



Committee on Accreditation of Canadian Medical Schools  
Comité d'agrément des facultés de médecine du Canada

## **GUIDE TO THE INDEPENDENT STUDENT ANALYSIS**

**FOR SITE VISITS IN THE 2017-2018 ACADEMIC YEAR**  
**Published March 2016**

For further information, contact:  
CACMS Secretariat  
Committee on the Accreditation of Canadian Medical Schools  
Association of Faculties of Medicine of Canada  
2733 Lancaster Road, Suite 100  
Ottawa, Ontario, Canada K1B 0A9  
Phone: 613-730-0687. Ext 225 Fax: 613-730-1196  
[cacms@afmc.ca](mailto:cacms@afmc.ca)

**Visit the CACMS website at:**  
<https://afmc.ca/accreditation/committee-accreditation-canadian-medical-schools-cacms>

Guide to the Independent Student Analysis  
For medical education programs leading to the M.D. Degree

©Copyright March 2016 by the Committee on Accreditation of Canadian Medical Schools. All rights reserved. All material subject to this copyright may be reproduced, with citation, for the noncommercial purpose of scientific or educational advancement.

**TABLE OF CONTENTS**

**INTRODUCTION** ..... 1

**FACTS ABOUT THE CACMS** ..... 1

**THE ACCREDITATION PROCESS** ..... 2

    A. A Quick Overview of the Accreditation Process ..... 2

    B. The Medical School Self-study (MSS) ..... 2

    C. The Independent Student Analysis (ISA) ..... 3

    D. The Site Visit ..... 4

    E. Preparation and Review of the Site Visit Report ..... 4

**STUDENT PARTICIPATION IN THE ACCREDITATION PROCESS** ..... 4

    A. Getting started: the medical school dean's alert to students. .... 4

    B. Appointment of students to the MSS task force and committees ..... 5

    C. Independent student analysis ..... 5

    D. Networking with students at other schools. .... 6

    E. Student participation during the CACMS site visit ..... 6

    F. Complaints and grievances. .... 7

**OTHER OPPORTUNITIES FOR STUDENT INVOLVEMENT WITH THE CACMS** ..... 7

    A. CACMS student members. .... 7

    B. Student feedback CACMS Standards and elements ..... 8

**CONTACTING THE CACMS SECRETARIAT** ..... 8

**APPENDICES**

    APPENDIX A:  
    Summary and Frequently Asked Questions ..... 9

    APPENDIX B:  
    Typical Schedule for a CACMS Full Accreditation Review ..... 12

    APPENDIX C:  
    Suggested Logistics for Development of the Report of the Independent Student Analysis ..... 14

    APPENDIX D:  
    Required Survey Questions for the Independent Student Analysis ..... 15

    APPENDIX E:  
    Sample Reporting of Results: Tables in the Independent Student Analysis Report ..... 21

## **INTRODUCTION**

The Committee on Accreditation of Canadian Medical Schools (CACMS) is the organization responsible for accrediting medical education programs leading to the M.D. degree in universities whose students are geographically located in Canada for their education and that are chartered and located in Canada. Under normal circumstances, medical education programs are reviewed by the CACMS every eight years.

Accreditation is widely used in higher education to evaluate the quality of educational programs. CACMS accreditation serves the important purpose of assuring the public, government agencies, and professional groups that the educational program is of high quality and effective and ensures student well-being, and student and patient safety.

From the point of view of an individual program, accreditation also serves the important purpose of promoting medical schools' self-evaluation leading to the improvement of educational quality. The faculty of every Canadian medical education program acknowledge that doing a good job of teaching medical students is important. However, good intentions for educational improvement may sometimes falter because of resistance from powerful faculty members or departments, low priority for the education mission relative to other medical school missions, or limited school resources. The accreditation process requires that a medical education program conduct a critical self-evaluation of all of the accreditation elements and the challenges that need to be addressed, and it also subjects the program to the judgments of a team of external peer experts. This process focuses the attention of school and university leaders on addressing any obstacles that are preventing quality improvement.

Students play a very prominent role in the accreditation process. This guide provides details about the accreditation process and how students can contribute to it. See Appendix "A" for a summary that includes some frequently asked questions about accreditation.

## **FACTS ABOUT THE CACMS**

The CACMS was founded in 1979 by the Association of Faculties of Medicine of Canada (AFMC), formerly, the Association of Canadian Medical Colleges (ACMC) and the Canadian Medical Association (CMA) to act as the reliable authority for the accreditation of programs of medical education leading to the MD degree in Canada. Canadian medical education programs had been accredited by the Liaison Committee on Medical Education (LCME) since 1942 and from 1979 until the present, Canadian schools have been accredited by both the CACMS and the LCME using a joint process. In 2013, a Memorandum of Understanding was signed by the sponsors of the CACMS (AFMC and CMA) and the sponsors of the LCME (The Association of American Medical Colleges and the American Medical Association) to further codify the relationship between the CACMS and the LCME. This agreement provides the CACMS with more independence in decision-making, standard-setting and modification of the accreditation process. The joint process leading to dual accreditation of Canadian medical education programs is described in this document and the entire MOU is available on the CACMS website.

The CACMS is a committee that includes medical educators, medical school leaders, medical practitioners, medical students, and representatives of the public. The CACMS is supported by a Secretariat based at the Association of Faculties of Medicine of Canada. The CACMS Secretariat is responsible for coordinating the revision and development of accreditation standards and policies, managing the reviews of medical education programs and for communicating with medical schools on behalf of the CACMS.

CACMS accreditation establishes the access of medical students to medical licensure examinations (Medical Council of Canada), eligibility for entry into postgraduate medical education programs accredited by the Royal College of Physicians and Surgeons of Canada or by the College of Family Physicians of Canada and eligibility for provincial medical licensure. LCME accreditation allows Canadian graduates access to US licensure examinations and to apply for residency training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

The 17 medical education programs in Canada are accredited by the CACMS and the LCME. A list of all medical schools that have dual accreditation from CACMS and the LCME can be found on the CACMS website.

## **THE ACCREDITATION PROCESS**

### **A. A Quick Overview of the Accreditation Process**

The major steps in the accreditation review process for schools with site visits during the 2017-2018 academic year are:

- 1) A medical school self-evaluation, termed the “medical school self-study” (MSS), based on the 12 accreditation standards and associated 96 elements
- 2) A medical school compilation of data to be used by the site visit team
- 3) An independent student analysis (ISA) of the medical school
- 4) An on-site evaluation (termed “a site visit”) by a site visit team of external peer experts
- 5) The review of the team’s findings by the CACMS
- 6) The CACMS’ determination of the program’s satisfaction status with the CACMS elements and compliance status with the CACMS standards and of any necessary follow-up
- 7) The review by the LCME of CACMS’s decisions regarding the program’s accreditation status and required follow-up.

