.

For most schools with minor accreditation concerns, the LCME asks the dean to submit one or more written follow-up reports describing what the school has done to achieve or maintain full compliance with accreditation standards. If the issues are more serious or widespread, the LCME has several options for follow-up depending on the extent and nature of the problems, including: a limited on-site survey to verify how the school has corrected its problems; shortening of its term of accreditation; or probation. Probation is infrequent but does occur. Schools on probation remain fully accredited, with all of the rights and privileges associated with accreditation, but are on warning that if all pending accreditation issues (noncompliance with accreditation standards) are not resolved in a limited period of time, withdrawal of accreditation will occur.

Follow-up reports or visits may take place over several years, depending on the nature of the problems involved (for example, if a new building is needed to provide appropriate classroom and lab space, it may take several years to complete). Such follow-up continues until all accreditation issues are addressed to the LCME's satisfaction.

## STUDENT PARTICIPATION IN THE ACCREDITATION PROCESS

The following describes in greater detail the roles for students at various stages of the LCME accreditation process:

**Getting started: the dean's alert to students.** The dean should alert the student body about the upcoming accreditation survey when the dates for the visit are first set by the LCME (see Appendix A). This initial meeting should set the ground rules for how students will be participating in the self-study process, as well as familiarizing students with the process itself and with their role in the site visit. It will be helpful if student leadership meets with the dean, the dean's designated self-study coordinator, or both at the very beginning of the process to discuss how students can best organize their efforts to collect information and participate in the accreditation review.

Guidebooks about medical school accreditation are available from the "Publications" link on the LCME web site. Important publications are "Functions and Structure of a Medical School," which contains all LCME accreditation standards; "Guide to the Institutional Self-Study," which describes the self-study process; and "The Survey Report Guide," which provides details about the kinds of information that the survey team will include in its report to the LCME. Copies of this guidebook ("Role of Students...") can also be downloaded from the LCME web site.

**Appointment of students to the institutional self-study task force and committees.** Students should be included on the self-study task force, and on any committees where they can provide meaningful input. Each review committee should contain appropriate membership for its specific topic, and students ought to participate wherever programs affect their education and student life. At most schools, students serve on committees reviewing the educational program, medical students, and educational resources.

**Independent student analysis.** A separate analysis, conducted by students, is a critical element of the accreditation process. This should be started when the school initiates the overall self-study process, and completed around the time that the individual self-study committees are completing their efforts. The dean's office or support staff should offer any reasonable logistical support or technical advice to help students, especially with regard to the conduct of the student opinion survey described below.

The dean's office should also provide appropriate background materials to the students who will be managing the student analysis. Those materials may include a copy of the results from the most recent AAMC Graduation Questionnaire, a copy of the school's most recent accreditation survey report (or at least relevant sections of the report), and any other information that the school and students mutually agree will be helpful in conducting the student review.

In the early stages of the student analysis, it may be useful for students to get in touch with their peers at other medical schools that either have just completed an accreditation review or are in the process of preparing for one. The section below on "Networking with students at other schools" provides more details.

The student analysis is one of three major pieces of student-based information that the survey team will have when it evaluates the school. The other two sources of information are the AAMC Graduation Questionnaire (which only provides information from the most recent graduating class(es) and not other enrolled students), and the students who meet with the survey team during the site visit (who will span all four years, but may not constitute a representative sample of all student opinion). To complement these other information sources, the student analysis should be based on a comprehensive survey of student opinion in all four years, covering a wide range of subjects important to students. An effective student

analysis will be based on extensive data from the whole student body. High response rates will enhance the credibility of the data.

The organizers of the student review should familiarize themselves with *Functions and Structure of a Medical School*, which contains the accreditation standards used by the LCME. It is available on the LCME web site.

The following general areas should be included in the student analysis:

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

The analysis should also address any issues not on the above list that may be important to the school or its students – for example, student and/or faculty diversity, specific curriculum issues like nutrition or geriatric education, or opportunities for student involvement in research.

Appendix B outlines some logistical considerations related to the collection and reporting of data for the student analysis. In general, a committee of student leaders should define the areas to be covered, including the topics listed above. A survey instrument can then be developed to collect quantitative data about each area. Data from the survey should be analyzed and a set of findings and conclusions developed. The report of the student analysis should contain a brief summary of each topic covered (such as the curriculum, student services, the learning environment, etc.), noting any particular strong or weak areas, and end with conclusions about the school's overall strengths and areas where it can improve.

Appendix C contains a sample survey questionnaire. Questionnaires should be tailored to reflect any specific characteristics of a school, for example, the structure of its curriculum or the presence of branch campuses. The student leaders should inform their classmates about the importance of participating and the seriousness with which the LCME regards the results, especially if the school has a low rate of participation on the AAMC Graduation Questionnaire. If the initial response rate for the student survey is low (that is, less than 50% for any class), it may be necessary to conduct a follow-up survey to improve the response rate. The results from the questionnaire may also be supplemented with other data, such as results of focus group studies, input from student organizations, or similar kinds of information.

Medical school officials should not influence the student analysis or edit the report. Nevertheless, both the school and the students will benefit if a draft of the student report is shared with the self-study coordinator, the self-study task force, or the committee reviewing medical student issues, in order to make sure that the report is fair in its portrayal of the institution and does not contain any gross misstatements

of fact. The final version of the report should be made available to the committee reviewing student issues or to the self-study task force, so that the findings can be incorporated into the school's summary self-study report.

