



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

**ROLE OF STUDENTS IN CACMS ACCREDITATION VISITS  
AND  
GUIDE TO THE INDEPENDENT STUDENT ANALYSIS**

**For schools with visits in academic year 2021-2022**

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Role of Students in CACMS Accreditation and Guide to the Independent Student Analysis  
For medical education programs leading to the M.D. Degree

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## **GENERAL STEPS IN THE ACCREDITATION PROCESS**

The general steps in the accreditation process are as follows:

1. Completion of a Data Collection Instrument (DCI)
2. Completion of an Independent Student Analysis (ISA)
3. Completion of a Medical School Self-Study (MSS)
4. Visit by an *ad hoc* site visit team on behalf of the CACMS and the LCME
5. Action on accreditation by the CACMS and LCME.

Specific information on the DCI, the MSS, and the conduct of an accreditation visit can be found respectively in the following documents: Data Collection Instrument, Guide to the Medical School Self-Study, and Guide for CACMS Accreditation Site Visits. These documents are available on the CACMS website.

**The current document provides information on the Role of Students in CACMS Accreditation visits and includes a Guide to the Independent Student Analysis.** Students play a very prominent role in the accreditation process. See Appendix A for a summary of frequently asked questions about accreditation.

Students are encouraged to contact the CACMS Secretariat at any time via email or telephone, and to attend the preparation sessions available to schools with upcoming visits. These sessions provide general information about accreditation and the self-study process and give participants an opportunity to discuss specific issues with members of the Secretariat. Designated school personnel will automatically receive invitations to these events.

## **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. CACMS members comprise medical educators, medical school leaders, medical practitioners, medical students, and representatives of the public.

CACMS accreditation serves the important purpose of assuring the public, government agencies, and professional groups that the educational program is effective, of high quality, and ensures student well-being and student and patient safety. Medical education programs are typically reviewed by the CACMS every eight years. A list of accredited medical schools can be found on the CACMS website.

## **THE ACCREDITATION PROCESS**

### **A. Preparing for Accreditation**

Once the site visit date has been set, about 18 months prior to the visit, the medical school dean will appoint a faculty accreditation lead to oversee all accreditation activities. Student leadership should meet with the dean, the faculty accreditation lead, or both, at the beginning of the process to discuss how best to organize their efforts to collect information and participate in the accreditation review.

Various documents with information about medical school accreditation are available from the CACMS website (e.g., *CACMS Standards and Elements*, *Guide to the Medical School Self-Study*, *Guide for CACMS Accreditation Visits*). Students are encouraged to network with students from other schools who might be knowledgeable about the process or may be involved in national medical student organizations such as the Fédération médicale étudiante du

Québec (FMEQ) and the Canadian Federation of Medical Students (CFMS). Students can also attend accreditation workshops at annual meetings of the Canadian Conference on Medical Education. The CACMS Secretariat is available to support students during the accreditation process.

## **B. Completion of Documents**

### **i. The Data Collection Instrument (DCI)**

The DCI is a questionnaire that includes requests for information for each element of the 12 accreditation standards. **Students are not directly involved with the completion of the DCI.** However, the final DCI will include data from the ISA and from the AFMC Medical School Graduation Questionnaire (AFMC GQ), a survey completed by graduating medical students.

### **ii. The Medical School Self-Study (MSS)**

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 self-study is managed by a steering committee, with subcommittees formed to review and analyze data, including ISA data, for each of the 12 accreditation standards. Students will be appointed to the self-study steering committee and to appropriate subcommittees. 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).

About six months before the site visit takes place, the subcommittees will report their findings to the steering committee, which will create a final, comprehensive self-study report on each accreditation element.

See the *Guide to the Medical School Self-Study* on the CACMS website for more information on the MSS.

### **iii. The Independent Student Analysis (ISA)**

See the “Guide to the Independent Student Analysis”, Appendix B of this document.

## **C. The Site Visit**

The CACMS Secretariat will appoint a site visit team consisting of five to six members coming from a variety of backgrounds (e.g., deans, associate deans of curriculum and student affairs, medical educators, experts in faculty affairs) and include, wherever possible, a medical student. Site visit team members review the completed DCI, the final MSS report, and the ISA report, and develop a preliminary assessment of the program before arriving at the school for the site visit.

A sample schedule for a full accreditation site visit can be found in the *Guide for CACMS Accreditation Visits* available from the CACMS website. 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. Team members frequently inspect educational and student facilities on campuses and at major clinical sites, with students serving as guides for these tours. During all these discussions, the team will be gathering information, clarifying the data it has already received, and making assessments of how well the medical education program complies with accreditation standards and elements. In particular, the team will explore issues identified in the ISA and the GQ data in the DCI; for those reasons, it is helpful if students are familiar with data from the ISA and the GQ.

