



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

**SITE VISIT REPORT GUIDE**

**FOR MEDICAL EDUCATION PROGRAMS  
LEADING TO THE M.D. DEGREE**

**FOR FULL ACCREDITATION SITE VISITS  
(Published March 2019)**

For further information, contact:  
CACMS Secretariat  
Committee on Accreditation of Canadian Medical Schools  
2733 Lancaster Rd, 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://cacms-cafmc.ca/>

Site Visit Report Guide

©Copyright March 2019 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 CONTENT

<b>ASSISTANCE FROM THE CACMS SECRETARIAT .....</b>	<b>3</b>
<b>PREPARATION FOR THE SITE VISIT .....</b>	<b>3</b>
<b>SITE VISIT TEAM REPORT OVERVIEW .....</b>	<b>3</b>
<b>SITE VISIT TEAM EVALUATION OF ELEMENTS .....</b>	<b>4</b>
A. Instructions.....	4
B. Rating the Element.....	4
C. Evidence to support the rating .....	5
D. Completing the element rating tables, summary of findings and element rating summary table.....	5
E. Exit conference with the dean.....	6
F. Preparation of the final site visit report.....	7
<b>COMPONENTS OF THE SITE VISIT TEAM REPORT .....</b>	<b>8</b>
1. Title page .....	8
2. Table of contents.....	8
3. Memorandum.....	8
4. Site Visit team composition .....	8
5. Acknowledgement .....	8
6. Disclaimer.....	9
7. Final site visit team element rating summary table.....	9
8. Summary of site visit team findings .....	10
9. History of the school.....	10
10. Accreditation history of the school .....	10
11. Curriculum description .....	10
12. Key parameters overview summary table.....	11
13. Evaluation of the DCI.....	11
14. Evaluation of the MSS.....	11
15. Evaluation of the ISA.....	12
16. Evaluation of elements by standard .....	12
17. Core Appendix of the site visit report.....	12
<b>Element Evaluation Forms Standards 1-12 (Separate files)</b>	
<b>Appendix A Element Rating Summary Table .....</b>	<b>13</b>
<b>Appendix B Site Visit Report Core Appendix .....</b>	<b>14</b>

## **ASSISTANCE FROM THE CACMS SECRETARIAT**

Site visit team members are encouraged to attend the preparation sessions available to team members scheduled for upcoming visits. These include an individual site visit team “Secretariat Call” to assist the team in preparing for the visit, and an annual preparation session at the Canadian Conference on Medical Education (CCME). These sessions provide general information about accreditation, updates on new procedures or changes to *CACMS Standards and Elements* and give participants an opportunity to discuss specific issues with members of the Secretariat. Designated site visit team members will automatically receive invitations to these events. Site visit team secretaries and chairs are encouraged to contact the CACMS Secretariat by email or phone, before, during and after the visit for assistance with questions or problems as they arise.

## **PREPARATION FOR THE SITE VISIT**

The team secretary will inform team members of their assigned elements, and discuss the process of element evaluation. Minimally, each team member should review the Medical School Self-Study Evaluation forms, and the DCI data, narrative responses and appendices for the elements to which they have been assigned. The relevant questions from the AFMC Graduation Questionnaire (AFMC GQ) and the ISA pertaining to a specific element are provided in the DCI for that element. The school is not required to submit the narrative component of the Graduation Questionnaire. Prior to the visit, following the instructions provided in this guide, team members should complete in draft form the evaluation of elements and summary of findings specifically assigned to them based on the documentation provided by the school. Team members should contact the team secretary if additional information is needed from the school to permit the evaluation of an element. During and after the site visit, the element evaluation forms should be revised as appropriate based on any new information and discussions with the relevant individuals during the visit. If not submitted by the end of the site visit, the final element rating table and element evaluation rating forms are sent to the team secretary within 7-10 days after the visit. The team must use this guide when evaluating the elements assigned to them. The team secretary must use the site visit report template included in this guide, and the tables provided by the CACMS Secretariat, to ensure consistency across site visit reports.