**Networking with students at other schools.** When students begin their review of the medical school, they may find it helpful to learn from the experiences of students at other schools who are either further along in the process, or are also beginning and not sure how best to proceed. To network with students at other schools, it is first necessary to know which schools have just been through an accreditation survey or are about to begin their own. The LCME web site serves as a good starting point.

The home page of the LCME web site includes a link called "Accreditation Survey Schedules" which lists the schools that have recently undergone or have begun the process of self-study for a full accreditation survey. Depending on the academic years listed at the time you check the web site, you should be able to find lists of schools that have just completed or will soon complete their accreditation surveys, schools that are in the middle of preparations for a survey, or schools just beginning their preparations. You can then contact your peers at those other institutions to learn how they did or will be doing their own student analyses.

Since each school will use its own criteria to determine which students will lead their student analysis, the students who will be most knowledgeable may or may not be involved in national organizations. The easiest way to reach those students is to contact one of the national student organizations through your local representative, and they can supply you with the representative of their organization at the school(s) you are interested in. The local representatives of the schools you are interested in should then be able to help you identify the best sources of information about how students are conducting their survey, or what they learned from the process. So, if you want to talk to the students who managed the student analysis at school ABC, you might ask your local representative to the AAMC Organization of Student Representatives, AMA Medical Student Section, or American Medical Student Association to obtain contact information for the corresponding representative at school ABC. The representative from school ABC may be or have been directly involved in the oversight of its student review, or if not, can tell you which students were involved and how to contact them.

Other opportunities for networking may arise at local or national meetings of student groups. For example, annual meetings of the AAMC and AMA include sessions focused on accreditation issues that are generally open to students, and frequently include student participants.

**Student participation during the LCME site visit.** After the self-study and student analysis have been completed, the survey team will begin to review all of the materials prepared by the school, and the secretary of the team will work with the school's self-study coordinator to develop the schedule for the site visit. A sample schedule for full accreditation surveys can be found in the LCME publication "Guidelines for the Conduct of Accreditation Survey Visits," available for download from the LCME web site.

Most team secretaries follow the sample schedule or modify it slightly to accommodate any special needs or issues. As the schedule indicates, the survey team will meet for lunch on Monday with representatives from the first and second-year classes, and on Tuesday with students from the third and fourth-year classes. If the visit takes place early in the academic year (especially in September and October) the Monday meeting may include a few third-year students, and the Tuesday meeting may include recent graduates now doing their residency at the school; those students or graduates would be included so that some students in each session will have knowledge about all of the second and fourth years of the curriculum respectively.

The lunch sessions with students allow informal but frank discussions of the school. One purpose of these meetings from the team's point of view is to identify and reconcile, if possible, any differences in student opinion from the student report, the Graduation Questionnaire, and the comments offered during the meetings. Sometimes the differences are easily explained by timing differences in the administration of the Graduation Questionnaire, the student opinion survey, and the on-site meeting. They may also be genuine differences of opinion, and part of the survey team's task is to determine if that is the case. The team will explore issues identified in the student report and Graduation Questionnaire in more depth, and determine if any new issues have surfaced which were not mentioned in those sources. For those reasons, it is extremely helpful if the students at these sessions can be familiar with the information contained in the student analysis and the Graduation Questionnaire.

It is up to the school and its students to decide which students should participate in these meetings. When possible, each session should include one or more students who were responsible for conducting or managing the student analysis and are therefore highly knowledgeable about it. The team may have a particular interest in talking to certain kinds of students – for example, they may want to meet with one or more students who have had some academic struggles and are therefore familiar with the school's programs for academic counseling and tutorial services.

Whoever meets with the survey team, they should feel comfortable in speaking openly about both the strong and weak points of the school. Student comments at these sessions are never quoted directly or attributed to any individuals, either in the survey report of the team or in exit conferences with the dean and university executive. The team will not make any determinations that a school is out of compliance with accreditation standards based solely on what a student (or faculty member or dean) says. However, it will explore any potential noncompliance issues that arise in discussions with students or others, and in such cases will look for corroborating documentary evidence while it is on site.

In addition to the lunch meetings on Monday and Tuesday, a few students will guide the survey team on inspections of classrooms, labs, the library and computer learning or testing facilities, lounge and relaxation areas, study space, and educational facilities in one or more teaching hospitals or ambulatory care sites. The tours provide a highly unstructured format for sharing information and opinions with the survey team. As with the lunch meetings, the team will interpret what it learns during the tours in the context of other information it has obtained before or during the visit, and will not make any judgments based solely on what they are told by a student during a tour of the school's facilities.

**Complaints and grievances.** An accreditation survey should not be seen as an opportunity for individual students (or faculty members, deans, or anyone else) to involve the LCME in personal or academic grievances with the school. As an accrediting agency, the LCME and its survey teams concentrate only on making determinations about whether the school meets the requirements of its accreditation standards.

Any student who believes that a school's actions or policies indicate noncompliance with accreditation standards can bring the issue to the LCME's attention in one of two ways. One is to submit a formal complaint about the school. This can be done at any time, by contacting the LCME Secretariat offices and providing relevant details. Further information about the LCME's complaint policy can be found in the publication "Rules of Procedure," available from the LCME web site.