The full accreditation review process takes about two years for most medical education programs. The follow-up activities may require additional years, depending on how quickly a program can address problems identified by the medical school or the CACMS during the review. A more detailed description of the accreditation process highlighting areas where student participation is important follows.

### **B. The Medical School Self-study (MSS)**

Conducting the self-study and preparing for the site visit takes a significant amount of effort and participation by many members of the medical education community, including students. The *CACMS Guide to the Medical School Self-Study* is available on the CACMS website.

The accreditation review process begins approximately one and a half to two years before the site visit team arrives. See Appendix B for a summary of the events leading up to and following the site visit. At the beginning of that time interval, the CACMS will contact the program to establish the dates for the site visit. Soon after that, the materials that the school will use to conduct its self-evaluation will be made available on the CACMS website.

Once the site visit date has been set, the medical school dean should alert the student body and provide information about the accreditation process and timeline. The dean will appoint a faculty accreditation lead, who will oversee the program’s self-study. The dean, faculty accreditation lead, or both should meet with student leaders to discuss the roles students will play in the program’s self-study process and to mobilize the student body to start the parallel independent student analysis (ISA) of the program. **See below for items *in italics* that are tasks involving medical students.**

The self-study is a detailed self-evaluation of the medical school using accreditation elements as the focus. It typically takes a year or more to complete. The program must compile a significant amount of information in order to answer questions contained in the “data collection instrument (DCI),” a questionnaire that includes requests for information for each of the elements that are associated with the 12 accreditation standards:

- |             |  |
|-------------|--|
| Standard 1: | Mission, Planning, Organization, and Integrity                 |
| Standard 2: | Leadership and Administration                                  |
| Standard 3: | Academic and Learning Environments                             |
| Standard 4: | Faculty Preparation, Productivity, Participation, and Policies |
| Standard 5: | Educational Resources and Infrastructure                       |
| Standard 6: | Competencies, Curricular Objectives, and Curricular Design     |

Standard 7:	Curricular Content
Standard 8:	Curricular Management, Evaluation, and Enhancement
Standard 9:	Teaching, Supervision, Assessment, and Student and Patient Safety
Standard 10:	Medical Student Selection, Assignment, and Progress
Standard 11:	Medical Student Academic Support, Career Advising, and Educational Records
Standard 12:	Medical Student Health Services, Personal Counseling, and Financial Aid Services

The DCI, when final, will include data from the ISA and from the three most recent years from the AFMC Medical School Graduation Questionnaire (AFMC GQ), a survey that is completed by graduating medical students.

The self-study is managed by a task force or steering committee, with additional committees formed to review and analyze accreditation data for each of the 12 accreditation standards. The committee(s) for the medical student-related standards (standards 10, 11, and 12) will focus on the medical student issues but will not be directly involved in the creation of the separate ISA. *The medical school dean and faculty accreditation lead, in collaboration with student leadership, should appoint one or more students to the self-study task force and to appropriate self-study committee(s).* The self-study committees will complete their analyses and prepare reports of their findings about six months before the site visit takes place. The individual committee findings and conclusions will then be synthesized by the task force or steering committee into a final, comprehensive self-study report that identifies the elements that require improvement or monitoring and recommendations for plans to achieve satisfactory status.

### C. The Independent Student Analysis (ISA)

*At the same time that the school initiates its self-study process, the student leadership should begin the process of launching the student survey. The survey needs to be administered to all enrolled students in order to develop a comprehensive picture of students' perceptions of their medical school. The **required** survey questions are provided in Appendix D of this document. The survey covers the following areas: I. Student-Faculty Administrative Relationships; II. Learning Environment; III. Facilities; IV. Library and Information Technology Resources; V. Student Services; VI. Medical Education Program; and VII. Opportunities for Research and other Scholarly Activities and Service-Learning **Students must use the questions in the survey** however, minor revisions may be made to suit the context of the school. The data derived from the survey are needed by the medical school to complete the DCI for the Medical School Self-Study. In addition, the student leadership submit a report that includes the administered survey, a description of how the survey was conducted, an analysis of the participation of students across all years of the program and by campus if the medical school has a geographically distributed campus(es) and summarizes the key findings and conclusions based on the survey data. See Appendices C, D, and E for specific information on the survey and analysis.*

The faculty accreditation lead should provide the same type of administrative support for the ISA as that afforded to other self-study groups. **Although medical school officials can provide logistical support (implementing the survey, collecting data and performing statistical analysis) and technical advice to students to help them conduct their survey and analyses, the faculty must not participate in the development of additional questions or revisions to other survey questions, in the interpretation of survey data, or in the preparation of the report of the ISA.** The student group also should review the results of the most recent AFMC Graduation Questionnaire and the previous ISA report (which the school should provide to the student group) to identify and monitor past challenges.

*Survey data should be provided to the school's self-study task force as soon as they become available so that the DCI can be completed and the subcommittees and taskforce can perform their work. Students will perform their own data interpretation and include summary data from the survey and an analysis of student perceptions of the program's strengths and achievements and areas for improvement in the ISA Report. The ISA final report should be made available to the self-study task force no later than about six months before the site visit so that students' perspective can be fully incorporated into the final Report of the Medical School Self-study.*

#### **D. The Site Visit**

The CACMS Secretariat will appoint a site visit team. Most site visit teams consist of five to six members: a team chair, a team secretary, a student member when possible, a faculty member appointed by CACMS, an LCME-appointed member whenever possible, and a faculty-fellow whenever possible and occasionally an observer from another accrediting group or organization. Site visit teams typically are led by a medical school dean. Team members come from a variety of backgrounds (e.g., associate deans of curriculum and student affairs, medical educators, experts in faculty affairs) and, wherever possible, teams include at least some members from schools with characteristics similar to those of the school being reviewed.

At least three months before the site visit, the members of the visiting team will receive all of the information that the program collected and analyzed in its self-study process, including the complete DCI, the final MSS report, and the report of the ISA. The site visit team will review that information and develop a preliminary assessment of the program before arriving at the school for the site visit.

