



Accrediting Standards -Data Base

Introduction

To assist the applicant in the completion of this database document the adopted format is to first present the IAOMC standard and then the information required under that standard.

STANDARD - A. Governance and Administration

Standard A.- 1 Form

A variety of organizational forms for a medical school are possible and no single organizational pattern is prescribed. A medical school should be chartered or authorized to operate as a for-profit or not-for-profit institution, or as a private or as a government institution in the jurisdiction in which it operates. The primary purpose of any medical school, whether for-profit or not-for-profit, government owned or privately owned must be to admit and train qualified students in a program of high quality medical education for the purpose of becoming practicing physicians. To accomplish this purpose, the institution must have a clearly written statement of its mission and objectives.

- a. Provide a statement of the schools mission and objectives.
- b. Check any units for which the governing board is directly responsible:

	Parent University
	Government officials
	Private Governing Board
	Other (describe below)

- c. Name, email and contact phone of the board chair

- d. Year of board chair's appointment or election and term dates.

- e. If there is an executive committee or similar, how is it chosen?
 - i. How often does it meet, or determine policy? (Provide a copy of its record.)
 - ii. Who are its members?
 - iii. Provide for each executive committee member the dates of appointment/election and the dates of expiration.

- f. If the medical school has its own board of trustees, or is overseen directly by a subcommittee of the university or health science center board?
- g. Do those with a financial interest have a role in determining admissions, or academic policy?
- h. Name, address(s), occupation, c.v. of all owners (directly or indirectly) trustees.

STANDARD A 2 - Legal Authorization to Operate

The medical school must be legally authorized to provide a program of medical education by the appropriate civil authorities of the country in which it is located. In addition, the medical school must be listed in one or more of the generally accepted resource volumes on international education.

-
- a. Year of initial chartering (Attach a copy): _____
 - b. What generally accepted resource publication list the school;

STANDARD A. 3 - Organization

The manner in which the institution is organized shall be set forth in writing and promulgated in by-laws so that the responsibilities and privileges of all administrative officers, faculty, students and committees are clearly defined and widely known. Although the medical school may determine the administrative structure that best suits its mission and objectives, the medical school must be organized as a definable academic unit responsible for a program of medical education of not less than 32 months which leads to the MD or equivalent degree.

Provide the names, titles, and curriculum vitae for the individuals occupying offices usually carrying the titles below.

- A. Chief Administrative Officer
- B. Chief Academic Officer
- C. Associate Dean for Academic Affairs
- D. Associate Dean for Clinical Affairs
- E. Associate Dean for Student Affairs

All other offices carrying major responsibilities concerning academic or student affairs.

- G. Registrar
- H. Chief Fiscal Officer
- I. Clinical Chairs and or Clinical hospital directors.

HOSPITAL COORDINATOR	HOSPITAL	LOCATION

The governing body responsible for oversight of the medical school must be composed of a majority of persons who have no personal or pecuniary interest or other conflict of interest in the operation of the school, its associated hospitals, or any related enterprises. The terms of governing board members should be overlapping and sufficiently long to permit them to gain an understanding of the programs of the medical school. The institution, through its governing system, must provide mechanisms to assure appropriate process and high quality in the selection, appointment and promotion of faculty, and for the selection, promotion and graduation of students. In addition, the governing process shall provide faculty with a formal role in institutional decision-making. Administrative officers and members of the medical school faculty shall be appointed by, or on the authority of, the governing board or the medical school or its parent university. The governing board shall assure that in those institutions with more than one campus, e.g. dispersed clinical and/or administrative sites that written policies and procedures exist governing the division and sharing of administrative and teaching responsibilities. In addition, if the medical school or its affiliates provides patient care, a formal system of quality assurance for its patient care programs shall exist.

Summarize the procedure for election, or appointment and renewal of University and Medical School board members and officers, including the chair.

What are the dates of each of their terms?

c. Briefly describe the role of the governing board in the appointment of administrative officers and faculty of the medical school.