## **SITE VISIT REPORT OVERVIEW**

The report of an accreditation visit is the formal record of the team’s findings related to the elements of accreditation standards. It serves as the primary source of information for accreditation decisions by the CACMS and the LCME. Team members will have reviewed the school’s material before the visit. Updates or corrections made to the DCI after the accreditation package has been submitted (3 months before the visit) will be bundled and sent to the team so that they may be incorporated into the visit schedule. The team may also request information from the school if the information in the DCI is incomplete or unclear. While on site, the team may also review additional information, such as the self-study subcommittee reports and other relevant documentation.

Each site visit team member must take the utmost care to ensure that all element ratings are fully explained and documented, and that all the assigned elements are evaluated. The site visit report is based on information contained in the DCI, information updates provided to the team and discussions with medical school representatives during the visit.

There may be cases in which the self-study may not accurately portray prevailing circumstances or may express greater optimism about the existing state of affairs than seems evident to the team. Team members should validate the information in the DCI and the bases of conclusions drawn by the MSS Task Force. Because some of this information may have been compiled as long as a year before the

accreditation visit, it is important to note whether major areas of concern have been addressed and whether any new concerns recently have emerged.

## **SITE VISIT TEAM EVALUATION OF ELEMENTS**

### **A. INSTRUCTIONS**

The element evaluation forms are linked directly to CACMS accreditation standards contained in *CACMS Standards and Elements (AY 2020-2021 published March 2019)*. Under each element, a series of statements describe the requirements for achieving satisfaction with the element. Each team member should review and analyze the MSS Element Evaluation forms, and the DCI data, narrative responses and appendices for the elements to which they have been assigned. The relevant questions from the AFMC Graduation Questionnaire (AFMC GQ), and the ISA pertaining to a specific element are provided in the DCI for that element. Team members should also read the ISA Summary to identify concerns of the students that are relevant to the elements to which they have been assigned. If the school operates more than one campus, an analysis of the circumstances at these sites needs to be considered when relevant in the evaluation of whether the requirements are being met. The data for all campuses are provided in the DCI for relevant elements. Team members should complete the element evaluation forms in draft form before the site visit and revise the forms as appropriate based on new information provided and discussions with relevant individuals at the time of the site visit. After rating each element for the standards to which they have been assigned, the team member should complete the element rating table and create the summary of findings (described in section D) both of which appear at the beginning of the evaluation forms for each standard. The first drafts of the rating table and the summary of findings for each standard should be sent to the team secretary who can then complete the first draft of the Site Visit Team Element Rating Summary Table and Summary of Site Visit Team Findings before the visit. It is expected that the team collectively reviews all element evaluation forms completed by each team member and comes to consensus on the final rating and rationale. If consensus cannot be reached, differing points of view should be provided in the comment field.

### **B. RATING THE ELEMENTS**

Based on the evaluation of the elements described above, the team member rates the element as one of the following:

1. Satisfactory (S):  
All the requirement statements are being met by the school;
2. Satisfactory with a need for Monitoring (SM)
  - a) the medical school currently meets the requirement statements e.g., has the required policy, process, resource, or system in place, however there is insufficient outcome data demonstrating that it is effective, OR
  - b) the medical school currently meets the requirement statements of the element, however known circumstances exist that may cause the medical school not to meet the requirements of the element;
3. Unsatisfactory (U)  
One or more of the requirement statements are not being met by the school

The team member should also review the accreditation history table (provided by the CACMS Secretariat) and if an element rated as Unsatisfactory or Satisfactory requiring Monitoring was rated as Unsatisfactory, Satisfactory requiring Monitoring at the time of the last full visit or anytime during the intervening period, this should be noted in the comment field for the element and the finding for this element.

## C. EVIDENCE TO SUPPORT THE RATING

Evidence to support the rating is provided in a comment field following the element rating. **A comment must be provided for each requirement statement** that includes specific data from the DCI, or refer to documents in the Core Appendix of the Site Visit Report. If the necessary documentation (e.g., an update provided by the school) is not present in the Core Appendix, provide the document in the Supplemental Appendix to the site visit report (Supplemental Appendix is created by the Team) and refer to the document by Supplemental Appendix number (do not use hyperlinks or urls). **Remember that the CACMS does not have access to the DCI**; the site visit report needs to stand by itself and include all documentation necessary for the CACMS to make a decision on elements and standards. Ensure that documentation is explicit, specific and objective (i.e. use numerical or percentage data rather than adjectives such as low, moderate, acceptable, large majority, etc.)