The site visit typically begins late on a Sunday afternoon and most often lasts two and a half days (usually ending by mid-day on Wednesday). For schools with one or more geographically distributed campuses located at a distance, the visit may be extended by one day. During the visit, the team will meet with the school's academic and administrative leaders, representatives from its affiliated hospitals, department chairs, directors of required learning experiences, and students. *The site visit team will meet formally with students during extended luncheon sessions on Monday and Tuesday of the site visit.* Also during the visit, team members frequently inspect educational and student facilities on the main campus and at major teaching hospitals, *with students serving as guides for these tours, which provides an opportunity for informal discussions about the program.* During all these discussions, the team will be gathering additional information, clarifying the data it has already received, and making assessments of how well the medical education program complies with accreditation requirements, as specified in the 97 elements associated with the 12 accreditation standards. At the end of the site visit, the team will give a summary of its findings to the medical school dean and to the chief executive of the university.

#### **E. Preparation and Review of the Site Visit Report**

In the two to three weeks immediately after the site visit, the team will prepare a summary of its findings related to each of the 96 elements. A draft version of this site visit report will be sent to the medical school dean so that any factual errors can be corrected. After the needed corrections are made, the final report is sent to the dean and to the CACMS Secretariat for review at the next regular CACMS meeting (these take place in September, January, and May).

The members of the CACMS will review the site visit report, finalize decisions related to accreditation elements and standards, and determine the medical school's accreditation status, and the follow-up activities to ensure that the program meets the requirements of the elements and achieves compliance with all standards. The CACMS' accreditation decisions and supporting documentation are reviewed by the LCME at its next regularly scheduled meeting and a consensus decision is achieved. Because the quality of Canadian medical education programs is uniformly high, the probability of any program losing its accreditation as a result of an accreditation site visit is low. If serious problems are identified, the CACMS/LCME would, in most circumstances, give the program an opportunity to correct them.

### **STUDENT PARTICIPATION IN THE ACCREDITATION PROCESS**

The following section describes in greater detail the roles that students may play at various stages of the CACMS accreditation process:

#### **A. Getting started: the medical school dean's alert to students**

The dean will inform student leadership about the upcoming site when the dates for the visit have first been set by the CACMS (see Appendix B for a typical timeline). This initial meeting should discuss the roles of students in the self-study and site visit processes. It will be helpful if the student leadership meets with the dean, the dean's

designated faculty accreditation lead, 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.

Various documents with information about medical school accreditation are available from the publications section of the CACMS website. Important publications are *CACMS Standards and Elements*; the *Guide to the Medical School Self-Study*, which describes the self-study process; and the *Site visit Report Guide*, which details the information that the site visit team will include in its report to the CACMS. Copies of this guide (*Guide to the Independent Student Analysis*) can also be downloaded from the CACMS website.

## **B. Appointment of students to the MSS task force and committees**

*Students should be included on the MSS task force and on any subcommittees where they can provide meaningful input.* Each subcommittee should contain appropriate membership for its specific topic, and students ought to participate in review of areas that affect their education and student life. At most programs, students serve on subcommittees reviewing accreditation elements related to the curriculum (Standards 6-8), medical students (Standards 10-12), and educational and clinical facilities (Standard 5).

## **C. Independent student analysis (ISA)**

The CACMS considers an independent review, conducted by students, to be a critical element of the accreditation process. The work on the ISA should begin around the time that the medical school initiates the overall self-study process, survey data should be provided to the medical school before the individual self-study subcommittees complete their work. The faculty accreditation lead should offer any reasonable logistical and financial support or technical advice to help students, especially with regard to implementing the survey, collecting and analyzing the data.

The faculty accreditation lead should also provide appropriate background materials to the students who will be managing the ISA. Such materials may include a copy of the results from the most recent AFMC Graduation Questionnaire, a copy of the program's most recent accreditation site visit report (or at least relevant sections of the report), and any other information that the program and students mutually agree would be helpful in conducting the student review.

The ISA report is one of three major pieces of student-based information that the site visit team possesses when it evaluates the program. The other two sources of information are data entered in the DCI from the AFMC GQ (which only provides information from the most recent graduating class(es)), and the students who meet with site visit team during the site visit (these students will span all four years of medical school, but may not necessarily constitute a representative sample of all students' perspective). In order to complement these other information sources, the ISA report should be based on a comprehensive survey of students in all four years and include all the questions in the core survey (Appendix D). The CACMS Secretariat welcomes student feedback on the questionnaire regarding ways to improve the wording in order to obtain better data and topics that students feel should be included in the core survey.

An effective ISA will be based on extensive data from the entire student body. A high response rate to the questionnaire survey is critical for the credibility of the data. The students responsible for the ISA should inform the student body about the importance of participating in the questionnaire survey and the seriousness with which the survey team and the CACMS regard the results. If the initial response rate for the student survey is low (i.e., less than 70% for any class), it may be necessary to conduct a follow-up survey to improve the response rate. Incentives also may be used to enhance participation. The results from the survey may also be supplemented with other data, such as the results of focus group studies, input from student organizations, or similar kinds of information.

The organizers of the ISA should familiarize themselves with the *CACMS Standards and Elements for site visits conducted in 2017-2018* publication. It is available on the CACMS website.

Appendix C of this guide outlines some logistical considerations related to the collection and reporting of data for the ISA. The student committee should review the analysis of the survey data and develop a set of findings and conclusions. **The ISA document should contain an executive summary highlighting major findings of strengths and areas for improvement, a brief narrative summary of findings related to each topic covered by**



**section (i.e., I. Student-Faculty Administrative Relationships; II. Learning Environment; III. Facilities; IV. Library and Information Technology Resources; V. Student Services; VI. Medical Education Program; and VII. Opportunities for Research and other Scholarly Activities and Service-Learning), and should end with conclusions and recommendations.**

Appendix E describes how to report the quantitative data. The quantitative summary should include the response rate to the questionnaire for EACH class year (e.g., “First-year student response rate: 89%, Second-year student response rate: 93%”, etc.). For medical schools with geographically distributed campuses, the survey results should be reported for each campus. There should be a summary in tabular numerical form of student responses to EACH question by year. The CACMS Secretariat suggests following each survey question by the percentage of respondents that have selected (agree/strongly agree; satisfied/strongly satisfied; poor/fair; and good/very good/excellent) in aggregate and the percentage that choose NA (not applicable, did not use, don’t know, unsure). (Please see Appendix E in this guide for suggestions of how to report the student response data.) When reporting results, please print column headers on each new page. This makes it more convenient for the site visit team to read.

