

**GUIDE FOR WRITING A REPORT
ON A
VISIT OF A SURVEY TEAM**

For Accreditation Visits

by the

**CARIBBEAN ACCREDITATION AUTHORITY
FOR EDUCATION IN MEDICINE
AND OTHER HEALTH PROFESSIONS**

CAAM-4.2 -- 2007

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ON A VISIT OF A SURVEY TEAM
OF THE
CARIBBEAN ACCREDITATION AUTHORITY
FOR
EDUCATION IN MEDICINE and other Health Professions
To MEDICAL, DENTAL OR VETERINARY SCHOOLS**

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GUIDE-FOR WRITING A SURVEY REPORT

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INTRODUCTION

These guidelines have two purposes:

- (1) to indicate to survey team members the areas of medical, dental or veterinary school function, structure, and performance that must be evaluated in the accreditation review, and
- (2) to assist a CAAM team in preparing a survey report that contains sufficient factual detail and is rendered in a style consistent with other reports that the CAAM will review. The report should provide a clear picture of the school's environment and objectives, programme organization, students, resources, and educational outcomes.

The survey report should contain information on all of the standards set out in the appropriate document on *Standards for Accreditation of Medical, Dental or Veterinary Schools (CAAM)*. The strengths of the institution should be identified; any items of non-compliance identified by the survey team must be documented in the narrative of the report; and major changes that could affect the school's accreditation status, recently implemented or underway, should be noted for follow-up. A clear and concise exposition of all of these things will facilitate understanding by the members and staff of the CAAM.

This guide describes preparation of the usual report of a full accreditation survey, and the format of the report for a limited (focussed) survey.

BACKGROUND

The school would have invested considerable effort in the preparation of the appropriate education database and the institutional self-study. Surveyors are expected to have reviewed this material before the visit. While on site, the team may also want to review the unabridged self-study committee reports.

Although it is expected that schools will do a fair and accurate self-study, in some cases the self-study may not accurately portray prevailing circumstances, or may express greater optimism about the state of affairs than seems evident to the surveyors. Care should be exercised to validate the education database and the basis of conclusions drawn by the self-study task force. Some of the documents may have been completed as long as a year before the accreditation visit, and it is important to note whether major issues have been addressed and whether any new concerns have emerged.

These guidelines outline the minimum data and conclusions which should be included in the report. Since each school has unique characteristics, the team secretary is encouraged to add to this framework whatever is necessary to more fully describe the school's special character or programmes. The CAAM secretariat is available to assist the team secretary as the draft survey report is prepared. The secretariat should be sent a copy of the draft report (including appendices) at the time it is distributed to team members and the dean for review and corrections.

RESPONSIBILITIES OF THE TEAM SECRETARY

The team secretary who should be a senior member of the CAAM secretariat or an appointed member who has previous experience of participating in surveys, should assign tasks to individual members of the survey team. Portions of the survey report specifically assigned to individual team members should be completed on site or sent to the team secretary within 7-10 days of the visit. The team secretary and the chair should encourage team members to use this guide when preparing their individual sections. The team secretary is expected to complete the draft report shortly (4 to 6 weeks) after the visit. The secretary is responsible for organizing the contributions from the other team members, to ensure that the overall report is coherent, logical, and internally consistent. If important areas have been omitted from a team member's write-up, it is the team secretary's responsibility either to contact that member for additional details, or to supply the missing content him/herself.

This guide includes some suggested figures and tables from the medical, dental or veterinary education database to be included in the report as appendices. Team members and the team's secretary should feel free to include additional appendix material, without unduly overloading the report.

It is useful for the team secretary to compare the body of the draft report with the set of strengths and non-compliance issues identified by the survey team, to ensure that all areas are well documented in the text. The team chair and secretary should edit the report to ensure that there are no attributions to individual faculty members, administrators, or students. While the commentary of individuals who meet with the team may be important for documentation, specific persons and departments should, if possible, remain anonymous.

The draft survey report should be sent for review to each member of the survey team, the CAAM secretariat and to the dean.