If the team reviewed a policy that is not included in the Core Appendix and the team found the policy to be adequate, there is no need to include the policy in the Supplemental Appendix. The evaluation form should summarize that the policy was reviewed and contains the necessary components. If on the other hand, the team rated an element as satisfactory but was not certain that the policy or process met the requirement of the element, then the policy or description of the process must be provided in the Supplemental Appendix. **In general, the comment field for each element should be approximately one-half page in length.** Make note of any circumstances specific to the medical school that was considered in determining the rating. In the event that a consensus cannot be reached on the element rating, differing viewpoints should be included.

i) Elements rated as Satisfactory (S).

**A comment must be made about each requirement.** The comment field will provide evidence that the school is meeting each requirement statement supported by data from the DCI or reference to an appendix or discussions during the visit.

ii) Elements rated as Satisfactory with a need for Monitoring (SM)

**A comment must be made about each requirement.** The comment field will provide evidence that the school has only recently met the requirements of the element or known circumstances exist that may cause the medical school not to meet the requirements of the element.

iii) Elements rated as Unsatisfactory (U)

**A comment must be made about each requirement** i.e., those that the school is meeting as well as those that are not being met. The comment field will show that the school is not meeting one or more of the requirement statements.

## D. COMPLETING THE ELEMENT RATING TABLES, SUMMARY OF FINDINGS AND ELEMENT RATING SUMMARY TABLE

After rating all the constituent elements in a standard, the team member completes the Element Rating Table for the standard. For each standard a list of findings is created for elements rated either as SM or U.

Findings Statements

Unsatisfactory

The second page of the Site Visit Team Element Evaluation Forms for each standard is a Findings Summary table. The elements are listed with their short titles with a row for a finding. Delete the names of all elements that were rated as satisfactory. For elements rated as Unsatisfactory (U),

copy the statement(s) in the comment field under the element (on the element evaluation form) that is not currently being met by the school. In the example provided (Section F.8 below), the statement 4.4 a in the comment field was copied and pasted into the Findings Summary for Standard 4 Element 4.4. Because this element was rated as Unsatisfactory at the time of the last full visit, a note to this effect was added at the end of the finding statement.

#### Satisfactory with a need for Monitoring

For elements rated as Satisfactory with a need for Monitoring (SM), copy the requirement statement from the comment box under the element on the element evaluation form that has only recently been met and therefore requires monitoring. For the example (Section F.8 below), Timely Formative Assessment and Feedback, statement 9.7 c from the comment box was copied and pasted into the finding (row) for element 9.7. Since this is a new finding there is no reference to a previous area of Unsatisfactory or Satisfactory with monitoring since the time of the last full visit.

As described previously, each team member should send the first draft of the element rating table and summary of findings by standard for elements with a preliminary rating of SM and U to the team secretary before the site visit. The findings should be listed in numeric order. For a standard where all the elements have been rated as Satisfactory, no summary of findings is needed. *The team member should also send any positive observations they have identified related to the elements they evaluated, and from a review of the ISA.* The team member should revise the summary of findings and positive observations based on new documentation and discussions with relevant individuals at the time of the visit and provide the revised versions to the team secretary before the exit conference.

The team secretary will complete the first draft of the Site Visit Team Element Rating Summary Table and will compile the Site Visit Team Summary of Findings for all 12 standards as well as a preliminary list of positive observations before the site visit. The team will work from these draft documents during the site visit. All team members share responsibility for reviewing all of the element evaluations and ratings so that the final report reflects the collective judgment of the team. It is expected that individual team members will discuss difficulties they have in evaluating certain elements with the entire team to arrive at the most informed decision.

### **E. EXIT CONFERENCE WITH THE DEAN**

At the end of the site visit, the team secretary will update the Team's Summary of Findings for each element and the team's positive observations prior to the exit conference with the dean. The findings will be organized by elements of the *CACMS Standards and Elements*. The team meets with the dean and any other individuals of his or her choosing. If the dean agrees, the university president or delegate may also attend this session. If not, a second conference following the exit conference with the dean will be held at which the university official joins the dean. The conduct of both sessions will be the same. The team will share with the dean the team's positive observations about the medical education program and provide a copy of the Summary of Findings to the dean during the exit conference. The ratings of the elements reported in the Summary of Findings will not be included in the document. The chair will advise the dean and the university chief executive that the team findings may be modified before the site visit report is finalized and are subject to modification by the CACMS. With the exception of answering questions about the review process leading to the final site visit report, no other questions can be answered by the team e.g., speculation about the decisions that may be made by the CACMS regarding compliance with standards, the accreditation status of the medical school or any required follow-up. Lastly the team should not engage in debate about ratings assigned to any of the elements.