Medical school officials must not influence the writing of the report of the ISA or edit the report. Nevertheless, both the program and the students will benefit if a draft of the report of the ISA is shared with the faculty accreditation lead in order to ensure that the analysis does not contain any inconsistencies with the survey data. The final version of the ISA must be made available to the self-study taskforce so that the findings can be incorporated into the medical school’s final self-study report.

#### **D. Networking with students at other schools.**

When students begin their review of the medical education program, they may find it helpful to learn from the experiences of students at other schools that have recently completed an accreditation site visit or who are further along in the process of ISA planning and development. The CACMS website includes a page (<https://afmc.ca/accreditation/committee-accreditation-canadian-medical-schools-cacms>) titled “Accredited Canadian Medical Education Programs” that lists the next full site visit dates for all CACMS-accredited programs. Because full accreditation site visits occur every eight years, based on the listed academic years, it should be possible to find schools that have just completed or will soon complete their accreditation site visit or schools that are in the middle of preparations for a site visit.

Students most knowledgeable about the process used at a given school may be involved in national medical student organizations. Canadian medical student organizations are the Fédération médicale étudiante du Québec (FMEQ) and the Canadian Federation of Medical Students (CFMS). Current CACMS student members are not authorized to provide assistance.

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

#### **E. Student participation during the CACMS site visit.**

A sample schedule for a full accreditation site visit can be found in the CACMS publication, *Guidelines for the Conduct of Accreditation Site Visits*, available from the CACMS website (<https://afmc.ca/accreditation/committee-accreditation-canadian-medical-schools-cacms/cacms-publications>).

Most visits follow the sample schedule or modify it slightly to accommodate any special circumstances, such as the presence of one or more geographically distributed campuses. *The site visit team usually meets for lunch on Monday of the site visit with students from the first and second-year classes and on Tuesday with students from the third and fourth-year classes.* If the site 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 the second and fourth years of the curriculum, respectively.

The lunch sessions with students allow for informal and open discussions about the school. One purpose of these meetings, from the site visit team's point of view, is to identify and reconcile, if possible, any differences in students' perspectives from the ISA and the AFMC GQ with the MSS. Sometimes the differences are easily explained by timing differences of the data. There may also be genuine differences of perspectives, and part of the site visit team's task is to determine if that is the case. The team will explore issues identified in the ISA and the GQ data in the DCI 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 lunch sessions are familiar with the information contained in the ISA and the GQ data in the DCI. While it is up to the school and its students to determine the process by which students are selected to participate in these meetings, it is very useful to ensure that a representative group of students is included, not just student leaders. When possible, each session should include one or more students who were responsible for conducting or managing the ISA and are therefore highly knowledgeable about it. The site visit team may have a particular interest in talking to certain categories 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 systems for academic counseling and tutorial services.

Students who meet with the site visit team should feel comfortable in speaking openly about both the strong and weak points of the medical education program. Under no circumstances are student comments quoted directly or attributed to any individual either in the report of the site visit team or in exit conferences with the medical school dean and university official. The site visit team will not make any determinations based solely on what an individual student (or faculty member or dean) says. However, it will explore any potential issues that arise in discussions with students or others, and in such cases will look for corroborating documentary evidence while it is at the school.

In addition to the lunch meetings on Monday and Tuesday during the site visit, a few students will guide the site visit team on tours of classrooms (large and small), clinical skills centre, the library and computer learning or testing facilities, lounge and relaxation areas, and study space, and of educational facilities in one or more teaching hospitals or ambulatory care sites. The tours provide a highly unstructured format for sharing information with the site visit 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 site visit, and team members will not make any judgments based solely on what they are told by a student during a tour of the school's facilities.

#### **F. Complaints and grievances.**

An accreditation site visit should not be seen as an opportunity for individual students (or faculty members, deans, or anyone else) to involve the CACMS in discussions about personal or academic grievances with the school. As an accrediting agency, the CACMS and its site visit teams concentrate only on making determinations about whether the school is performing in a satisfactory way related to the accreditation elements.

Any student who believes that a school's actions or policies indicate unsatisfactory performance related to one or more elements can bring the issue to the CACMS's attention by submitting a formal complaint about the program at any time. This can be done by contacting the CACMS Secretariat offices and providing relevant details and a signed consent form. Further information about the CACMS's complaint policy can be found in the *CACMS Rules of Procedure* publication, available from the CACMS website.

In the case of complaints, the CACMS will only make a determination regarding the program's satisfactory status with accreditation elements and compliance with standards. It will not intervene on behalf of any complainant in the resolution of grievances.

### **OTHER OPPORTUNITIES FOR STUDENT INVOLVEMENT WITH THE CACMS**

#### **A. CACMS student members**

*Medical students can become members of the CACMS.* The medical student members of the CACMS ensure that accreditation standards, policies, and actions include the student perspective. Student members participate fully in the discussions and decision-making on accreditation matters that take place during CACMS meetings, including reviews of accreditation site visit reports and school follow-up status 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 participates in an accreditation site visit during his or her years of service on the CACMS.

The CACMS has a total of four student members (two voting) who are appointed by the FMEQ and the CFMS. Typically there are two student members for each organization, a junior (second year) student and a senior (third year or fourth year) student to provide continuity and knowledge-building. Because of the time required to participate in CACMS work, applicants for student membership are expected to be students who have completed most or all of their required learning experiences who are familiar with student issues across the entire curriculum. Student members have full voting privileges and serve a two-year term that begins on July 1st and ends on June 30th.

The CACMS pays all expenses incurred by student members related to their service on the CACMS.

Although student members are appointed by student organizations, they do not have any formal responsibilities to these organizations with regard to their service on the CACMS, as is also true for professional members. Student members may convey to the CACMS issues of interest to the student organizations (such as new policies or accreditation elements), but they do not function as representatives of the organizations in any CACMS discussions or decisions. In the same way, student members are not official CACMS representatives to student organizations, and they are subject to the same expectations as professional members with regard to confidentiality and public disclosure of CACMS discussions and decisions. Students interested in serving on the CACMS should contact their student organizations or the CACMS Secretariat to learn more about the process for becoming a student member of the CACMS.

#### **B. Student feedback on CACMS Standards and Elements**

*The CACMS both appreciates and benefits from student input. One of the ways in which students can be helpful to the CACMS is by providing suggestions and feedback regarding its accreditation elements and standards.*

The CACMS conducts both planned and unplanned reviews of its existing accreditation standards and elements and considers the development of new or revised elements. Planned reviews take place over a five-year cycle. Suggestions for new elements or modifications to elements standards may come from any source. Although, in most cases, they arise from the organizations involved in medical education, occasionally suggestions come from individuals. Several recent additions to accreditation requirements were developed and adopted in response to requests from student groups. Students with ideas for changes to the *CACMS Standards and Elements* should contact the CACMS Secretariat directly.