The dean should specifically be asked to correct any errors of fact. The team chair and secretary should attempt to resolve any disagreement that the dean may have with the tone or conclusions of the report. If significant irreconcilable differences remain, the dean should be invited to write a letter to the CAAM secretariat for inclusion with the printed report.

The secretary should ask for comments to be returned within 7 to 10 working days. The final, corrected report (with all appendices) should be sent to the CAAM office indicated in the team mailing. See "Guide for Typists and Secretaries on Report Preparation" later in this document for details. Secretaries should keep in mind when the next CAAM meeting is scheduled since CAAM members must receive the finished report two weeks before the meeting.

THE REPORT OF A FULL ACCREDITATION SURVEY

COVER PAGE: The CAAM secretariat will create a standard-cover page. Please be sure that the full name of the school and the visit date appear on the cover page.

TABLE OF CONTENTS (including that for the Appendices): See samples at the end of this document.

MEMORANDUM FROM THE SURVEY TEAM TO CAAM: See sample at the end of this document.

INTRODUCTION AND COMPOSITION OF THE SURVEY TEAM

A typical example:

A survey of the University of XXX School of Veterinary Medicine was conducted on December 1-4, 2004, by a team representing the Caribbean Accreditation Authority for Education in Medicine (CAAM). The team expresses its appreciation to Dean XXXXXX and the administrative staff, faculty, and students for their interest and candour during the survey visit. Associate Dean XXXXXXXX and XXXXXXXX deserve special thanks for the smooth coordination of the visit, tactful management of scheduling changes, and timely provision of additional items of information requested during the visit.

After the paragraph introduction, list the members of the survey team, giving their names, titles and institutions, and their roles in the survey team as chair, secretary, member, or faculty representative. For example:

Chair: XXXXXXXXXXX (Qualification)
Position and Address

Secretary: XXXXXXXXXXX (Qualification)
Position and Address

Member:

Member:

SUMMARY OF SURVEY TEAM FINDINGS

The summary of team findings should begin with the following text:

DISCLAIMER: The summary findings that follow represent the professional judgment of the survey team that visited the XXXX school from XXX to XXX based on the information provided by the school and its representatives before and during the accreditation survey. The CAAM may come to differing conclusions when it reviews the team's report and any related information.

Summarize the survey team's findings under the headings:

*Areas of strength,
Areas of Partial or Substantial Non-compliance, and, if appropriate,
Areas of Transition.*

Findings within each of these categories should be listed in the order of the sections in the appropriate document on **Standards for the Accreditation of Medical, Dental or Veterinary Schools in the Caribbean Community (CARICOM)**.

Findings of non-compliance should use the following format:

- (1) a brief phrase, in bold type, indicating the general issue involved;
- (2) quotation of the standard involved; and
- (3) a paragraph or two delineating the principal evidence indicating non-compliance.

An example of the desired format follows:

Financial Aid: “To the extent possible, a school should develop its own resources for providing financial aid to students, thereby reducing their dependence upon external sources.”

Tuition has gone up by an average of xxxxx percent in each of the past xxxx years, while the level of institutional funding for grants and scholarships has decreased by an average of xxxxx percent per year over that period. Student indebtedness now exceeds \$ xxx,xxx on average, with loans comprising over xx% of the student debt portfolio.

If a non-compliance issue can be linked to several standards, the team should identify that standard which most closely reflects the underlying issue. Any related standards can be mentioned in the body of the report.

Areas of Transition are intended to identify significant events or activities taking place which, depending on how they turn out, could materially affect the school's accreditation status. Examples of such events include recurring decreases in a major funding source (like government allocations), reorganization of the school's administrative leadership, or fundamental changes in the structure or implementation of the educational programme.

It is essential that non-compliance and transition issues be fully documented in the body of the report; where possible the basis for judging an item as an institutional strength should also be adequately documented in the narrative of the report. The documentation in the body of the report regarding non-compliance and transition issues should give a sense of relative magnitude of the problem, indicate if it has persisted for a lengthy period, and identify any progress towards resolution.

Prior Accreditation Survey(s) and Progress Report(s)

Summarize the key findings and recommendations of the most recent survey. If there was a recent limited survey; summarize both this and the earlier full survey of the school. Note any progress reports addressing problems identified previously. Give the dates of the prior survey(s) and reports. Use bullets, paraphrasing or combine items as needed to be succinct.