## **F. PREPARATION OF THE FINAL SITE VISIT REPORT**

The team secretary is expected to compile the draft site visit report shortly after the visit (maximum two weeks). If important areas have been omitted from a team member's element evaluation form, it is the team secretary's responsibility either to contact that member for additional details or to supply the missing content. The team secretary should carefully proofread the draft report to correct typographical, grammatical, and punctuation errors; at a minimum, the report should be spell-checked before the draft report is submitted for review as described below.

This guide lists information and tables that are to be included in the report. Most of these will be inserted by the CACMS Secretariat. The Standard 1 Overview Table 1.0-1 will be completed by the AFMC and provided to the medical school for verification. Subsequently the data will be provided to the CACMS Secretariat who will insert the table into the Draft Site Visit Report and provide it to the team secretary approximately three months prior to the site visit.

Team members and the team secretary must include additional essential material in the Supplemental Appendix only when required as evidence for the element ratings they provided (see Section C above in this guide). A Table of Contents for the Supplemental Appendix should be included at the beginning of the Supplemental Appendix and the pages numbered consecutively from S-1 to S-n (final page number of the Supplemental Appendix). The documents should be in order by standard and element number.

It is essential that the team secretary ensure that the Site Visit Team Element Summary Table (all standards) is accurate with respect to element ratings within the report and to ensure that all findings are well documented in the element evaluation pages by referring to documents in the Core Appendix and/or the Supplemental Appendix to the site visit report. The team secretary should edit the element evaluation pages for the propriety of any attributions of comments made during the site visit to individual faculty members, administrators, or students. Although the comments of individuals who met with the team may be important for documentation, citation of the source of such specific comments in the report is to be avoided.

The draft version of the report should be sent to the team for review and a request for identification of errors or suggested changes. The draft is then sent by the team secretary to the CACMS Secretariat office for a preliminary review to verify that the report is complete and adequately documents the team's findings. It is then returned to the team secretary who, in consultation with the team, will produce the draft that is sent to the CACMS Secretariat. The CACMS Secretariat will send the draft site visit report to the dean for review. During its review of the draft site visit report, the medical school should take great care in verifying that the information contained in the report is factually correct for the time during which the site visit took place. No new information will be considered for the report after the team concludes the visit. The dean will have 10 business days to respond to the draft report in writing (in hard copy and/or electronic format) with areas he or she believes contains errors of fact or concerns about the "tone" of the report. Information provided as part of the dean's response must be referenced to information contained in the DCI, the MSS Report, the ISA or provided to the team during the site visit and must refer to the time of the site visit. Events occurring or actions taken by the school after the visit will not be considered in mitigation of the finding of elements that are unsatisfactory or require monitoring identified in the site visit report. The dean's comments about the site visit report are sent to the CACMS Secretariat who will forward the information to the team secretary. The team secretary after consultation with the team chair and other team members as needed will revise the report if deemed appropriate and then submit the final site visit report to the CACMS Secretariat. The CACMS Secretariat will forward a copy to the dean. Following receipt of the final site visit report, if the dean has remaining concerns about the process of the visit, errors of fact or the tone of the report, he or she may write a letter to the CACMS Secretariat detailing these concerns within 10 business days. The information referenced must have been contained in the DCI, MSS Report, ISA or provided to the team at the time of the site visit. No new



information, regarding events or actions taken by the school after the visit may be provided in the dean's letter to the CACMS Secretariat and no attachments to the letter will be accepted. The dean's letter will be provided to the CACMS when the site visit report is reviewed by the committee. The dean's letter will also be included with the information sent to the LCME.