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, and not just student leaders. When possible, each session should include one or more students who were responsible for managing the ISA and are therefore highly knowledgeable about it. 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 a single source (student, faculty member, or dean).

At the end of the visit, the team will give a summary of its findings to the medical school dean and to the chief executive of the university.

#### **D. CACMS Review of the Site Visit Report**

The CACMS will review the site visit report and render decisions on the medical education program's compliance with accreditation standards and elements; the CACMS and LCME determine the program accreditation status and the required follow-up activities. 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 and LCME would, in most circumstances, give the program an opportunity to correct them.

## **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 Accreditation Documents 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.

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, 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 15 voting members of the CACMS are medical students. Two additional student members also serve on the committee. 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 C in the current document 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 D 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, collecting and analyzing the data.

- ❖ 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: GUIDE TO THE INDEPENDENT STUDENT ANALYSIS (ISA)

The process for creating the ISA 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.

The ISA survey needs to be administered to all enrolled students in order to develop a comprehensive picture of students' perceptions of their medical education program. Appendix C contains the questions that must be included in the survey; minor revisions may be made to suit the context of the school (for example, titles or office names). Additional questions may be added, keeping in mind that these will add to the analysis work. The survey should have space for students to add comments. ***It is also recommended to customize the survey to ensure that students only have to respond to questions of relevance to their level of training, thus keeping the questionnaire shorter and increasing response rate (for example: questions pertaining to clinical rotations not relevant for first year students be omitted on the survey distributed to first year students).***

Logistical support can be provided by the medical school to students (e.g., placing the survey on electronic platform, delivery of the survey, data collection, statistical analysis, etc.). Technical advice (e.g., for the development of additional questions) can also be provided as long as it remains independent of faculty. The interpretation of survey data and the preparation of the report of the ISA must be done exclusively by students. 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 analysis. It is imperative that the work be distributed amongst the student members so that no individual student's academic program is compromised. Appendix C of this guide outlines some logistical considerations related to the collection and reporting of data for the ISA.

An effective ISA will be based on extensive data from the entire student body. A high response rate to the survey is critical for the credibility of the data. The students responsible for the ISA need to inform the student body about the importance of participating in the survey and the seriousness with which the site visit 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 may be used to enhance participation.

Survey raw data must be provided to the school's self-study steering committee as soon as they become available so that the DCI can be completed and the subcommittees can perform their work. Students concurrently perform their own data interpretation, data summary, and an analysis of student perceptions of the program's strengths and achievements and areas for improvement. In addition to the actual data, the student leadership submit a report (ISA 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, and summarizes the key findings and conclusions based on the survey data.

Appendix D provides suggestions of how to report student response 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 several campuses, 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 (satisfied/strongly satisfied) in aggregate and the percentage that choose one of (Did not use/Don't know/No Opinion/Have not done yet. 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 ISA final report must be made available to the self-study steering committee no later than six months before the site visit so that students' perspective can be fully incorporated into the final report of the Medical School Self-Study.

The following guidelines are suggested for writing the ISA report:

- 1) Begin the ISA 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).
- 2) Highlight in an executive summary. i) major findings of strengths and areas for improvement, ii) 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 iii) end with conclusions and recommendations. Refer to data from the survey to document the major findings.

N.B. 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 percentages) from the student survey in aggregate, in total and by class as described in Appendix D. Please **DO NOT SEND** individual response data. 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 C:  
Required Survey Questions for the Independent Student Analysis**

If necessary, you may revise the wording of the questions to match the titles or services as needed to reflect the context of your school.

Please use the Likert-type scale provided for questions.

VD = Very dissatisfied or SD = Strongly disagree  
D = Dissatisfied or D = Disagree  
S = Satisfied or A = Agree  
VS = Very satisfied or SA = Strongly Agree

Definitions as they appear in the Lexicon for CACMS Standards and Elements

Required learning experience	An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student’s transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student’s choosing.
Required clinical learning experience	A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.