Note any specific policies intended to prevent or address conflicts of interest among board members (including recusal from discussions or decisions if a potential conflict occurs).

e. Who is responsible to identify conflicts or potential conflicts of interest?

Include minutes of meetings, pointing out instances where conflicts of interest occurred and how they were resolved.

e. Briefly describe the budgetary authority of department chairs, and the sources of funding for departmental budgets.

STANDARD A. 5 – Administrative Structure

Standard A. 5 a. - Chief Academic Officer (CAO)

The chief academic official (CAO), dean or administrative head of the medical school must be qualified by education and experience to provide leadership in medical education and scholarly activity appropriate to the school's mission and objectives. The CAO of the medical school must have ready access to the university president or other university official charged with final responsibility for the school and to other university officials as are necessary to fulfill the responsibilities of the CAO's office. He or she must have sufficient authority provided by the institution to administer the educational program as may be necessary to fulfill the responsibilities of the CAO's office. There must be clear understanding of the authority and responsibility for medical school matters among all senior officials, the faculty, and administrative staff. Affiliated institutions, departmental

heads and senior faculty members must have authority consistent with their responsibilities within the program of medical education.

Standard A 5 b. i - Administration

The medical school administration should include such associate or assistant department chairs, leaders of other organizational units, and staff as are necessary to accomplish the mission and objectives of the medical school. The number of administrative personnel must be sufficient to ensure the effective administration of the program of medical education. There should not be excessive turnover or long-term vacancies in medical school leadership.

-
1. Is there a periodic or cyclical institutional planning processes or activity?
 2. Do they involve the definition and periodic reassessment of both short-term and long-range goals?
 3. Does the school track progress by framing goals in terms of measurable outcomes?
 4. Document achievement of the school's vision, mission, and goals
 5. What are the strategies for periodic or ongoing assessment of successes and unmet challenges?

Standard A 5 b ii - Administration

Within the authority of the medical school's governing board, the institution shall provide that overall educational policy and its implementation are the responsibility of the institution's faculty and academic officers. Responsibility for the administration of institutional policies and programs should be clearly established.

6. Provide copies of the medical school's governing board minutes, underlining such parts as determine the overall educational policy. Describe the method of disseminating and distribution of those policies.
7. Provide a job description for the dean and, and any other official that determines operational level policy. Provide a copy of their policy decisions, showing the date and distribution of such decisions.

Standard A 5 c. Accountability

There must be appropriate accountability of the management of the medical school to an ultimate responsible authority external to, and independent of, the school's administration. This external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

- a. Attach a chart showing the organization of any dean's office.
- b. Indicate the term of appointment for department chairs, and the number of times it can be renewed.
- c. Indicate the dates of beginning service for any dean, vice/associate deans, department chairs, directors and senior administrative officials.

- d. Describe the transition policy for the transfer of responsibility to the newly appointed person.
- e. Explain any circumstance where a turnover or vacancy has or could have negatively impact institutional stability, especially planning for or implementing the educational program.

Standard A 5 d. Role of Faculty

The administrative structure must ensure that the faculty is appropriately involved in decisions related to admissions, hiring, retention, promotion and disciplining of faculty and in the on-going assessment and review of the curriculum including both the basic and clinical sciences. Faculty members should also be included in decisions concerning mission-critical areas specific to the school. Strategies for assuring direct faculty participation may include peer selection or other mechanisms that bring a broad faculty perspective to the decision making process independent of departmental or central administration points of view. The dean and a faculty committee representing reasonable faculty influence, which would typically be composed of department chairs, shall determine medical school policies.

The faculty must also provide academic and career counseling for students.

Standard A 5 e. - Clinical Administration

The medical school must possess or have assured use of sufficient clinical facilities and patient resources to ensure achievement of the objectives of the clinical curriculum. When clinical instruction is offered at more than one geographically separate site, the medical school must ensure that the educational experiences at all clinical sites are comparable and that students are evaluated using equivalent criteria. Each clinical site must have a primary academic officer or director of medical education who reports to the dean of clinical studies of the medical school.