## **COMPONENTS OF THE SITE VISIT REPORT (\* Items will be provided by the CACMS Secretariat Office)**

### **1. TITLE PAGE\***

### **2. TABLE OF CONTENTS\***

- a. Memorandum**
- b. Site Visit Team Composition\***
- c. Acknowledgement**
- d. Disclaimer**
- e. Final Site Visit Team Element Rating Summary Table**
- f. Summary of Site Visit Team Findings**
- g. History of the School\***
- h. Accreditation History of the School\***
- i. Curriculum Description**
- j. Key Parameter Overview Summary Table (last full visit vs. current visit)\***
- k. Evaluation of the DCI**
- l. Evaluation of the MSS**
- m. Evaluation of the ISA**
- n. Evaluation of the AFMC GQ**
- o. Evaluation of Standards 1-12**
- p. Core Appendix**
- q. Supplemental Appendix**

### **3. MEMORANDUM**

TO: Committee on the Accreditation of Canadian Medical Schools

FROM: The Secretary of the *ad hoc* Site Visit Team That Visited  
[Name of School] on [Dates]

RE: Report of the Site Visit Team

On behalf of the *ad hoc* CACMS Site Visit Team that visited the [Name of School] on [Dates], the following report of the team's findings is provided.

Respectfully,

—

---

[Name], Secretary

### **4. SITE VISIT TEAM COMPOSITION**

### **5. ACKNOWLEDGEMENT**

The team expresses its sincere appreciation to Dean [Name] and the staff, faculty, and students of [Medical School Name] for their many courtesies and accommodations during the visit. [Others' names] merit special recognition and commendation for their thoughtful visit preparations and generous support during the conduct of the visit.

## 6. DISCLAIMER

DISCLAIMER: This report summarizes the findings and professional judgments of the *ad hoc* site visit team that visited the [Name of the University and name of the medical school] on [Month, days, year of the site visit], based on the information provided by the school and its representatives before and during the accreditation visit, and by the CACMS. The CACMS may come to differing conclusions when they review the team's report and any related information.

## 7. FINAL SITE VISIT TEAM ELEMENT RATING SUMMARY TABLE

This table should be completed by the team secretary and verified by the team members.

Site Visit Team CACMS Element Rating Summary Table [Name of the School]

Standard	1	2	3	4	5	6	7	8	9	10	11	12
Element	1.1	2.1	3.1	4.1	5.1	6.1	7.1	8.1	9.1	10.1	11.1	12.1
	1.1.1	2.2	3.2	4.2	5.2	6.2	7.2	8.2	9.2	10.2	11.2	12.2
	1.2	2.3	3.3	4.3	5.3	6.3	7.3	8.3	9.3	10.3	11.3	12.3
	1.3	2.4	3.4	4.4	5.4	6.4	7.4	8.4	9.4	10.4	11.4	12.4
	1.4	2.5	3.5	4.5	5.5	6.4.1	7.5	8.5	9.5	10.5	11.5	12.5
	1.5	2.6	3.6	4.6	5.6	6.5	7.6	8.6	9.6	10.6	11.6	12.6
	1.6				5.7	6.6	7.7	8.7	9.7	10.7		12.7
					5.8	-	7.8	8.8	9.8	-		12.8
					5.9	6.8	7.9		9.9	10.9		
					5.10		7.10		9.10	-		
					5.11					10.11		
					5.12							

Labeling Code	Color
Satisfactory	
Satisfactory monitoring	
Unsatisfactory	

Delete instructions after completing the tables.

Note: If element 1.1 was rated as Satisfactory, the cell with the corresponding element number would be shaded green as shown above as an example.

(Click the Tables TAB, click on the Shading tool (paint can on the right side of the toolbar) select the green, yellow or red color as needed from the Standard Colors that are below the Theme colors)

## 8. SUMMARY OF SITE VISIT TEAM FINDINGS

The following is the Summary of Site Visit Team Findings, linked to elements rated as Satisfactory with a need for Monitoring (SM) or Unsatisfactory (U). The findings are listed in order by the number of the element. Standards where all elements are rated as satisfactory are not listed. Note that the team's positive observations are not included in the Site Visit Report.

Instruction to the team secretary: See Site Visit Team Evaluation of Elements section D of this guide regarding the formulation of findings. Add rows as needed. Delete the examples from the table.