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

*Q 1-6 Reported under element 2.4*

<b>Office of Student Affairs/Student Support Services team</b>						
1	Accessibility	VD	D	S	VS	Did not use
2	Responsiveness to student problems	VD	D	S	VS	Don’t know
3	Includes students on key medical school committees and working groups	VD	D	S	VS	Don’t know
<b>Office of the Associate Dean Educational Program / Medical Education</b>						
4	Accessibility	VD	D	S	VS	Did not use
5	Responsiveness to student problems	VD	D	S	VS	Don’t know
6	Includes students on key medical school committee and working groups	VD	D	S	VS	Don’t know

**II. LEARNING ENVIRONMENT**

*Q 7-9 Reported under element 3.6*

7	I am aware that my school has policies regarding the mistreatment of medical students.	Yes	No
8	a. I know how to report mistreatment.	Yes	No
	b. I am comfortable to report instances of harassment or abuse	Yes	No
9	I personally experienced mistreatment [described as any one of the following types: publicly humiliated; threatened with physical harm; physically harmed; required to perform personal services, subjected to offensive, sexist remarks/names, denied opportunities or rewards based on gender,	Yes	No

	received lower evaluations or grades 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 on race or ethnicity, subjected to racially or ethnically offensive remarks/names, received lower evaluations or grades solely because of race or ethnicity rather than performance, 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 rather than performance. ]		
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*Q 10-11 Reported under element 3.4*

10	a. The medical school fosters a learning environment in which all individuals are treated with respect	SD	D	A	SA
	b. The medical school's clinical affiliates foster a learning environment in which all individuals are treated with respect	SD	D	A	SA
11	a. The medical school fosters a learning environment conducive to learning and to the professional development of medical students	SD	D	A	SA
	b. The medical school's clinical affiliates foster a learning environment conducive to learning and to the professional development of medical students	SD	D	A	SA

**III. FACILITIES**

*Q 12-14 Reported under element 5.4*

12	Adequacy of lecture halls and large group classroom facilities	VD	D	S	VS
13	Adequacy of small group teaching spaces on campus	VD	D	S	VS
14	Adequacy of space used for clinical skills teaching	VD	D	S	VS

*Q 15 Reported under element 5.5*

15	Adequacy of space in ambulatory care clinics	VD	D	S	VS
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*Q 16 Reported under element 5.6*

16	Adequacy of education/teaching space at clinical facilities used for required learning experiences	VD	D	S	VS
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*Q17 Reported under element 5.7*

17	Adequacy of safety and security at instructional sites	VD	D	S	VS	No opinion
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*Q 18-22 reported under element 5.11*

18	Availability of relaxation space at the medical school campus	VD	D	S	VS	Did not use
19	Adequacy of student study space at the medical	VD	D	S	VS	Did not

	school campus					use
20	Access to secure storage space at the medical school campus	VD	D	S	VS	Did not use
21	Access to secure storage space at clinical teaching sites used for required learning experiences	VD	D	S	VS	Did not use
22	Adequacy of call rooms at clinical sites used for required clinical learning experiences	VD	D	S	VS	Did not use

#### IV. LIBRARY AND INFORMATION TECHNOLOGY RESOURCES

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

23	Ease of access to library resources and holdings (includes virtual access on and off campus)	VD	D	S	VS	
24	Quality of library support and services	VD	D	S	VS	Did not use

##### Q 25 Reported under element 5.9

25	Ease of access to electronic learning materials	VD	D	S	VS	
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##### Q 26-28 Reported under element 5.9

26	Adequacy of the wireless network in classrooms and study spaces at the medical school	VD	D	S	VS	
27	Adequacy of the number of electrical outlets in classrooms and study space at the medical school	VD	D	S	VS	
28	Adequacy of audio-visual technology used to deliver educational sessions (e.g., lectures, academic half-days)	VD	D	S	VS	

##### Q 29 Reported under element 5.6

29	Access to information resources (computers and internet access) at clinical facilities used for required learning experiences	VD	D	S	VS	
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#### V. STUDENT SERVICES

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

30	Availability of student health services	VD	D	S	VS	No opinion
31	Availability of mental health services	VD	D	S	VS	No opinion

Q 32-34 Reported under element 12.3

32	Availability of personal counseling	VD	D	S	VS	No opinion
33	Confidentiality of personal counseling	VD	D	S	VS	Did not use
34	Availability of programs to support student well-being	VD	D	S	VS	No opinion

Q 35-37 Reported under element 11.2

35	Adequacy of career advising	VD	D	S	VS	
36	Confidentiality of career advising	VD	D	S	VS	Did not use
37	Guidance when choosing electives	VD	D	S	VS	

Q 38-39 Reported under element 12.1

38	Financial aid services	VD	D	S	VS	Did not use
39	Debt management counseling	VD	D	S	VS	Did not use

Q 40 Reported under element 11.1

40	Adequacy of academic advising/counseling	VD	D	S	VS	Did not use
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Q 41-42 Reported under element 12.8