The Medical, Dental or Veterinary Education Database and Institutional Self-Study

Comment on the organization, completeness, and internal consistency of the database. Were the numerical data (applicant, admissions, financial, etc.) updated to the current year? Comment on

the self-study, in terms of the degree of participation by the medical, dental or veterinary school faculty, administrators, students, et al; the comprehensiveness and depth-of analysis; the-organization and quality of the conclusions and recommendations; and the dissemination of the report's findings to the academic community. Mention the degree to which the survey team's major conclusions are concordant with those of the self-study. Comment on the methods used in the students' self-study, including the level of student participation obtained.

History and Setting of the School

Briefly summarize the history of the parent university and medical, dental or veterinary school, and supply figures for undergraduate and graduate enrollment, listing colleges and schools. Briefly describe the setting of the school, its public or private ownership, role in the state and local community, and its relationship with the parent university, health sciences centre, geographically separate campuses/programmes, and principal teaching hospital(s). Give geographic relationships to cities and other campuses and similar schools in the region.

Conclude with a table comparing selected data for the reference years used for the current and past database. For example:

The table below compares the kind of selected data that should be used for the reference years used in the databases compiled for the years xxxx and xxxx accreditation surveys.

	<i>Year xxxx-xx</i>	<i>Year xxxx-xxxx</i>
<i>Entering undergraduate class</i>		
<i>Total undergraduate students</i>		
<i>Total graduate students</i>		
<i>Full-time basic science staff</i>		
<i>Full-time clinical staff</i>		
<i>Part-time basic science staff</i>		
<i>Associate clinical staff</i>		
<i>Total revenue</i>		
<i>Tuition and fees</i>		
<i>Government funding</i>		
<i>Research/ training grants</i>		
<i>Indirect/Professional income</i>		
<i>Parent university allocation</i>		

(\$ in Millions)

Note on Organization of the Body of the Report

The body of the report should give the team's narrative description and comments, with references to database sections collated sequentially in the Appendix at the rear of the report. This will clearly differentiate surveyor commentary from that of the institution.

Please make a reference in the narrative text to material that is included in the Appendix, e.g., "See charts of organization in the Appendix," "See Appendix for membership of admissions

committee and characteristics of applicants and those entering". The Table of Contents should show the title and page number of each Appendix document.

The team secretary should reserve original copies of hand-outs, database pages, etc. for incorporation, as appropriate, in the final report sent to the CAAM secretariat for reproduction. Please follow carefully the "Guide for Typists and Secretaries..." at the end of this guidebook, especially the requirements that material should be on one side of the page only, and that the type style be conventional.

The titles below match those in the medical, dental or veterinary education database and corresponding sections of the institutional self-study.

I. OBJECTIVES

Summarize the objectives of the educational programme established by the school. (Educational objectives are the items of knowledge, skills, behaviour, values, and attitude that are the expected outcomes of instruction. Students should be able to exhibit these outcomes as evidence of their achievement. Don't confuse statements of mission and goals, or vision statements about the structure, goals, and aspirations for the university with educational objectives for students.) If the objectives are lengthy, include them in the Appendix. If there are no outcomes-based educational objectives, say so. Cite evidence that the objectives are understood by the school's faculty and students, and the types of data indicating that objectives are being achieved. Comment on the school's strategic assessment and planning (or the absence thereof) that serves as a framework to the accomplishment of the institutional goals and objectives. Was the institutional self-study incorporated or coordinated with the strategic planning process?

II. GOVERNANCE

Include charts of organization in the Appendix showing relationships between board of trustees, university, academic medical centre, and the medical, dental or veterinary school, etc.

Note whether and when for the school or university holds national accreditation, the name of the accrediting body, and the year of the next survey for national accreditation. Briefly describe the composition and role of the board of trustees of the university or equivalent and any committees thereof for the school. Describe the dean's role and his/her relationship to university officials. If there is a vice president, provost, etc., for health/medical affairs to whom the dean reports, give his/her name, a few lines about his/her credentials, and compare his/her role with that of the dean. Identify the officer to whom the administrator of the university-owned/affiliate hospital reports (or any other relationship characterizing the teaching hospital's administrative interfaces with the medical, dental or veterinary school and university authorities). Evaluate the effectiveness of these relationships and note any problems.