Element Rating	Standard
SM, U	
	Element number and short title
	Finding
	Element number and short title
	Finding
Examples:	
	Standard 4
U	4.4 Feedback to Faculty
	Finding: Faculty members in the departments of internal medicine and surgery do not receive regularly scheduled and timely feedback from departmental and/or medical education program or university leaders on his or her academic performance and progress toward promotion and, when applicable, tenure at each campus. This was an area of noncompliance at the time of the last full accreditation visit.
SM	9.7 Time Formative Assessment and Feedback
	Finding: The medical school recently implemented a new system to ensure that: 1) Formal feedback occurs at least at the mid-point of each required learning experience and 2) Formal feedback occurs approximately every six weeks for the clinical skills course that is one year long and for the longitudinal integrated clerkship. The school provided evidence that the system has been effective for the last 6 months.

## 9. HISTORY OF THE SCHOOL\*

The CACMS Secretariat will insert the brief history of the medical school from the DCI Standard 1 Overview narrative response c. Note that campus maps are Core Appendix C-2. The team secretary should revise as deemed appropriate.

## 10. ACCREDITATION HISTORY OF THE SCHOOL\*

A table listing the elements and status of standards (e.g., NC, CM), the type and timing of follow-up and the status of the medical education program since the time of the last full accreditation visit should be inserted into the report in this location.

## 11. CURRICULUM DESCRIPTION

Insert DCI Appendix DD (schematic or diagram that illustrates the structure of the curriculum, and EE (new curriculum structure if under revision) and Appendix FF (structure of any parallel curriculum if applicable). The CACMS Secretariat will insert this information.

The CACMS Secretariat will insert the information from the DCI (Standard 6 Overview Tables 6.0-1, 6.0-2 and 6.0-3). The team secretary should revise as deemed appropriate. This section provides a brief description of the design of the curriculum and any parallel curricula by including information from the medical school's responses to narrative questions from the DCI Overview for Standard 6 a) and b) and by referring to the diagrams and Tables. The text in this section should be limited to one-half page.

## OVERVIEW DATA

### Tables 6.0-1, 6.0-2 and 6.0-3

#### 12. KEY PARAMETERS OVERVIEW SUMMARY TABLE\* [Standard 1, Table 1.0-1 \*(compares key parameters between the last full accreditation visit and the current visit)]

The team secretary should comment briefly by referring to the table below, on the changes that have occurred between the last full accreditation visit and the current visit related to the number of faculty, students, residents and financial resources. Limit this section to one-half page or less.

The following table compares selected data from the time of the last accreditation visit to information provided for the current visit

Insert DCI Standard 1, Table 1.0-1 **This table will be provided by the CACMS Secretariat.**

#### 13. EVALUATION OF THE DCI

Based on discussions with site visit team members, the team secretary should complete the following section.

- a. Comment briefly on the quality, completeness and internal consistency of the information provided in the DCI.
- b. Describe the medical school's response to requests for additional information or clarification of information provided in the DCI.

Limit this section to one-half page or less.

#### 14. EVALUATION OF THE MSS

Based on discussions with site visit team members, the team secretary should complete the following section.

- a. Briefly describe the level of participation of faculty, students and various members of the academic community by referring to Core Appendix C-3 Self-study committee membership.
- b. Describe the quality of MSS evaluation of elements and the Taskforce Summary Statement reflections on current findings.
- c. Describe the extent to which the MSS Report reflected and incorporated medical student concerns identified in the ISA.
- d. Comment on whether the MSS Report and DCI accurately portray the circumstances at the school vs. discussions with students, faculty and others at the time of the visit.
- e. Describe the medical school's awareness of areas requiring improvement and the extent to which the medical school is taking steps to address deficiencies.

Limit this section to one page or less.

## **15. EVALUATION OF THE ISA**

Based on discussions with site visit team members, the team secretary should complete the following section.

- a. Briefly describe the level of student participation, the strengths of the medical school and main concerns identified by students that relate to accreditation standards.
- b. Comment on the utility of the report to the site visit team in evaluating the medical education program.
- c. Briefly summarize general student opinion of the medical school and of the educational experience it provides, based on the information contained in the ISA and discussions with students during the visit.
- d. Comment also on the extent to which students believe that they have adequate representation in decision-making bodies that directly affect their education and that their voice is heard on issues of importance to them.