### **CONTACTING THE CACMS SECRETARIAT**

Written communications can be addressed to the CACMS Secretariat at either of the following addresses:

CACMS Secretariat  
Committee on the Accreditation of Canadian Medical Schools  
Association of Faculties of Medicine of Canada  
2733 Lancaster Road, Suite 100  
Ottawa, Ontario, Canada K1B 0A9  
Phone: 613-730-0687 Ext. 225 Fax: 613-730-1196

You can also reach the CACMS staff by e-mail, addressed to [cacms@afmc.ca](mailto:cacms@afmc.ca)

Visit the CACMS web site at:

<https://afmc.ca/accreditation/committee-accreditation-canadian-medical-schools-cacms>

## **APPENDIX A: Summary and Frequently Asked Questions**

### **General Questions**

- ❖ How often is my medical school reviewed by the CACMS?

The standard term of accreditation is eight years. If significant problems are identified after a medical education program's full accreditation review, the CACMS/LCME may continue accreditation until a limited site visit is conducted, to determine how the program has addressed its problems. Limited site visits typically take place within two years of the full review. If the program 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 CACMS/LCME may shorten the term of accreditation.

- ❖ Does the CACMS just evaluate the medical curriculum or does the CACMS examine all aspects of a medical education program?

The CACMS's assessment is based on its accreditation standards and associated elements, which cover a number of areas that touch on the medical student experience. See *CACMS Standards and Elements* on the CACMS website under Publications for the accreditation standards and associated elements.

- ❖ What happens when a program does not fully comply with CACMS standards and elements?

Depending on the number and nature of the citations involved, the CACMS/LCME may ask a program to provide one or more written reports (called "status reports") documenting how it has addressed its problems, or it may send a site visit team to the program to verify that problems have been satisfactorily addressed.

- ❖ What happens if a program is placed on probation?

Probation represents a judgment by the CACMS/LCME that a program is not in substantial compliance with accreditation standards, and that the quality of the school's educational program will be seriously compromised if the issues are not addressed. A program 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 program on probation does not achieve full compliance with accreditation standards within the time period established by the CACMS/LCME, its accreditation may be withdrawn.

- ❖ If there exists an important issue for students at a school, how can that school's students ensure that it is addressed by the CACMS?

If the medical education program is scheduled for a CACMS accreditation review, the issue should emerge from the MSS and the ISA. If the issue involves unsatisfactory status with accreditation elements that is confirmed by the site visit team, the CACMS/LCME will require the program to resolve the problem within two years.

Occasionally, an issue considered important by medical students does not relate to CACMS accreditation standards (e.g., scarce or expensive on-campus parking). In such cases, the site visit team may comment on the problem in its report, but the CACMS cannot compel the program to take corrective measures because the issue does not involve noncompliance with accreditation standards.

If a major issue surfaces and a program is not scheduled for an upcoming CACMS review, students can bring the issue to the attention of the CACMS by submitting a formal complaint. Details of the complaint procedure are contained in the *CACMS Rules of Procedure* document, which is available from the CACMS website.

## **Medical Student Participation in CACMS Accreditation**

- ❖ What role do students play in the CACMS accreditation process and/or in a medical school's site visit by the CACMS?

Students conduct an independent student analysis (ISA) of the medical school in parallel to the self-study that the medical school completes as part of their accreditation preparations. The site visit team that reviews a program will meet with students selected from all class years, and will tour educational facilities with assistance from student guides. The site visit team will include students' perspective taken from the ISA survey data, from the AFMC GQ both of which are reported in the DCI, and from students it meets on-site when making its determinations about the extent to which the medical school meets the requirements of the accreditation elements .

Two of the 13 voting members of the CACMS are medical students. The four student members also play a prominent role in the development and revision of accreditation elements, and in CACMS policies. Two students serve on the Standards Subcommittee and two serve on the Policy Subcommittee.

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

- ❖ Does the CACMS meet with students? Is any student invited to attend meetings to talk with the CACMS?

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

- ❖ How should students be selected to participate in the site visit process?

From the site visit team's perspective, it is desirable to meet with a representative group of students from all classes , including some who were directly involved in the leadership of the independent student analysis and who are familiar with the data collected by the student survey. In order to better understand how the program functions, it may also be desirable to include students who have direct experience with the school's academic counseling, personal counseling, student well-being, and/or systems for addressing mistreatment issues, as well as students who are involved in medical school committees, such as the Curriculum Committee or its equivalent. The medical school or its students may also want to include some participants who are in joint degree programs, and students involved in research or service learning programs. In summary, it is desirable that the site visit team meet with a breadth of students, not just class leaders. The medical school is more likely to be effectively represented if the selection of students results from mutual agreement among medical school leaders and faculty, and the student body. A site visit team would likely be concerned if students had no voice at all in deciding which of them met with the team.

## **Independent Student Analysis**

- ❖ Is there a template that students can use as a guide to develop their student survey for the independent student analysis?

Appendix D in this guide contains the core questions that students are required to include in their survey. Students are strongly encouraged to collect narrative comments on the various sections of the survey. Students' interpretations and summary of these comments become an integral part of the report, greatly enriching it.

Please also see Appendix E for an example on how to report the student response data in a table format. The medical school should supply logistical and technical assistance in implementing the survey, data collection and analysis.

- ❖ Should school leaders/faculty review the independent student analysis?

Yes. Medical school officials should have an opportunity to review the independent student analysis and discuss any perceptions that it contains factual errors. They should also have an opportunity to incorporate the findings of the independent student analysis into the Medical School Self-study. They must not, however, edit or revise the analysis or pressure students to change its content or conclusions.

- ❖ What type of student feedback is most useful to the CACMS?

The best student feedback is analytical, candid, and constructive. It should accurately identify all relevant problems in a way that also indicates how students think the medical education program can improve. Students should indicate both a program's particular strengths and challenges. A site visit team will be impressed by student feedback that is consistent across all information sources and is supported by appropriate documentation.

- ❖ Is there a certain percentage of students who should respond to the student site visit for the information to be useful to the CACMS?

A high response rate is desirable and necessary to ensure the credibility of the information. The student survey should ideally achieve a minimum of a 70% response rate for each class year. The students responsible for the survey may use incentives, supplied by the medical school administration, to support a good response rate.