If a complainant believes that the survey team visiting the school should be aware of policies or actions that indicate noncompliance with accreditation standards, he or she can submit a "third-party comment" to the LCME Secretariat in the months leading up to an accreditation survey visit. Again, details regarding third-party comments can be found in "Rules of Procedure."

In the case of both complaints and third-party comments, the LCME will only make a determination regarding the school's compliance with accreditation standards. It will not intervene on behalf of any complainant in the resolution of grievances.

## OTHER OPPORTUNITIES FOR STUDENT INVOLVEMENT WITH THE LCME

**LCME student members.** Medical students can become members of the LCME itself. The main reason for having students on the LCME is to ensure that all issues relating to medical school accreditation include a student perspective. Student members participate fully in the discussions and voting on accreditation matters that take place during LCME meetings, including reviews of accreditation survey and progress reports, consideration of accreditation standards and policies, and broad discussions about the impact of medical education and health care delivery on accreditation. Each student member on the LCME participates in an accreditation survey during the year of his or her service on the LCME.

Two LCME student members are appointed annually, one by the AMA Board of Trustees on recommendation from the AMA Medical Student Section (MSS), and one by the AAMC on recommendations of medical school deans and consultation with the AAMC Organization of Student Representatives (OSR). Because of the time required to participate in LCME work, student members are expected to be rising fourth-year students who have completed most or all of their required coursework and clerkships, and are familiar with student issues across the entire curriculum. Student members serve a one-year term that begins on July 1 and ends on June 30 of the following year, and have full voting privileges.

The sponsoring organizations (AMA and AAMC) pay all of the expenses incurred by student members relating to their service on the LCME. Newly appointed student members are invited to attend the June meeting of the LCME as observers.

The appointment of the AMA student member begins in the fall, when medical school deans are asked to nominate potential student members who will serve during the following academic year. Candidates must be student members of the AMA, involved in medical education issues, who will be in their final year of study during their term of LCME membership. Applications are reviewed by the Governing Council of the Medical Student Section of the AMA, and by AMA Secretariat staff. The name of the person chosen through this process is forwarded to the AMA Board of Trustees for appointment.

The process for appointing the AAMC student member begins in February or March of each year, when the AAMC Secretary to the LCME solicits nominations from the deans of U.S. medical schools. Nominations and supporting documentation are forwarded to the AAMC's Organization of Student Representatives (OSR) Administrative Board, which reviews them and recommends its top choices. Nominees are not required or expected to be OSR representatives, and OSR representatives do not receive preference in determining the top choices. The AAMC Secretary will select the student member from the OSR recommendations, and if the student accepts the offer, he or she will be appointed by the president of the AAMC.

Although student members are appointed by way of the LCME's sponsoring organizations, they do not have any formal responsibilities to the sponsoring organizations with regard to their service on the LCME. (This is also true for professional members.) Depending on their involvement in the sponsoring organizations, student members may convey to the LCME issues of interest to the sponsoring organizations, but they do not function as representatives of the sponsors in any LCME discussions or decisions. By the same token, student members are not official LCME representatives to sponsoring organizations, and are subject to the same expectations as professional members with regard to confidentiality and public disclosure of LCME discussions and decisions. Students interested in serving on the LCME should contact their deans or the LCME Secretariat offices to learn more about the process for becoming a student member of the LCME.

**Student feedback on accreditation standards.** It should be clear from this guidebook that the LCME both appreciates and benefits from student input. One of the ways in which students can be helpful to the LCME is by providing suggestions and feedback regarding its accreditation standards. There are several ways to do so.

The LCME conducts both planned and unplanned reviews of its existing accreditation standards, as well as considering the development of new or revised standards. Planned reviews take place over a five-year period. Questionnaires for the different categories of standards (like Faculty or Educational Resources standards) are sent to representatives of relevant stakeholder groups, seeking feedback about the importance of each standard for improving educational quality, and the clarity of the standard. They also provide opportunities for general comments about the standards and suggestions for new standards. For many of these planned reviews, students are a relevant stakeholder group (an obvious example would be the review of standards about medical students). Because of the logistic challenges involved in surveying all medical students directly, the LCME instead works with the student organizations of its sponsors (the AAMC Organization of Student Representatives and the AMA Medical Student Section) to sample student opinion by polling the membership of those organizations.

Unplanned reviews of accreditation standards occur when a potential problem is identified with a standard or group of standards. The problem may reflect confusion about the intent of a standard, ambiguity in the way survey teams are interpreting or applying a standard, or other issues. Where appropriate, the LCME may seek student opinion to help determine the nature of the problem and the type of corrective action needed. Depending on the standard and problem involved, the LCME might simply ask its student members for their input, or it may seek assistance from student organizations in identifying and resolving the problem.

Suggestions for new standards or modifications to existing standards may come from any source. In most cases they arise from the organizations involved in medical education, but occasionally they come from individuals. Any individual or organization wishing to propose a new or revised accreditation standard should first contact one of the LCME Secretaries.

Several recent accreditation standards were developed and adopted in response to requests from such organizations. For example, the standards dealing with education about culturally competent care were brought to the LCME by way of the Minority Affairs Section of the AAMC Group on Student Affairs, while the standard regarding student mistreatment was created in close collaboration with the AMA Medical Student Section and the AAMC Organization of Student Representatives.