B. Standard - Educational Program

B 1. Standard - Educational Objectives

The medical school faculty must define the objectives of the school's educational program. These educational objectives should be statements of the items of knowledge, skills, behavior and attitudes that students are expected to exhibit as evidence of their achievement. The objectives of the educational program should be used by faculty in designing courses, clinical clerkships and in the evaluation of students. The educational objectives, which should be made known to students, faculty and administrative staff, and their associated outcomes, must address the extent to which students have progressed in developing the competencies necessary for the practice of the profession.

-
- a. Briefly summarize the medical school's institutional objectives.
 - b. Detail how it is determined those objectives are being met.
 - c. Are there students enrolled in PhD and master's programs (in basic sciences and other related disciplines, such as biomedical engineering, medical informatics) ?

<i>Department or Program</i>	<i>Master's Students</i>	<i>Doctoral Students</i>	<i>Postdoctoral Fellows</i>

e. Average time to complete: Masters program_____ Doctorate program_____

f. Is there a regular and formal review of all graduate and professional programs in which medical school faculty participate?

g. Do medical students have the opportunity to participate in research? If yes, state the general level of student involvement.

Curriculum design, implementation, and valuation

1. Provide a summary of the processes for (A) Designing, (B) Implementing, and (C) Periodically evaluating basic science and clinical curricula. Explain how the faculty is involved with the chief academic officers and staff in there three processes.

2. How is the quality of a program determined? Is data used concerning (1) Student performance, (2) Academic progress and graduation, (3) Acceptance into graduate training programs (4) Postgraduate performance; (B) Licensure. Is this data examined in comparison to norms. and (C) Other measures used.

3. Describe plans for any major modification of the present curriculum,

4. Provide copies of the forms used for course and clinical evaluation.

5. How does faculty in designing courses, clinical clerkships and student evaluation use that information?

B 2 Standard - Program Structure

The structure and content of the program of medical education must provide an adequate foundation in the basic and clinical science to enable students to learn the fundamental principles of medicine, to acquire critical judgment skills and to use these principles and skills to provide competent medical care.

Although there is no single curriculum that can best be presented for medical education, each program must include a system for assuring that all portions of the program include sufficient instruction in the necessary subjects as well as opportunities for integrating the basic sciences and clinical sciences components of the program. Contained within this structure must be a system establishing and monitoring all clinical rotations in a satisfactory manner.

The program of education leading to the MD or equivalent degree must include at least 130 weeks of instruction scheduled over a minimum of four calendar years. The program must include the contemporary content of those disciplines that have been traditionally

titled anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, preventive medicine, as well as behavioral and socioeconomic subjects. Instruction within the basic sciences should include laboratory or other practical exercises that entail accurate observations of biomedical phenomena and critical analysis of data. Clinical instruction must cover all major systems and include the important aspects of preventive, acute, chronic, continuing, rehabilitative and end-of-life care. The curriculum should include clinical experiences, both outpatient and inpatient, in family medicine, internal medicine, obstetrics/gynecology, pediatrics, psychiatry, surgery and appropriate electives. In addition, there must be specific instruction in communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues and other health professionals.

1. Provide program length for each and every program.

- A. Identify the program then report the total length of the program in weeks
- B. Weeks in the first year
- C. Weeks in the second year
- D. Weeks in the third year
- E. Weeks in the fourth year
- F. Other year(s)

The content of the educational program required of all students in the undergraduate medical program.