**APPENDIX B:  
TYPICAL SCHEDULE FOR A CACMS FULL ACCREDITATION REVIEW**

Months +/- Visit	Activities
-18	<p>CACMS Secretariat establishes visit dates with the medical school dean.</p> <p>A committee of students responsible for the Independent Student Analysis (ISA) is formed and begins drafting questions for the ISA survey of the student body.</p>
-15	<p>ISA survey is distributed to the student body. Note that data from the ISA survey are needed for completion of the DCI, so the survey should be timed accordingly.</p>
-15	<p>The CACMS Secretariat publishes the DCI on the CACMS webpage.</p> <p>Dean designates the school's core visit personnel and notifies the CACMS using the form provided by the CACMS Secretariat</p> <p>The faculty accreditation lead initiates data collection activities.</p>
-15/-12	<p>School appoints members of the institutional self-study task force. The task force establishes its objectives, scope of study, and methods of data collection, and establishes various subcommittees.</p> <p>The students charged with conducting the ISA provide survey data to the faculty accreditation lead and begin independent analysis of the data.</p> <p>Various individuals or groups begin responding to questions in the DCI.</p>
-12/-6	<p>Students provide the final ISA report to the faculty accreditation lead. Faculty accreditation lead distributes the ISA report and completed DCI sections to the self-study task force and appropriate subcommittees. Subcommittees review and analyze the relevant sections and prepare reports that are forwarded to the task force.</p> <p>If not begun already, action should be taken to correct issues identified by the various subcommittees.</p>
-4/-3	<p>The CACMS Secretariat sends the faculty accreditation lead instructions for the visit and a final list of visiting team members is sent to the dean.</p> <p>The faculty accreditation lead reviews the DCI, self-study summary report, and other required documents and makes any required updates/corrections.</p>
-3	<p>The final accreditation package, consisting of the DCI and supporting documentation, the ISA report, and the self-study summary report is submitted according to the instructions available on the CACMS webpage, <a href="https://afmc.ca/accreditation/committee-accreditation-canadian-medical-schools-cacms">https://afmc.ca/accreditation/committee-accreditation-canadian-medical-schools-cacms</a></p>

-3/2.5	<p>Shortly after receiving the school's accreditation materials, the secretary of the visiting team will contact the faculty accreditation lead to begin work on the visit schedule and will contact the staff visit coordinator to discuss logistical planning.</p> <p>The faculty accreditation lead drafts a visit schedule based on the sample visit template in this document and sends it to the team secretary for review.</p> <p>Based on initial review of the accreditation package, the team secretary may request additional information/materials and/or that additional sessions with specific faculty or staff be added to the schedule.</p>
-2	<p>If necessary, corrections and/or updates to the DCI are bundled and sent to the visiting team secretary following the procedures outlined on the CACMS webpage</p> <p>The team secretary and school finalize the visit schedule.</p>
-1	<p>If necessary, a final set of bundled corrections and/or updates to the DCI are bundled and sent to the visiting team secretary following the procedures outlined on the CACMS webpage</p>
0	<p>Team visits the school.</p> <p>The visit exit conference is conducted.</p> <p>The faculty accreditation lead submits one bundled update to the CACMS Secretariat containing any supplementary material provided to the team before or during the visit, and any corrections or updates provided to the team after the initial submission (at -3 months). This includes updates/corrections made at the time of the visit. These are submitted electronically on a USB memory stick sent to the CACMS Secretariat by mail.</p>
+1/+2	<p>The team secretary sends a first draft of the report to the CACMS Secretariat for review; Secretariat feedback is incorporated as seen fit by the team into a second draft, which is sent to the dean for review.</p>
+1/2 (+10 days)	<p>The dean provides feedback; feedback is incorporated into the final report at the discretion of the team secretary and chair.</p>
+2/3	<p>The report is finalized. The team secretary sends the final report to the Dean and to the CACMS Secretariat. The final report is circulated by the Secretariat to CAMCS members for review prior to the next CACMS meeting.</p>
+3/4	<p>The CACMS determines an accreditation decision at its next regularly scheduled meeting (January/May/September).</p> <p>CACMS decision is reviewed by LCME at its next meeting. Final joint decision is rendered.</p>
Within 30 days of LCME meeting	<p>The university president/chief executive and medical school dean are sent copies of the final report and are notified, in writing, of the final decision regarding accreditation status and any required follow-up.</p>



## **APPENDIX C: Suggested Logistics for Development of the Report of the Independent Student Analysis**

There are many ways to collect and report students' perspective in the accreditation process. The process for creating the independent student analysis should be coordinated by a small steering committee composed of students, representative of the student body, who preferably are selected or approved by the student body. This steering committee could include, among other members, representatives from the student council, class officers, and school representatives to national medical student organizations. Ideally, these students should come from all classes.

Methods used to solicit input from students should aim for a high response rate. Appendix D of this guide contains questions that must be included in the student survey. The survey should have space for students to add comments. It is also recommended to customize the survey to each level of students to ensure that students would only have to respond to questions of relevance to their level of training, thus keeping the questionnaire shorter and increasing response rate.

Canadian federal and provincial laws request data to be collected and stored on servers located in Canada (more information can be found at <http://www.servercloudcanada.com/2014/05/canadian-privacy-laws-canadian-cloud-primer-canadian-businesses/>). Students should verify with their school that their intended survey platform conforms to the legislation.

In addition to conducting a survey, the leaders of the independent student analysis may also choose to hold class meetings to discuss student concerns or request that each class submit reports delineating areas that require attention. If any of these methods are 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 report of the independent student analysis. When reporting the results of the survey, please include information about the response rate for EACH class year for each campus and the overall response rate by campus. The draft document should be completed at or before the deadline for the school's individual self-study subcommittees to complete their respective reports. The final version of the report of the independent student analysis should be forwarded to the chair of the medical school self-study task force or the faculty accreditation lead of the school so that its findings can be incorporated into the medical school's self-study report, as appropriate.

The following guidelines are suggested for writing the independent student analysis:

- 1) Begin the independent student analysis with a description of the method(s) used to collect data or gather students' perspective. Include the response rate to any questionnaire (both by class year, by campus and overall) and, if applicable, the number of students who participated in discussions or focus groups.
- 2) It is helpful to begin with an executive summary that highlights the major findings. **The ISA document should contain an executive summary highlighting major findings of strengths and areas for improvement, a brief narrative summary of findings related to each topic covered by section (i.e., I. Student-Faculty Administrative Relationships; II. Learning Environment; III. Facilities; IV. Library and Information Technology Resources; V. Student Services; VI. Medical Education Program; and VII. Opportunities for Research and other Scholarly Activities and Service-Learning). Refer to data from the survey to document the major findings. should end with conclusions and recommendations.**

Note any recent changes (e.g., curriculum revisions or changes in student services) that may reflect differences in how each class has rated items in a particular topic area.