## **FACTS ABOUT THE LCME**

After many years of evaluating medical schools independently, the AMA and AAMC jointly formed the LCME in 1942 to certify the quality of U.S. and Canadian medical education programs. The LCME includes medical educators, administrators, and practitioners, medical students, and representatives of the public. It consists of 12 medical professional members selected by the AMA and the AAMC, a medical professional from the Committee on Accreditation of Canadian Medical Schools (CACMS), two non-medical public members, and two student members. The LCME participates in the accreditation of medical schools in Canada in cooperation with the CACMS, to which the LCME appoints a professional member. Administration of the LCME is provided by co-secretaries based at the AMA and AAMC. The LCME meets three times a year, either in Washington, D.C. or Chicago.

The LCME is recognized by the U.S. Secretary of Education as the reliable authority for accreditation of programs leading to the M.D. degree. Recognition by the Secretary confers eligibility for institutional and student participation in certain federal loan programs. LCME accreditation establishes access to licensure examinations, eligibility for entry into graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), and --for graduates of U.S. schools-- eligibility for state medical licensure.

At the present time there are 125 fully accredited medical education programs in the United States, and 16 fully accredited medical education programs in Canada. One new Canadian program holds provisional accreditation as its educational program develops, and will be considered for full accreditation when its charter class enters the final year of study. A list of all LCME-accredited programs can be found on the LCME web site, and is also published annually in a special medical education issue of the Journal of the American Medical Association. The LCME does not accredit medical education programs outside of the United States and Canada.

## FREQUENTLY ASKED QUESTIONS

### General Questions

- *What is the purpose of LCME accreditation?*

The core purposes of the LCME are to provide assurance to the public that accredited medical educational programs meet or exceed accepted national standards for quality, and to stimulate ongoing improvement in the quality of medical education programs.

- *How often is my medical school reviewed by the LCME?*

The standard term of accreditation is eight years. If significant problems are identified after a school's full accreditation review, the LCME may continue accreditation until a limited survey is conducted, to determine how the school has addressed its problems. Limited surveys generally take place within two years of the full review. If the school has made satisfactory progress or fully resolved its problems, accreditation will be continued for the balance of the eight-year term. In rare cases, the LCME may shorten the term of accreditation.

- *Does the LCME just evaluate curriculum or does the LCME examine all aspects of medical education?*

LCME assessment is based on its accreditation standards, which cover five major topics: Institutional Setting, Educational Program Leading to the M.D. Degree, Medical Students, Faculty, and Educational Resources.

- *Does the LCME review financial aid issues, effectiveness of financial aid officers, etc?*

LCME standards relating to financial aid are included in the section on Medical Students. The standards cover the accessibility and adequacy of financial aid services, financial aid and debt management counseling, adequacy of financial aid resources, and policies for the refund of tuition and fees.

- *What is the expected outcome of an LCME site visit?*

The LCME's obligation to the public is to ensure that accredited programs comply with all of its accreditation standards. Because the LCME has a very large number of standards (over 125) that cover a broad range of issues, it is common for a school to be judged as less than fully compliant with a small number of standards after an accreditation review. In such cases, the school has a maximum of 24 months to achieve full compliance.

Because accreditation is also a quality improvement process, a desirable outcome of an LCME site visit is strong concurrence between the findings of the survey team and the institutional self-study. The greater the congruence between the team and self-study findings, the more strongly the school's achievements, challenges, goals, and priorities, as reflected in the self-study, will be validated by outside experts looking at the same information.

- *What happens when my school doesn't fully comply with an LCME standard?*

Schools have a maximum of 24 months to demonstrate full compliance with any accreditation standards where they fall short. Depending on the number of such standards involved and their nature, the LCME may simply ask a school to provide one or more written progress reports documenting how it has addressed its problems, or it may send a survey team to the school to verify that problems have been satisfactorily addressed. The solution to some problems may exceed 24 months (for example, if a new building is needed to expand educational space); in such cases the LCME can extend the 24-month period for good cause, if it determines that satisfactory progress is taking place towards achieving full compliance.

- *What happens if my school goes on probation?*

Probation represents a judgment by the LCME that a school is not in substantial compliance with its accreditation standards, and that the quality of the school's educational program will be seriously compromised if the noncompliance issues are not addressed. A school on probation remains fully accredited, with all of the rights and privileges associated with accreditation. However, it must publicly disclose to all faculty members, students, and applicants that it is on probation. If a school on probation does not achieve full compliance with accreditation standards within the time period established by the LCME, its accreditation will be withdrawn.

- *If there is an important issue for students at my school, how can we make sure it is addressed by the LCME?*

If the school is scheduled for an LCME accreditation review, the issue should emerge from the school's self-study and the student analysis. If the issue involves noncompliance with accreditation standards and the survey team confirms it, the LCME will require the school to resolve the problem within 24 months.

Occasionally what students consider a major issue does not relate to LCME accreditation standards, for example, scarce or expensive on-campus parking. In those cases, the survey team may comment on the problem in its report, but the LCME cannot compel the school to take corrective measures since noncompliance is not involved.