SUBJECT	YEAR				LOCATION	CLOCK HOURS	
	1	2	3	4		LAB	LECTURE
ANATOMY							
Microscopic							
Gross							
Neuro							
Embryology							
BIOCHEMISTRY							
NUTRITION							
PHYSIOLOGY							
BIOPHYSICS							
EPIDEMIOLOGY							
BIOSTATISTICS							
BEHAVIORAL SCIENCE							
PATHOLOGY							
PATHOPHYSIOLOGY							
MICROBIOLOGY							
PHARMACOLOGY							
TOXICOLOGY							
PUBLIC HEALTH							
PREVENTIVE MEDICINE							
MEDICAL JURISPRUDENCE							
HUMAN SEXUALITY							
ALCOHOLISM							
DRUG ABUSE							

SUBJECT	YEAR				LOCATION	CLOCK HOURS	
	1	2	3	4		LAB	LECTURE
COST CONTAINMENT							
ENVIRONMENTAL MEDICINE							
INTRO TO CLINICAL MEDICINE							
INTRO TO PSYCHIATRY							
PHYSICAL DIAGNOSIS							
CLINICAL DIAGNOSIS							
CLINICAL CORRELATION							
CLINICAL PATHOLOGY CONFERENCES							
OTHER							

CLINICAL INSTRUCTION PROGRAM.

CLINICAL INSTRUCTION INVOLVING PATIENTS	CLOCK HOURS OF LECTURE	LOCATION OF INSTRUCTION	WEEKS
INTERNAL MEDICINE			
NEUROLOGY			
DERMATOLOGY			
RADIOLOGY			
FAMILY MEDICINE			
COMMUNITY MEDICINE			
PEDIATRICS			
PSYCHIATRY			
OBSTETRICS			
GYNECOLOGY			
PHYSICAL MEDICINE			
REHABILITATION			
GERIATRICS			
GENERAL SURGERY			
ANESTHESIOLOGY			
OPHTHALMOLOGY			
UROLOGY			
PLASTIC SURGERY			
NEUROSURGERY			
ORTHOPEDIC SURGERY			
EMERGENCY MEDICINE			
PRECEPTORSHIP			
AMBULATORY MEDICINE			

Complete the Clinical Clerkship table below.

Location	Length (weeks)	# OF STUDENTS	SUBJECTS COVERED

breadth and depth of instruction and the proper discharge of other faculty responsibilities. The ratio of faculty to students in each course shall be sufficient to assure effective instruction.

The teaching and other academic responsibilities of each faculty member must be evaluated periodically by the institution. The teaching of each inexperienced faculty member shall be monitored and supervised by an appropriate senior faculty member during the initial period of employment.

Each member of the faculty must be allowed adequate time and support to participate in activities to broaden professional knowledge, e.g. continuing education, scholarly research, prepare course materials, advise students, direct independent study and research, supervise teaching, participate in institutional governance, and carry out other assigned academic responsibilities in addition to fulfilling teaching responsibilities.

There must be clear written policies for faculty appointment, renewal of appointment, promotion, evaluation, and dismissal, which are developed by faculty representatives, appropriate department heads, the dean and administrative staff. Written policies must also exist and be made available to all faculty members concerning potential conflicts of interest, term of appointment, responsibilities, grievance procedures, lines of communication and privileges and benefits.

Complete the tables below regarding the number of medical school faculty members in each department. Residents and fellows should not be included unless actually having faculty appointments. When a single individual holds several appointments, list the individual only once, in the department of major appointment. The Total Full time column should equal the total number of full time positions in each department. (Use the most recent data available.)

A. BASIC SCIENCE DEPARTMENTS

DEPARTMENT	FULL-TIME					PART-TIME (PAID)	VOLUNTEER (UNPAID)
	PROFESSOR	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	INSTRUCTOR AND OTHER	TOTAL FULL-TIME		
ANATOMY							
BIOCHEMISTRY							
MICROBIOLOGY							
PATHOLOGY							
PHARMACOLOGY							
PHYSIOLOGY							
OTHER (SPECIFY)							
TOTALS							

B. CLINICAL DEPARTMENTS

DEPARTMENT	FULL-TIME					PART-TIME (PAID)	VOLUNTEER (UNPAID)
	PROFESSOR	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	INSTRUCTOR AND OTHER	TOTAL FULL-TIME		
ANESTHESIOLOGY							
DERMATOLOGY							
FAMILY MEDICINE							

The medical school must establish and adhere to admission standards/requirements and student selection and promotions that are consistent with the institution's mission and objectives. The final decision for selecting students to be admitted to the program of medical education must be the responsibility of an appropriate faculty committee. The admission of students should be determined through an orderly process using published criteria that are uniformly applied.