- 3) Include a quantitative summary (in numerical form) of student response data (in percentage) from the student survey in aggregate in total and by class as described in Appendix E. Please DO NOT SEND individual response data, but have it available for the team on-site. Do not include individual student comments, but comments that are representative of the responses from a large number of students may be included in the narrative as illustrations.

**APPENDIX D:  
Required Survey Questions for the Independent Student Analysis**

The CACMS Secretariat welcomes student feedback on the required questions provided in this Appendix regarding ways to improve the wording and topics that students feel should be included in the core survey.

You may revise the wording of the questions as needed to reflect the context of your school. Questions may be added to address other issues that may be of particular importance to the students in your medical school. It is recommended that you use the Likert-type scale to conform to that used in the AFMC GQ i.e., 1-5 with the following choices of anchor labeling; specify which system of anchor labeling (Disagree – Agree system, or Dissatisfied – Satisfied system, etc.) to use depending on the nature of the question. If you choose different anchor labeling for additional questions, you should ensure for consistency that ‘5’ always represents the most positive label. When rating the quality of an educational experience, please use the Poor – Excellent anchor labeling system. When the stem is a statement e.g., “The medical school (and its clinical affiliates for students in years 3 and 4) fosters a learning environment in which all individuals are treated with respect”, please use the Strongly Disagree – Strongly Agree anchors unless a Yes/No format is specified. If the stem is a single word or phrase i.e., not a complete sentence, use the Very Dissatisfied – Very Satisfied anchors.

- 1 = Very dissatisfied – Strongly disagree – Poor
- 2 = Dissatisfied – Disagree – Fair
- 3 = Neither dissatisfied nor satisfied – Neither disagree nor agree – Good
- 4 = Satisfied – Agree – Very good
- 5 = Very satisfied – Strongly agree – Excellent
- NA = Not applicable/No opportunity to assess/Did not use/Don’t know/Unsure

**I. STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS**

*Q 1-6 Reported under element 2.4*

**Office of Student Affairs/Student Support Services team**

1. Accessibility	1	2	3	4	5	NA
2. Responsiveness to student concerns	1	2	3	4	5	NA
3. Includes students on key medical school committees and working groups	1	2	3	4	5	NA

**Office of the Associate Dean Educational Program/Medical Education**

4. Accessibility	1	2	3	4	5	NA
5. Responsiveness to student concerns	1	2	3	4	5	NA
6. Includes students on key medical school committees and working groups	1	2	3	4	5	NA

## II. LEARNING ENVIRONMENT

### Q 7-9 Reported under element 3.6

7. I am familiar with the medical school's policy on student mistreatment.	yes	no				
8. I know how to report mistreatment.	yes	no				
9. I personally experienced mistreatment [described as any one of the following types: publically humiliated; threatened with physical harm; physically harmed; required to perform personal services, subjected to sexual offensive remarks, denied opportunities or rewards based solely on gender, received lower evaluations or grades solely based on gender, subjected to unwanted sexual advances, asked to exchange sexual favours for grades or other rewards, denied opportunities for training or rewards based solely on race or ethnicity, subjected to racially or ethically offensive remarks, received lower evaluations based on race or ethnicity, denied opportunities for training or rewards based solely on sexual orientation, subjected to offensive remarks/names based on sexual orientation, received lower evaluations or grades based on sexual orientation]	yes	no				

### Q 10-11 Reported under element 3.5

10. The medical school (and its clinical affiliates for students in years 3 and 4) fosters a learning environment in which all individuals are treated with respect	1	2	3	4	5	NA
11. The medical school (and its clinical affiliates for students in years 3 and 4) fosters a learning environment conducive to learning and to the professional development of medical students	1	2	3	4	5	NA

## III. FACILITIES

### Q 12-14 Reported under element 5.4

12. Adequacy of lecture halls and large group classroom facilities	1	2	3	4	5	NA
13. Adequacy of small group teaching spaces on campus	1	2	3	4	5	NA
14. Adequacy of space used for clinical skills teaching	1	2	3	4	5	NA

### Q 15 Reported under element 5.5

15. Adequacy of space in ambulatory care clinics (for students in years 3 and 4)	1	2	3	4	5	NA
--	---	---	---	---	---	----

### Q 16 Reported under element 5.6

16. Adequacy of education/teaching space at clinical facilities used for required learning experiences (for students in years 3 and 4)	1	2	3	4	5	NA
--	---	---	---	---	---	----

### Q17 Reported under element 5.7

17. Adequacy of safety and security at instructional sites	1	2	3	4	5	NA
--	---	---	---	---	---	----

### Q 18-22 reported under element 5.11

18. Adequacy of relaxation space at the medical school campus	1	2	3	4	5	NA
19. Adequacy of student study space at the medical school campus	1	2	3	4	5	NA

20. Access to secure storage space at the medical school campus	1	2	3	4	5	NA
21. Access to secure storage space at clinical teaching sites used for required learning experiences	1	2	3	4	5	NA
22. Adequacy of call rooms at clinical sites used for required clinical learning experiences.	1	2	3	4	5	NA

#### IV. LIBRARY AND INFORMATION TECHNOLOGY RESOURCES

##### Q 23-24 Reported under element 5.8

23. Ease of access to library resources and holdings	1	2	3	4	5	NA
24. Quality of library support and services	1	2	3	4	5	NA

##### Q 25 Reported under element 5.9

25. Ease of access to electronic learning materials	1	2	3	4	5	NA
---	---	---	---	---	---	----

##### Q 26-28 Reported under element 5.9

26. Adequacy of the wireless network in classrooms and study spaces at the medical school	1	2	3	4	5	NA
27. Adequacy of the number of electrical outlets in teaching and study space at the medical school	1	2	3	4	5	NA
28. Adequacy of audio-visual technology used to deliver educational sessions (e.g., lectures, academic half-days)	1	2	3	4	5	NA

##### Q 29 Reported under element 5.6

29. Access to information resources (computers and internet access) at clinical facilities used for required learning experiences (for students in years 3 and 4)	1	2	3	4	5	NA
---	---	---	---	---	---	----