If a major issue surfaces and a school is not scheduled for an upcoming LCME review, students can bring it to the attention of the LCME by submitting a formal complaint. Details of the complaint procedure are contained in the document "Rules of Procedure," available from the LCME web site. The LCME web site also includes a list of all schools scheduled for a full accreditation review in the next two academic years.

### **Medical Student Participation in LCME Accreditation**

- *What role do students play in the LCME accreditation process and/or a medical school site visit by the LCME?*

Students conduct an independent institutional analysis, parallel to the self-study that medical schools do as part of their accreditation preparations. The survey team that reviews a school will meet with students selected from all class years, and will inspect educational facilities with assistance from student guides. The survey team will include student opinion taken from the student analysis, the

AAMC Graduation Questionnaire, and from students it meets on site when making its determinations about the school's strengths, weaknesses, and opportunities for improvement.

Two of the seventeen members of the LCME are students themselves, typically in their final year of study. Students also play a prominent role in the development and revision of accreditation standards, frequently by way of comments received from national student organizations.

- *If a school is in the midst of addressing issues raised by students, how is this communicated to the LCME?*

Whenever the LCME determines that a school does not fully comply with its accreditation standards, it requires the school to resolve the issue within 24 months (or demonstrate satisfactory progress if the issue is incapable of resolution within 24 months). The school may be asked to send a written report to the LCME about what it has done, or the LCME may send a survey team to directly determine how the school has addressed its problems. Because LCME findings are considered confidential, students would need to ask the dean or other appropriate medical school official about the status of any pending issues with LCME standards.

### **Medical Student Participation in LCME Site Visits**

- *Does the LCME sit in on or observe classes during a site visit?*

LCME site visits are by their nature disruptive to the usual routine of a medical school, and survey teams do not want to interfere with classes in progress. The team will review information about all required courses and clerkships, such as their objectives, methods of teaching and evaluation, and summaries of student feedback in recent years. They will inspect classrooms, labs, and other teaching facilities, preferably when classes are not in session, but will not sit in on any classes in progress.

- *Does the LCME meet with students? Is any student invited to attend meetings to talk with the LCME?*

The survey team evaluating a medical school will meet with a group of first-year and second-year students over lunch on Monday, and with a similar group of third-year and fourth-year students over lunch on Tuesday of the site visit. The school and its students will determine which students meet with the surveyors. Students also guide the survey team on inspection tours of the school's educational facilities.

- *How should students be selected to participate in the accreditation process?*

From the survey team's perspective, it is desirable to meet students who were directly involved in the leadership of the student analysis and are familiar with the report of student opinion. In order to get a better understanding of how the school functions, it may also be desirable to include students who have direct experience with the school's academic counseling and tutorial services, personal counseling, minority affairs support, and/or systems for addressing mistreatment issues. The school or students may also want to include some participants who are familiar with its distinctive missions or programs, such as M.D./M.P.H. or other joint degree programs, student involvement in research, community service programs, etc.

- *Should students involved with the on-site visit be selected by the student body, administrators, or faculty?*

The school and its programs are more likely to be effectively represented if the selection of students results from mutual agreement among medical school officials (administrators and faculty) and the student body. Some schools prefer to let the students decide who should meet with the team, while other schools share that decision-making with their students. A survey team might well be concerned if students had no voice at all in deciding which of them met with the surveyors.

- *Which classes of medical students should be represented?*

The team will want to meet with students from every class year. If the site visit occurs very early in the academic year, the team might also want to meet with a few first-year residents who graduated from the school, who will be able to speak from their own experiences about the final year of the curriculum and the effectiveness of career counseling and residency preparation.

- *How should students manage the length of time between preparing for a site visit and the actual visit from the LCME?*

The first priority of students should be their studies. In the interval between completion of the self-study process and the arrival of the survey team, student leaders and students who meet with the survey team can familiarize themselves with the materials that the team will have available to it, including the report of the student survey and the school's summary self-study report. If there are noticeable differences in student opinion from different sources (for example, from different class years), students can use this time to determine if there is a good explanation for such differences.

If the student report has not done so, the students should also think about priorities for institutional improvement – that is, which are the most important or most urgent changes that need to be made? Most survey teams will ask this type of question during their meetings with students.

### **Medical Student Self-Study (Student Analysis)**

- *Is there a template that students can use as a guide to develop our student survey for the self study?*

Appendix C in this guidebook contains a sample questionnaire for polling student opinion. This questionnaire can be modified as needed to cover issues of particular importance at your school.

- *Is there anyone I can talk to who has done this before?*

The LCME web site includes a list of schools that have recently completed or are in the process of preparing for an accreditation survey. You can contact students at those other schools to learn about their experiences. See the section on networking in this guidebook.

- *Should school administrators/faculty review the student self-study report?*

Yes. Medical school officials should have an opportunity to review the student report and correct any factual errors that it may contain. They should also have an opportunity to incorporate the findings of the student report in the larger self-study summary. They should not, however, edit or revise the report, or pressure students to change its content or conclusions.

- *Are school administrators or faculty supposed to edit student survey responses or the final student self-study report?*

No. School officials should provide technical and logistical support for students to conduct their analysis (for example, providing expertise in the interpretation of statistics from the student survey, or making the questionnaire available to students on the school web site). They should not, however, edit the responses or the final report except to correct any factual errors.