Standard B 4b - Student Services

There must be an established and clearly defined system for the academic advising and personal counseling of students which integrates the efforts of faculty members, course directors, and student affairs officers with the school's counseling and tutorial services. There must also be a system to assist students in selection of residency training programs, career choices and the selection of elective courses.

The medical school must provide students with effective financial and debt management counseling and develop financial aid resources that minimize total student indebtedness. The institution must have clear, equitable and published policies concerning the refund of tuition, fees and other allowable payments.

The medical school must have an effective system of personal counseling for students, and provide access to psychiatric/psychological counseling. Students must also have access to preventive and therapeutic health services.

The medical school must establish and publicize to all faculty and students its standards and procedures for the evaluation, advancement, and graduation of students and for disciplinary action. The institution shall assure that the students are informed at stated intervals of their progress and remaining obligation for the completion of the program. The institution must maintain for each student a permanent, complete, accurate and up to date transcript of student achievement. Copies shall be made available at the student's request, in accordance with the institution's stated policies, or to agencies or individuals authorized to review such records.

-
1. Identify the individuals holding the positions listed below.
 - A. Chair of the Admissions Committee.
 - B. Administrative officers of the admissions program.
 2. Outline and briefly describe the process of selecting the entering class of medical students beginning with receipt of the application forms and ending with enrollment of the class. Cite all criteria for selection, noting the major ones, including cognitive, non-cognitive, personal health and other information about the applicant.
 3. How are student selection criteria determined?
 4. Does the faculty determine student selection criteria?
Are the student selection criteria published and promulgated to faculty, applicants, staff and others?
Is applicant's financial ability one of the criteria? Explain.
 7. List prerequisite courses.
 8. Is the maximum educational capacity determined prior to establishing the number of admissions? Explain the process in detail.
 9. Provide a copy of minutes, data, analysis, standards, written policies that relate to determining maximum capacity.

10. Describe the process of acceptance of transfer students.
 Supply the number of students in each of the following categories:

PREMEDICAL GPA		YEARS IN COLLEGE		HIGHEST EARNED DEGREE	
Superior (A OR 3.6-4.0)		2 Or Fewer		BACCALAUREATE	
Good (B OR 3.0-3.5)		3 Years		MASTERS	
Fair (C OR 2.5-2.9)		4 Or More		DOCTORATE	
Poor (LESS THAN 2.5)				OTHER	
TOTAL		TOTAL		TOTAL	

11. If a qualifying exam is considered for entrance specify the exam
12. Is the exam required?
13. If yes, may this requirement be waived?
14. Under what circumstance may the qualifying exam be waived?
15. What percent of matriculating students reported scores on the qualifying exam?
16. If the Medical College Admissions Test is the qualifying exam indicate the mean scores for first year matriculating students in the following:
 1. VERBAL REASONING
 2. PHYSICAL SCIENCES
 3. BIOLOGICAL SCIENCES
 4. WRITING SAMPLE

Complete the following for the current enrolled second year students.:

PREMEDICAL GPA		YEARS IN COLLEGE		HIGHEST EARNED DEGREE	
Superior (A or 3.6-4.0)		2 or fewer		BACCALAUREATE	
Good (B or 3.0-3.5)		3		MASTERS	
Fair (C or 2.5-2.9)		4 or more		DOCTORATE	
Poor (Less than 2.5)				OTHER	
TOTAL		TOTAL		TOTAL	