41	Adequacy of education about exposure to and prevention of infectious diseases (e.g. needle-stick injury procedures)	VD	D	S	VS	
42	I know what to do if I am exposed to an infectious or environmental hazard				Yes	No

**VI. MEDICAL EDUCATION PROGRAM**

Q 43 Reported under element 11.6

43	Access to educational records	VD	D	S	VS	Did not use
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Q 44 Reported under element 8.4 - for students in years 2, 3 and 4 if applicable

44	Effectiveness of the pre-clinical learning experiences as preparation for clinical learning involving patient care	VD	D	S	VS	Have not done yet
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Q 45-46 Reported under element 8.8

45	Time spent in educational activities in the required non-clinical learning experiences of the curriculum	VD	D	S	VS	
46	Time spent in educational activities and patient care activities in the required clinical learning experiences	VD	D	S	VS	Have not done yet

Q 47 Reported under element 7.6

47	a. Adequacy of education in caring for individuals from diverse backgrounds	VD	D	S	VS	No opinion
	b. Adequacy of education in recognizing the needs of the Indigenous peoples of Canada	VD	D	S	VS	No opinion

Q 48-49 Reported under element 9.4

48	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	Have not done yet		
	Family Medicine	Yes	No	Have not done yet		
	Internal Medicine	Yes	No	Have not done yet		
	Obstetrics-Gynecology	Yes	No	Have not done yet		
	Pediatrics	Yes	No	Have not done yet		
	Psychiatry	Yes	No	Have not done yet		
	Surgery	Yes	No	Have not done yet		

49	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	Have not done yet
	Family Medicine	Yes	No	Have not done yet
	Internal Medicine	Yes	No	Have not done yet
	Obstetrics-Gynecology	Yes	No	Have not done yet
	Pediatrics	Yes	No	Have not done yet
	Psychiatry	Yes	No	Have not done yet
	Surgery	Yes	No	Have not done yet

Q 50-51 Reported under element 9.7

50	Amount and quality of formative feedback received in					
	a) Year 1	VD	D	S	VS	
	b) Year 2	VD	D	S	VS	Have not done yet
51	a) Year 3	VD	D	S	VS	Have not done yet
	b) Year 4 (if applicable)	VD	D	S	VS	Have not done yet

Q 52 Reported under element 9.7

52	I received mid-point feedback in each of the following required clinical learning experiences:			
	Emergency Medicine	Yes	No	Have not done yet
	Family Medicine	Yes	No	Have not done yet
	Internal Medicine	Yes	No	Have not done yet
	Obstetrics-Gynecology	Yes	No	Have not done yet
	Pediatrics	Yes	No	Have not done yet
	Psychiatry	Yes	No	Have not done yet
	Surgery	Yes	No	Have not done yet

Q 53 Reported under element 5.5

53	I had sufficient access to the variety of patients and procedures in each of the following required clinical learning experiences to complete my encounter log			
	Emergency Medicine	Yes	No	Have not done yet
	Family Medicine	Yes	No	Have not done yet
	Internal Medicine	Yes	No	Have not done yet
	Obstetrics-Gynecology	Yes	No	Have not done yet
	Pediatrics	Yes	No	Have not done yet
	Psychiatry	Yes	No	Have not done yet
	Surgery	Yes	No	Have not done yet

*Q 54-56 Reported under element 6.4.1*

54	The curriculum provided broad exposure to and experience in generalist care	Yes	No	Don't Know
55	The curriculum provided broad exposure to and experience in comprehensive family medicine	Yes	No	Don't know
56	My clinical learning experiences (required and elective combined) took place in more than one setting ranging from small rural or underserved communities to tertiary care health centres	Yes	No	Have not done yet

*Q 57 Reported under element 9.10*

57	I know that my medical school requires me to report situations in which my personal health poses a risk of harm to patients.	Yes	No	
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**VII. Opportunities for Research and other Scholarly Activities, and Service-Learning**

*Q 58 Reported under element 6.6*

58	I have participated in a service-learning activity as 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 59 Reported under element 3.2*

59	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 interest
			No opportunity
			No, other reason

**APPENDIX D:  
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 (%)	Satisfied + Very satisfied (%)	Did not use Don't know No opinion Have not done yet (%)
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. If available, provide medical school administrative data in an additional table.					
Campus		School %			
		Year 1	Year 2	Year 3	Year 4
	I have participated in a service-learning activity as a student in the MD program				
	No – I plan to participate later				
	No – I was not interested				
	No – opportunity was not available				
	No – other reason				