- *What type of student feedback is most useful to the LCME?*

The best feedback is both candid and constructive. That is, it should identify all relevant problems, but do so in a way that also indicates how students think the school can improve. Students should indicate a school's particular strengths as well as its problems. A team will be more impressed by student feedback that is consistent across all information sources and is supported by appropriate documentation. If the student opinion survey is contradicted by students who meet with the team, for example, the team won't know which source, if any, is more credible.

- *Can students access information from the previous LCME site visits?*

The LCME considers all accreditation data to be confidential, and will not release it to students or to any other groups. The dean is responsible for deciding if students should have access to the report of the previous accreditation survey or any correspondence with the LCME about accreditation. Because such reports and correspondence frequently contain sensitive information, however, it sometimes may not be appropriate to share it with students.

- *Is my medical school required to provide any staff, faculty, or administrative support or assistance to students coordinating the medical student self-study?*

The LCME cannot require a school to support the student analysis, but it strongly encourages school officials to do so. A school which intentionally withheld such support from its students would raise questions in the minds of a survey team about its attitude towards its students. The extent of support a school can give to the student analysis may be limited by the resources available.

- *Is there a certain percentage of students who should respond to the student survey for the information to be useful to the LCME?*

More is always better, especially if the school's response rate on the AAMC Graduation Questionnaire (another important source of student opinion data) is low. The student questionnaire should achieve a minimum of a 50% response rate for each class year, and preferably much higher. That may require a secondary survey or other measures to achieve an appropriate response rate.

**CONTACTING THE LCME OR CACMS SECRETARIAT**

LCME offices are maintained in Washington, DC, and Chicago. Written communications can be addressed to the LCME Secretary at either of the following addresses:

Association of American Medical Colleges  
2450 N Street, NW  
Washington, DC 20037  
Telephone: 202-828-0596  
Fax: 202-828-1125

American Medical Association  
515 North State Street  
Chicago, IL 60610  
Telephone: 312-464-4933  
Fax: 312-464-5830

The CACMS operates under the auspices of the Association of Faculties of Medicine of Canada. Written communications to the CACMS Secretary should be sent to the following address:

The Association of Faculties of Medicine of Canada  
774 Echo Drive  
Ottawa, Ontario, Canada K1S 5P2  
Telephone: 613-730-0687  
Fax: 613-730-1196

You can also reach the LCME staff by e-mail addressed to: **lcme@aamc.org**

Or visit the LCME web site: **www.lcme.org**

## APPENDIX A

**Typical Timeline for LCME  
Institutional Self-study Analysis and Accreditation Survey**

(Student involvement denoted by <b>bold type</b> .)		Months Before/ <b>After</b> Survey
1.	LCME Secretary sets survey visit dates with dean.	18
2.	LCME Secretary mails dean's instruction letter with institutional self-study and medical education database forms. <b>Dean informs student body of pending survey. Interested students meet with dean to discuss student role.</b>	15
3.	Dean distributes database forms to department heads, section heads, <b>students</b> , etc.	15
4.	Dean appoints members of institutional self-study task force and committees, <b>including student representatives.</b>	15
5.	Self-Study task force establishes its objectives, scope of study and sets committees. <b>Students participate in appropriate committees and conduct independent analysis</b>	12-10
6.	Dean collects completed database forms and distributes copies to self-study task force and committees.	10-6
7.	Committees review data and write critique of assignment; report is forwarded to task force.	10-6
8.	Task force reviews reports of committees; prepares detailed lists of strengths, areas of noncompliance, and recommendations for improvement.	6-3
10.	Dean sends copy of institutional self-study summary and medical education database to each survey team member and to LCME Secretariats at AMA & AAMC. <b>The student analysis is included with this mailing.</b>	3
11.	Survey team visits campus, conducts interviews and inspections, writes report for LCME. Team meets with administrators, faculty, <b>and student groups. Student representatives are expected to be well informed about major issues and concerns of the student body.</b>	Survey
12.	Draft team report is circulated for review and correction to team members, LCME Secretaries, and dean.	<b>1-2</b>
13.	Final report is circulated for review by LCME membership.	<b>2-4</b>
14.	LCME considers the survey team report and makes a decision on accreditation.	<b>2-4</b>
15.	Dean and president are sent report and notified of the LCME's decision about accreditation status. <b>Schedule of any follow-up reporting or return visits established.</b>	<b>2-4</b>

## APPENDIX B

### Logistics for Student Contributions to the Institutional Self-study

There are many ways to collect and report student opinion in the accreditation survey process. The student self-study process should be coordinated by a small steering committee, preferably selected or approved by the student body. This could include members of the student council, class officers, and representatives to national medical student organizations.

Methods used to solicit input from students should ensure that there is broad and representative response. To accomplish this goal, the steering committee should develop and disseminate a concise questionnaire to each student class. When reporting results of the questionnaire, it is helpful to cite the percentage of the student body responding, by class.

In addition to conducting a survey of student opinion via a questionnaire, the leaders of the student analysis may also choose to hold class meetings to discuss student concerns or request each class to submit reports delineating problems or areas that require attention. If this method is used, information on the number of participants should be provided.

Once data have been collected, a small working group should analyze and summarize the data and prepare the student self-study document. The draft document should be completed at or before the deadline for the school's individual self-study committees to complete their respective reports, giving school officials an opportunity to correct any factual errors it may contain. The final version of the student report should be forwarded to the self-study leadership of the school so that the findings can be incorporated in the school's self-study report as appropriate.