If the Medical College Admissions Test is the qualifying exam indicate the mean scores for second year matriculating students in the following:

1. VERBAL REASONING
2. PHYSICAL SCIENCES
3. BIOLOGICAL SCIENCES
4. WRITING SAMPLE

Complete the following for the current enrolled third year students.:

PREMEDICAL GPA		YEARS IN COLLEGE		HIGHEST EARNED DEGREE	
Superior (A or 3.6-4.0)		2 or fewer		BACCALAUREATE	
Good (B or 3.0-3.5)		3		MASTERS	
Fair (C or 2.5-2.9)		4 or more		DOCTORATE	
Poor (Less than 2.5)				OTHER	
TOTAL		TOTAL		TOTAL	

If the Medical College Admissions Test is the qualifying exam indicate the mean scores for fourth year matriculating students in the following:

1. VERBAL REASONING
2. PHYSICAL SCIENCES
3. BIOLOGICAL SCIENCES
4. WRITING SAMPLE

Complete the following for the current enrolled fourth year students.:

PREMEDICAL GPA		YEARS IN COLLEGE		HIGHEST EARNED DEGREE	
Superior (A or 3.6-4.0)		2 or fewer		BACCALAUREATE	
Good (B or 3.0-3.5)		3		MASTERS	
Fair (C or 2.5-2.9)		4 or more		DOCTORATE	
Poor (Less than 2.5)				OTHER	
TOTAL		TOTAL		TOTAL	

18. ATTRITION. If more than one class is admitted during a calendar year, adapt this table to identify each class. Show students that were enrolled during any part of a year but withdrew or were dismissed during the class year being reported.

REASON FOR WITHDRAWAL/DISMISSAL	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	TOTAL
Poor Academic Standing					
Financial Reasons					
Temporary withdrawal to pursue advanced study					
Temporary leave of absence for other reasons					
Transfer to another medical school					
All other reasons					
TOTAL STUDENTS LOST/YEAR					

19. Indicate the number of students who transferred to other medical schools over the past five years.

- A. After last fall, number of students _____.
- B. After fall two years ago, number of students _____.
- C. After fall three years ago, number of students _____.
- D. After fall four years ago, number of students _____.
- E. After fall five years ago, number of students _____.

20. Student expenses for a typical school year. .

TYPE OF EXPENSE	STUDENT NATIONAL	OTHER STUDENT
School tuition per academic year		
School Fees (Specify)		
Student living expense		

TYPE OF EXPENSE	STUDENT NATIONAL	OTHER STUDENT
TOTAL YEARLY EXPENSES		

21. Financial aid.

NUMBER OF STUDENT RECEIVING	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	TOTAL
Institutional grants and scholarships					
Outside grants and scholarships					
Government insured loans					
Other educational loans					
Work study funds					
Total receiving aid from all sources					
TOTAL NUMBER OF STUDENTS					

22. Provide copies of any government agreement and eligibility and or certification approval report or material correspondence, program review, compliance audit and correspondence

23. Identify the person responsible for student affairs and provide their CV and date of appointment.

24. Identify the location of any/all student records. Provide copies of all blank forms completed by students or others regarding students and indicate which records are in electronic form.

25. Which of student records are available to students for inspection or copying?

26. How do students obtain access to review or copy their records?

27. What housing is available to students at each of the school's locations?

28. Does the school have any rules, regulations or policies concerning housing? If yes, provide a copy.

29. What opportunity do students have for counseling on financial aid, academic progress, personal and mental health ? Provide copies of school's policies on each of them.

30. Describe when students receive training on exposure to infectious diseases and the protocol to be followed after exposure.

31. Explain any policies on nondiscrimination and provide a copy of such policies.

32. Detail the system for reporting violations of the student honor code or school standards (IE abuse, harassment cheating). How are students advised of this?