Note that the summary of the ISA is Appendix 1 of the Core Appendix.  
Limit this section to one half page or less.

## **16. EVALUATION OF ELEMENTS BY STANDARD**

Insert the completed element-rating summary table (Appendix A of this Guide) and the element evaluation forms for each of the 12 Standards in numeric order.

## **17. APPENDICES OF THE SITE VISIT REPORT**

- a. CORE APPENDIX - Standard appendices compiled by the school and verified by the team.
- b. SUPPLEMENTAL APPENDIX- Supplemental appendices as needed to support element ratings of Unsatisfactory or Satisfactory with Monitoring, when this documentation is not already provided in the Core Appendix.

## APPENDIX A

### Site Visit Team Element Rating Summary Table [Name of the School]

Standard	1	2	3	4	5	6	7	8	9	10	11	12
Element	1.1	2.1	3.1	4.1	5.1	6.1	7.1	8.1	9.1	10.1	11.1	12.1
	1.1.1	2.2	3.2	4.2	5.2	6.2	7.2	8.2	9.2	10.2	11.2	12.2
	1.2	2.3	3.3	4.3	5.3	6.3	7.3	8.3	9.3	10.3	11.3	12.3
	1.3	2.4	3.4	4.4	5.4	6.4	7.4	8.4	9.4	10.4	11.4	12.4
	1.4	2.5	3.5	4.5	5.5	6.4.1	7.5	8.5	9.5	10.5	11.5	12.5
	1.5	2.6	3.6	4.6	5.6	6.5	7.6	8.6	9.6	10.6	11.6	12.6
	1.6				5.7	6.6	7.7	8.7	9.7	10.7		12.7
					5.8	-	7.8	8.8	9.8	-		12.8
					5.9	6.8	7.9		9.9	10.9		
					5.10		7.10		9.10	-		
					5.11					10.11		
					5.12							

Labeling Code	Color
Satisfactory	
Satisfactory monitoring	
Unsatisfactory	

**Note:** If element 7.1 was rated as Satisfactory, the cell with the corresponding element number would be shaded green as shown above as an example.  
(Click the Tables TAB, click on the Shading tool (paint can on the right side of the toolbar) select the green, yellow or red colour as needed from the Standard Colours that are below the Theme colours.)

## APPENDIX B

### SITE VISIT REPORT CORE APPENDIX 2020-2021

Appendix	Standard	Element	DCI Document	Title	Page No. (in site visit report)
C-1				Independent Student Analysis Summary	
C-2			Appendix 1 a	Campus maps	
C-3	1	1.1	Appendix 1.1 a	The strategic plan executive summary	
C-4			Table.1.1.1-1	Populations that the medical school has a responsibility to serve	
C-5			Table 1.1.1-2	Specific outcome measures	
C-6		1.3	Table 1.3-1	Standing Committees	
C-7	2	2.3	Appendix 2.3 a	Organizational chart illustrating the relationship of the medical school dean to university administration, to the deans of other schools and colleges, and to the administrators of the health science center and affiliated teaching hospitals (if relevant).	
C-8		2.3	Appendix 2.3 b	Dean's position description.	
C-9		2.4	Appendix 2.4 a	Organizational chart of the dean's office	
			Appendix 2.5 a	Organizational chart illustrating the reporting relationship of each campus(es) principal academic officer and other campus administrators to the medical school dean/chief academic officer and/or other members of the central medical school administration	
C-10	3	3.3	Table 3.3-1	Diversity Categories	
C-11			Table 3.3-2	Students, Faculty and Academic and Educational Leadership	
C-12		3.6	Table 3.6-1	Awareness of Mistreatment Policies Among Students	
C-13			Table 3.6-2	Awareness of Mistreatment Reporting Procedures Among Students	
C-14			Table 3.6-3	Awareness of Mistreatment Policies by Curriculum Year	
C-15			Table 3.6-4	Awareness of Mistreatment Procedures by Curriculum Year	
C-16			Table 3.6-5	Student Mistreatment Experiences	
C-17			Table 3.6-6	Student Mistreatment Experiences by Curriculum Year	
C-18	4	4.1	Table 4.1-1	Total Faculty	
C-19			Table 4.1-3	Protected Faculty Time	
C-20	5	5.1	Table 5.1-1	Medical School Revenue Sources	
C-21			Appendix 5.1 a	An expenditures summary	
C-22	6	6.2	Table 6.2-1	Required Clinical Learning Experiences (Required Patient Encounters, Skills, and	