The following guidelines are suggested for preparing the student report:

1. Begin the student analysis with a description of the method(s) used to collect data or gather student perceptions. Include the response rate to any questionnaire (by class) and, if relevant, the number of students who participated in discussions or focus groups.
2. Summarize the results of the data collection in a concise narrative. Highlight areas where the school is doing well and areas that need improvement. Stick to factually supported and consensus issues as much as possible. Note any recent changes (for example, curriculum revisions or changes in student services) that may reflect differences in how each class has rated the item.
3. Include the "raw" data (responses in individual questionnaire items) in tabular or chart (e.g., histogram) form as an appendix to the report.

## APPENDIX C

## Sample Questionnaire for the Student Analysis

(Note: Students should feel free to modify this sample questionnaire as needed to reflect your own school's distinctive characteristics, or to address other issues that may be of particular importance to you.)

Please circle the number indicating your level of satisfaction, using the following scale:

- 1 = *Very satisfied*  
 2 = *Satisfied*  
 3 = *No opinion/indifferent*  
 4 = *Dissatisfied*  
 5 = *Very dissatisfied*

## STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS

- |    |   |   |   |   |   |   |
|----|---|---|---|---|---|---|
| 1. | Faculty availability or accessibility             | 1 | 2 | 3 | 4 | 5 |
| 2. | Access to medical school administration           | 1 | 2 | 3 | 4 | 5 |
| 3. | Administration awareness of student problems      | 1 | 2 | 3 | 4 | 5 |
| 4. | Administration responsiveness to student concerns | 1 | 2 | 3 | 4 | 5 |
| 5. | Role of students on key medical school committees | 1 | 2 | 3 | 4 | 5 |

## STUDENT SUPPORT

- |     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 6.  | Availability of academic counseling                                | 1 | 2 | 3 | 4 | 5 |
| 7.  | Adequacy of academic counseling                                    | 1 | 2 | 3 | 4 | 5 |
| 8.  | Availability of tutorial help                                      | 1 | 2 | 3 | 4 | 5 |
| 9.  | Availability of counseling for personal problems                   | 1 | 2 | 3 | 4 | 5 |
| 10. | Adequacy of counseling for personal problems                       | 1 | 2 | 3 | 4 | 5 |
| 11. | Confidentiality of counseling for personal problems                | 1 | 2 | 3 | 4 | 5 |
| 12. | Availability of counseling about careers and residency application | 1 | 2 | 3 | 4 | 5 |
| 13. | Adequacy of counseling about careers and residency application     | 1 | 2 | 3 | 4 | 5 |
| 14. | Availability of financial aid administrative services              | 1 | 2 | 3 | 4 | 5 |
| 15. | Adequacy of financial aid administrative services                  | 1 | 2 | 3 | 4 | 5 |
| 16. | Availability of debt management counseling                         | 1 | 2 | 3 | 4 | 5 |
| 17. | Adequacy of debt management counseling                             | 1 | 2 | 3 | 4 | 5 |

## STUDENT HEALTH

- |     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 18. | Availability of student health services                                    | 1 | 2 | 3 | 4 | 5 |
| 19. | Adequacy of student health services  | 1 | 2 | 3 | 4 | 5 |
| 20. | Adequacy of student health insurance                                       | 1 | 2 | 3 | 4 | 5 |
| 21. | Availability of disability insurance                                       | 1 | 2 | 3 | 4 | 5 |
| 22. | Adequacy of education about prevention and exposure to infectious diseases | 1 | 2 | 3 | 4 | 5 |
| 23. | Adequacy of immunization and screening for communicable diseases           | 1 | 2 | 3 | 4 | 5 |

**LIBRARY AND ELECTRONIC LEARNING RESOURCES**

24.	Accessibility of library services	1	2	3	4	5
25.	Quality of library services	1	2	3	4	5
26.	Adequacy of library holdings and instructional resources	1	2	3	4	5
27.	Adequacy and accessibility of computer learning resources	1	2	3	4	5
28.	Adequacy of school or departmental web sites for learning	1	2	3	4	5

**LEARNING ENVIRONMENT**

29.	Adequacy of classrooms, labs, and testing facilities	1	2	3	4	5
30.	Adequacy of student study space	1	2	3	4	5
31.	Adequacy of student relaxation space	1	2	3	4	5
32.	Appropriateness of policies for addressing student mistreatment	1	2	3	4	5
33.	Educational activities aimed at preventing student mistreatment	1	2	3	4	5
34.	Appropriateness of student advancement and graduation policies	1	2	3	4	5
35.	Appropriateness of policies and procedures for disciplinary action	1	2	3	4	5
36.	Confidentiality of student records	1	2	3	4	5
37.	Availability of student records for review and challenge	1	2	3	4	5
38.	Diversity of the student body	1	2	3	4	5
39.	Faculty diversity	1	2	3	4	5
40.	Adequacy of systems for personal safety and security	1	2	3	4	5