33. Where are the records of student complaints or violations of the honor code or school standards?

34. Does the school determine the outcome of the education provided, such as if graduates successfully enter graduate medical training or actually practice medicine?

35. Provide data on pass rates on any external exams taken either during or after their matriculation.

36. Are students required to take any externally prepared examinations? If yes, provide the detailed scores received for the past five years by both first time takers and repeat takers.

37. Explain the process and school requirements for course exam preparation.

38. Is there a formal structure in place to consider course examination results to improve the educational program? To evaluate faculty performance?

39. Provide copies of the current catalogue.

ENROLLMENT NUMBERS (Including those on leave)

40. The total enrolled in all years _____

41. Enrolled in the first year _____

42. Enrolled in the second year _____

43. Enrolled in the third year _____

44. Enrolled in the fourth year _____

Enrollment or the previous five years.

		1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	Total	OTHERS

Enrollment for other educational programs in the medical school .

NAME OF PROGRAM	CURRENT ENROLLMENT	DEGREE AWARDED

Standard B 5 - Facilities

Standard B 5 a - General Facilities

The medical school must have, or have access to, facilities, laboratories, equipment and library/information technology resources that are sufficient to support the educational programs offered by the institution and to enable it to fulfill its mission and objectives. Facilities including buildings and equipment must be provided that are quantitatively and qualitatively adequate to facilitate the maximum productivity of faculty and students in fulfilling the objectives of the institution. In the basic sciences, those facilities should include sufficient faculty offices, laboratories, classrooms, and libraries. The institution must provide those educational and instructional resources sufficient to support the objectives of the program which are dependent on their use.

Clinical Teaching Facilities

The medical school must have access to adequate clinical resources for the clinical instruction of medical students. A hospital that serves as a site for medical student instruction must have adequate instructional facilities and information resources.

Required core clerkships should be conducted in hospitals where resident physicians in accredited postgraduate training program participate in teaching medical students.

There must be written and signed affiliation agreements between the medical school and all clinical affiliates which clearly define the responsibilities of each party.

When clinical sites are geographically separated, a system must be established to assure that the educational experiences provided at various sites achieves equivalent educational objectives. Clerkship duration and content must be comparable and the instruments and criteria used for student evaluation, as well as the policies for determination of grades should be equivalent at all clinical sites. The faculty who teach at various sites should be sufficiently knowledgeable of the program of medical education and the subject matter to provide effective instructional and student evaluation.

1. How does the medical school’s faculty maintain control of the educational program at its clinical sites?

2. Are students trained in facilities where accredited graduate and continuing medical education is concurrently taking place?

3. When appropriate, do students participate in activities associated with these programs?

Insert an “x” to indicate the courses taught at each facility

<i>Site</i>	<i>Family Medicine</i>	<i>Internal Medicine</i>	<i>Obstetrics Gynecology</i>	<i>Pediatrics</i>	<i>Psychiatry</i>	<i>Surgery</i>

Indicate the number of house officers that are the responsibility of your faculty; by training program, (Note: If the school operates geographically separate clinical campuses, provide a separate table for each campus):

<i>Training Program</i>	<i>PGY-1</i>	<i>Total Residents</i>	<i>Clinical Fellows (-approved programs)</i>	<i>Clinical Fellows (Non- approved programs)</i>

4. Describe the mechanism used for oversight and coordination of graduate medical education, including evaluation and allocation of training positions.

5. Note any graduate programs currently on probation, as well as programs being substantially expanded or reduced in size.

6. Identify any programs experiencing difficulty in filling positions. d. Provide the following information regarding ACGME Institutional Review of graduate medical education programs sponsored by the school or its major teaching hospital(s):

<i>Date of Last Graduate Program Review</i>	<i>Status</i>	<i>Date of Next Review</i>

7. If the medical school or its clinical affiliates are accredited to sponsor continuing medical education for physicians, indicate each program's current accreditation status, length of accreditation granted, and year of the next accreditation review.