#### V. STUDENT SERVICES

##### Q 30-31 Reported under element 12.4

30. Availability of student health services	1	2	3	4	5	NA
31. Availability of mental health services	1	2	3	4	5	NA

##### Q 32-34 Reported under element 12.3

32. Availability of personal counseling	1	2	3	4	5	NA
33. Confidentiality of personal counseling	1	2	3	4	5	NA
34. Availability of programs to support student well-being	1	2	3	4	5	NA

Q 35-37 Reported under element 11.2

35. Adequacy of career advising	1	2	3	4	5	NA
36. Confidentiality of career advising	1	2	3	4	5	NA
37. Adequacy of guidance on choosing electives	1	2	3	4	5	NA

Q 38-39 Reported under element 12.1

38. Adequacy of financial aid services and counseling	1	2	3	4	5	NA
39. Adequacy of debt management counseling	1	2	3	4	5	NA

Q 40 Reported under element 11.1

40. Adequacy of academic advising/counseling	1	2	3	4	5	NA
--	---	---	---	---	---	----

Q 41-42 Reported under element 12.6

41. Availability of supplemental student health insurance	1	2	3	4	5	NA
42. Availability of disability insurance	1	2	3	4	5	NA

Q 43-44 Reported under element 12.8

43. Adequacy of education about prevention of and exposure to infectious diseases (e.g. needle-stick procedures)	1	2	3	4	5	NA
44. I know what to do if I am exposed to an infectious or environmental hazard					Yes	No

**VI. MEDICAL EDUCATION PROGRAM**

Q 45 Reported under element 11.6

45. Access to student academic records	1	2	3	4	5	NA
--	---	---	---	---	---	----

Q 46-49 add to the DCI for element 8.5

46. Quality of the first year required learning experiences	1	2	3	4	5	NA
47. Quality of the second year required learning experiences	1	2	3	4	5	NA
48. Quality of the third year required clinical learning experiences	1	2	3	4	5	NA
49. Quality of the final year required learning experiences	1	2	3	4	5	NA

Q 50 Reported under element 8.4 - for students in year 3 and 4 only

50. Effectiveness of the first and second year as preparation for clinical learning involving patient care	1	2	3	4	5	NA
--	---	---	---	---	---	----

Q 51-52 Reported under element 8.8

51. Time spent in educational activities in the first and second years	1	2	3	4	5	NA
52. Time spent in educational activities and patient care activities for students in third and fourth year	1	2	3	4	5	NA

Q 53 Reported under element 7.6

53. Adequacy of education in caring for patients from different backgrounds (for students of all levels)	1	2	3	4	5	NA
--	---	---	---	---	---	----

Q 54-55 Reported under element 9.4

54. A faculty member or a resident observed me at some point during the time I was taking a patient's history in each of the following required clinical learning experiences:

• Emergency Medicine	Yes	No	N/A
• Family Medicine	Yes	No	N/A
• Internal Medicine	Yes	No	N/A
• Obstetrics-Gynecology	Yes	No	N/A
• Pediatrics	Yes	No	N/A
• Psychiatry	Yes	No	N/A
• Surgery	Yes	No	N/A

55. A faculty member or a resident observed me at some point during the time I was performing a physical examination (for psychiatry- a mental status examination) in each of the following required clinical learning experiences:

• Emergency Medicine	Yes	No	N/A
• Family Medicine	Yes	No	N/A
• Internal Medicine	Yes	No	N/A
• Obstetrics-Gynecology	Yes	No	N/A
• Pediatrics	Yes	No	N/A
• Psychiatry	Yes	No	N/A
• Surgery	Yes	No	N/A

Q 56-57 Reported under element 9.7

56. Amount and quality of formative feedback in the first and second years	1	2	3	4	5	NA
57. Amount and quality of formative feedback in the third and fourth years	1	2	3	4	5	NA

Q 58 Reported under element 9.7

58. I received mid-point feedback in each of the following required clinical learning experiences:

• Emergency Medicine	Yes	No	N/A
• Family Medicine	Yes	No	N/A
• Internal Medicine	Yes	No	N/A
• Obstetrics-Gynecology	Yes	No	N/A
• Pediatrics	Yes	No	N/A
• Psychiatry	Yes	No	N/A
• Surgery	Yes	No	N/A

Q 59 Reported under element 5.5

59. I had sufficient access to the variety of patients and procedures in each of the following required clinical experiences to complete my encounter log

• Emergency Medicine	Yes	No	N/A
• Family Medicine	Yes	No	N/A
• Internal Medicine	Yes	No	N/A
• Obstetrics-Gynecology	Yes	No	N/A
• Pediatrics	Yes	No	N/A
• Psychiatry	Yes	No	N/A
• Surgery	Yes	No	N/A

**VII. Opportunities for Research and other Scholarly Activities, and Service-Learning**

Q 60 Reported under element 6.6

60. I have participated in a service-learning activity when I was a student in the MD program:

Yes	No, I plan to participate later
	No, I am/was not interested
	No, opportunity was not available
	No, other reason

Q 61 Reported under element 3.2

61. I have participated in research or other scholarly activities with a faculty member when I was a student in the MD program:

Yes	No, I plan to participate later
	No, I am/was not interested
	No, opportunity was not available
	No, other reason

**APPENDIX E:  
Sample Reporting of Results: Tables in the Independent Student Analysis Report**

For questions using the satisfaction or agreement scales report the following data:

E.g., Adequacy of the wireless network in classrooms and study spaces at the medical school

*Format: Percentage responding (%)*

Medical school year	Very dissatisfied + Dissatisfied (%)	Neither dissatisfied nor satisfied (%)	Satisfied + Very satisfied (%)	N/A Not applicable Did not use Don't know Unsure (%)
Y1				
Y2				
Y3				
Y4				
Total				

Provide separate tables for each campus

Quality Questions e.g., Quality of the first year required learning Experiences

*Format: Percentage responding (%)*

Medical school year	Poor + Fair (%)	Good + Very good + Excellent (%)	N/A (%)
Y1			
Y2			
Y3			
Y4			
Total			

Provide separate tables for each campus

For questions on Research and other scholarly activities and Service- learning report the following data:

Table 6.6-1 | Service-learning

Source: ISA

Provide data from the independent student analysis (ISA), by curriculum year, on the percentage of respondents that agreed with the following statements about their access to opportunities to participate in a service-learning activity. If available, provide medical school administrative data in an additional table.

Campus		School %			
		Year 1	Year 2	Year 3	Year 4
	There were opportunities to participate in a service-learning activity				
	I have participated in a service-learning activity when I was a student in the MD program				
	I did not participate – I plan to participate later				
	I did not participate – I was not interested				
	I did not participate – no opportunity was available				
	I did not participate – other reason				