				Procedures)	
C-23		6.3	Appendix 6.3 a	Schedules that illustrate the amount of time in the first and second years of the curriculum that medical students spend in self-directed learning sessions.	
C-24			Table 6.4.1-1	Context of clinical learning experiences	
C-25	7	7.2	Table 7.2-1	General Medical Education	
C-26		7.4	Table 7.4-2	Clinical reasoning	
C-27		7.6	Table 7.6-2	Cultural Competence and Health Disparities	
C-28	8	8.1	Appendix 8.1 a	An organizational chart for the management of the curriculum	
C-29			Appendix 8.1 b	The terms of reference of the curriculum committee and note the source of its authority	
C-30			Appendix 8.1c	The terms of reference of subcommittees of the curriculum committee	
C-31		8.4	Table 8.4-1	Outcome Indicators Used by the Medical Education Program	
C-32			Table 8.4-2	MCCQE Part 1 Results of First-time Takers	
C-33			Table 8.4-3	Adequacy of Curriculum in Preparation for Residency	
C-34			Table 8.4-4	Overall Satisfaction	
C-35			Table 8.4-5	Adequacy of curriculum in preparation for clinical learning	
C-36		8.6	Table 8.6-1	Patient encounters and procedural skills	
C-37			Table 8.6-2	Alternative Clinical Experiences	
C-38	9	9.3	Table 9.3-1	Clinical supervision and level of responsibility	
C-39		9.4	Table 9.4-1	Observation of Clinical Skills	
C-40			Table 9.4-2	Observation of Clinical Skills	
C-41			Table 9.4-3	Methods of Assessment – Year 1	
C-42			Table 9.4-4	Methods of Assessment – Year 2	
C-43			Table 9.4-5	Methods of Assessment – Year 3	
C-44			Table 9.4-6	Methods of Assessment - Year 4	
C-45			Appendix 9.4 a	Any data from internal sources regarding observation of history taking and performance of a physical examination	
C-46		9.7	Table 9.7-3	Mid-point Feedback	
C-47			Table 9.7-4	Mid-point Feedback	
C-48			Table 9.7-5 if applicable	Longer Required Learning Experiences	
C-49		9.8	Table 9.8-1	Availability of Final Grades	
C-50	10	10.2	Table 10.2-1	Composition of the medical school admissions committee	
C-51	11	11.1	Table 11.1-1	Academic Advising/Counseling	
C-52			Table 11.1-2	Academic Advising/Counseling by Curriculum Year	
C-53			Table 11.1-3	Academic Advising/Counseling	
C-54			Table 11.1-4	Attrition and Academic Difficulty	
C-55			Table 11.1-5	Attrition and Academic Difficulty by Curriculum Year	
C-56			Table 11.1-6	Average Graduation Rates Over Five Years	



C-57		11.2	Table 11.2-1	Career Planning Services	
C-58			Table 11.2-2	Career Planning Services by Curriculum Year	
C-59			Table 11.2-3	Electives Advising	
C-60			Table 11.2-4	Electives Advising by Curriculum Year	
C-61			Table 11.2-7	Residency Match Rates	
C-62	12	12.1	Table 12.1-3	Financial Aid and Debt Counseling Services	
C-63			Table 12.1-4	Financial Aid and Debt Counseling Services	
C-64			Table 12.1-7	Average Medical School Educational Debt	
C-65		12.3	Table 12.3-1	Personal Counseling	
C-66			Table 12.3-2	Wellbeing Programs	
C-67			Table 12.3-3	Student Support Services by Curriculum Year	
C-68		12.8	Table 12.8-1	Student Education on Exposure to and Prevention of Infectious Diseases	
C-69			Table 12.8-2	Student Knowledge of Post-Exposure Treatment	
C-70			Table 12.8-3	Student Education on Exposure to and Prevention of Infectious Diseases	
C-71			Table 12.8-4	Student knowledge of post-exposure treatment	