<i>Program Sponsor</i>	<i>Accredited Status</i>	<i>Length of Accredited Term</i>	<i>Year of Next Review</i>

8. Attach maps with relation to the buildings referred to;

Building name	Year Completed	Cost	Net Usable Square Meters	Location in reference to main campus	Function

9. Explain how the buildings fully adequate for the purposes they are intended to serve?

7. Attach photos of the school's teaching facilities.

CLASS ROOMS FOR LECTURES

NAME	BUILDING	NUMBER OF SEATS	AUDIOVISUAL FACILITIES (Y/N)?

STUDENT LABORATORIES

NAME	AVAILABILITY (Y/N)?	EQUIPMENT	NUMBER
ANATOMY DISSECTING ROOM		CADAVER TABLES	
ANATOMY MICROSCOPIC LAB		STUDENT SEATS	
		MICROSCOPES	
BIOCHEMISTRY LAB		STUDENT BENCH SPACES	
MICROBIOLOGY LAB		STUDENT BENCH SPACES	
PHYSIOLOGY LAB		STUDENT WORK SEATS	
PATHOLOGY LAB		MICROSCOPES	
OTHER (SPECIFY)			

SPECIAL RESOURCES

RESOURCE	AVAILABILITY (Y/N)?
MEDICAL PHOTOGRAPHY AND ILLUSTRATION	
ELECTRONICS SHOP	
COMPUTER, DATA PROCESSING	
PRINTING, DUPLICATING, AND REPRODUCTION SHOP	
MACHINE SHOP	
AUDIOVISUAL-MULTIPLE MEDIA VIEWING AREA	
SPACE FOR:	
DOGS	
CATS	
RATS	
GUINEA PIGS	

15. List any other school served by the library.

16. Indicate the hours that the library is open for each day of the week.

17. LIBRARY HOLDINGS.

LOCATION	Volumes at years end	Volumes added this year	Serial titles received at years end	Participate in inter-library loans (Y/N)?
Medical school or Health Center Library				
List affiliated Hospital Libraries				

18. LIBRARY FACILITIES.

FACILITY	SQUARE METERS	SEATING CAPACITY
READING AREAS		
STACKS		
OFFICES		
STAFF WORKSPACE		
STORAGE (OFF-SITE)		
CONFERENCE ROOMS		
AUDIOVISUAL ROOMS		
STUDY CARRELS		
OTHER		

LIBRARY CIRCULATION.

- A. Total number of volumes circulated outside the library.
- B. Number of interlibrary loans
- C. Number of interlibrary borrowings

LIBRARY BUDGET.

- A. Acquisitions, expenditures
- B. Salaries, wages, etc.
- C. All other expenses
- D. Total expenditures

Library staff:

- A. Professional full-time
- B. Nonprofessional full-time
- C. Part-time

Does the library holdings reflect any increase/decrease in enrollment? Explain how the adequacy is maintained.

- Indicate (A) The number of photocopiers and computers available for student use,
(B) The number of classrooms and
(C) Network connections.

Describe the professional development program for the library's and information technology staff.

Standard B 5 c Finances

The medical school must possess sufficient financial resources for the size and scope of its educational program and to accomplish its mission and objectives. Financial support must be adequate to enable the institution to achieve their objective, and a system of financial management must exist that will not compromise the effective operation of the program of medical education.

-
1. Provide copies of the budget for the last, current and forthcoming fiscal year. If any budget has not been adopted provide the draft
 2. Provide copies of audited financial statements for the last two fiscal years.
 3. Describe the budget process.
 4. Identify by name and title all those responsible for the development and approval of the budget for each fiscal year and the nature of each person's responsibility.
 4. What process is used to monitor the budget to insure its effectiveness in fulfilling the schools mission and goals?
 5. What is the role of the faculty and other staff in the budget development and approval process particularly to insure academic quality?
 6. How is the budget process coordinated among departments/faculty members?
 7. Identify future anticipated capital needs and how they will be met?