**EDUCATIONAL PROGRAM AS A WHOLE**

41.	Overall quality of the educational program	1	2	3	4	5
42.	Quality of basic science instruction	1	2	3	4	5
43.	Quality of clinical instruction	1	2	3	4	5
44.	Appropriateness of teaching methods	1	2	3	4	5
45.	Appropriateness of evaluation methods	1	2	3	4	5
46.	Timeliness of feedback about performance in courses and clerkships	1	2	3	4	5
47.	Effectiveness of methods for evaluating clinical skills	1	2	3	4	5
48.	Quality of teaching and evaluation by residents	1	2	3	4	5
49.	Comparability of educational experiences at alternative clinical sites	1	2	3	4	5
50.	Opportunities to engage in self-directed, independent learning	1	2	3	4	5
51.	Adequacy of elective time in the first three years	1	2	3	4	5
52.	Adequacy of elective time in the final year of study	1	2	3	4	5
53.	Responsiveness to student feedback about courses and teaching	1	2	3	4	5

**INDIVIDUAL REQUIRED COURSES AND CLERKSHIPS**

*For each required course or clerkship, please circle the number indicating your assessment of the quality of the following areas. Use the following scale for the remainder of the questionnaire:*

- 1 = Excellent*
- 2 = Good*
- 3 = No opinion/indifferent*
- 4 = Fair*
- 5 = Poor*

**FIRST- AND SECOND-YEAR COURSES\***

Course 1: Clarity and appropriate use of objectives	1	2	3	4	5
Course 1: General course organization	1	2	3	4	5
Course 1: Quality of teaching	1	2	3	4	5
Course 1: Academic workload/demands on student time	1	2	3	4	5
Course 1: Appropriateness of teaching methods	1	2	3	4	5
Course 1: Incorporation of clinically relevant material	1	2	3	4	5
Course 1: Motivation for learning the subject matter	1	2	3	4	5
Course 1: Feedback about your progress in learning the material	1	2	3	4	5
Course 1: Fairness of exams and grading	1	2	3	4	5
Course 1: Helpfulness in preparing you for clerkships	1	2	3	4	5
Course 1: Helpfulness in preparing you for USMLE exams	1	2	3	4	5
Course 1: Overall course quality	1	2	3	4	5
Course 2: Clarity and appropriate use of objectives	1	2	3	4	5
Course 2: General course organization	1	2	3	4	5
Course 2: Quality of teaching	1	2	3	4	5
Course 2: Academic workload/demands on student time	1	2	3	4	5
Course 2: Appropriateness of teaching methods	1	2	3	4	5
Course 2: Incorporation of clinically relevant material	1	2	3	4	5
Course 2: Motivation for learning the subject matter	1	2	3	4	5
Course 2: Feedback about your progress in learning the material	1	2	3	4	5
Course 2: Fairness of exams and grading	1	2	3	4	5
Course 2: Helpfulness in preparing you for clerkships	1	2	3	4	5
Course 2: Helpfulness in preparing you for USMLE exams	1	2	3	4	5
Course 2: Overall course quality	1	2	3	4	5

(Repeat as needed for other required courses)

Best first- and second-year courses (and why):

Worst first- and second-year courses (and why):

**\* Insert course names to reflect your curriculum**

**THIRD- AND FOURTH-YEAR COURSES AND CLERKSHIPS\***

Clerkship 1: Clarity and appropriate use of objectives	1	2	3	4	5
Clerkship 1: General clerkship organization	1	2	3	4	5
Clerkship 1: Quality of faculty teaching	1	2	3	4	5
Clerkship 1: Quality of resident teaching	1	2	3	4	5
Clerkship 1: Academic and clinical workload/time to study	1	2	3	4	5
Clerkship 1: Variety of patient experiences	1	2	3	4	5
Clerkship 1: Level of involvement in patient care	1	2	3	4	5
Clerkship 1: Faculty/resident supervision of patient care activities	1	2	3	4	5
Clerkship 1: Emphasis and feedback on development of clinical skills	1	2	3	4	5
Clerkship 1: Feedback about your performance during the clerkship	1	2	3	4	5
Clerkship 1: Fairness of exams and grading	1	2	3	4	5
Clerkship 1: Helpfulness in preparing you for USMLE exams	1	2	3	4	5
Clerkship 1: Overall clerkship quality	1	2	3	4	5
Clerkship 2: Clarity and appropriate use of objectives	1	2	3	4	5
Clerkship 2: General clerkship organization	1	2	3	4	5
Clerkship 2: Quality of faculty teaching	1	2	3	4	5
Clerkship 2: Quality of resident teaching	1	2	3	4	5
Clerkship 2: Academic and clinical workload/time to study	1	2	3	4	5
Clerkship 2: Variety of patient experiences	1	2	3	4	5
Clerkship 2: Level of involvement in patient care	1	2	3	4	5
Clerkship 2: Faculty/resident supervision of patient care activities	1	2	3	4	5
Clerkship 2: Emphasis and feedback on development of clinical skills	1	2	3	4	5
Clerkship 2: Feedback about your performance during the clerkship	1	2	3	4	5
Clerkship 2: Fairness of exams and grading	1	2	3	4	5
Clerkship 2: Helpfulness in preparing you for USMLE exams	1	2	3	4	5
Clerkship 2: Overall clerkship quality	1	2	3	4	5

(Repeat as needed for other required courses)

Best clerkships (and why):

Worst clerkships (and why):

**\* Insert course or clerkship titles to reflect your curriculum**