III. ADMINISTRATION

A. Dean, of the School

Include in the Appendix a chart of organization of the school and the dean's curriculum vitae. Include significant publications only.

Describe in a few lines the credentials of the dean. Indicate the date of the dean's appointment and describe the mechanisms of the dean's selection, appointment, and review. Comment on the stability of the dean's office and the consistency of its leadership and direction since the last full survey.

Describe briefly the dean's administrative style (manner of leadership; interaction with faculty councils; and communication with other institutional officials, faculty, and students). What is the dean's perception of institutional strengths, and his/her agenda of strategic issues and directions and plans for the future?

B. Organization of the Dean's Office

Include in the Appendix database pages showing a chart/table of organization of the dean's staff and responsibilities.

Describe the organization of the dean's office. Is the staffing adequate and the division of responsibility reasonable, effective, and understood by the faculty and students? Do students and the faculty perceive the dean's staff to be accessible and able to solve problems?

C. Faculty Governance; Department Chairs; Administrative Committees

Include in the Appendix database pages listing chairs, heads of departmental and non-departmental units, and administrative committees.

Comment on the existence, currency, and effectiveness of the faculty regulations. Describe the policy-making body(ies) of the faculty (executive faculty, faculty council/board, etc.). Judge the effectiveness of such organizations with regard to factors such as clarity of charge, size, representation, and relationship with the dean or other governance entities. Comment about the mix of department heads, senior, mid-career and junior faculty in the policy-making bodies. Mention the principal standing committees, the appropriateness of the process of appointment, and whether there are student representatives on committees dealing with student-related matters. Judge the effectiveness of the principal standing committees. You may describe the committees in detail in the appropriate section of the report, e.g., curriculum committee under Management of the Educational Programme. Are department heads appointed for a fixed period? What mechanisms exist for periodic review of departments and chairs? Note department head vacancies or long-standing acting/interim arrangements.

D. Geographically Separated Campuses

Include in the Appendix database pages summarizing the arrangement, or summarize this information in the text.

If the school operates campuses that are geographically separated, comment briefly on the administrative relationship between the main campus and the branch(es). What mechanisms exist to assure functional integration and achieve comparability of educational quality and the evaluation of the students across various sites of instruction? How well do these mechanisms work? How is student support (academic and career counselling, financial aid administration, health service and personal counselling, etc.) supplied at the remote campus(s)?

IV. THE STUDENTS

A. Admissions

Include in the Appendix database pages showing the membership of the admissions committee and the qualifications, GPAs, etc. and the demographic characteristics of applicants and those admitted.

Summarize the requirements for admission. Briefly describe the admissions process, including the organization and operation of the admissions committee. Does the school's catalogue provide an accurate representation of the admissions process and criteria for selecting students? Are there published technical standards for the admission of disabled students? Comment on the number of national, regional and the number of non-regional applications for the most recent three-year period, the number of offers issued in these categories, and the number of entries in these categories. Evaluate the sufficiency of qualified applicants in relation to the number of students who enter, and in terms of the premedical qualifications, GPAs, and any other antecedents predicting academic success in the medical, dental or veterinary school. Are there any plans to increase or decrease enrollment in the next five years?

Comment on any combined undergraduate college and the medical, dental or veterinary education programmes, enhancement options, accelerated programmes, combined Ph.D. programmes, and other innovations. What are the policies for admitting transfer students? Do students admitted with advanced standing have the same qualifications as regular students?

Determine whether the school enrolls students from other medical, dental or veterinary schools in clinical courses. If so, are appropriate resources available for teaching and supervision, commensurate with the students' abilities? Do the numbers of outside students from all sources place a significant strain on existing resources?

B. Diversity Issues

Does the school have a policy addressing the goals for diversity of its student body in relation to gender, ethnicity, religion etc? Describe the organization of the school's programmes for

recruitment and retention of underrepresented groups. Are the school's programmes successful in achieving satisfactory graduation rates for specially admitted students, and in reaching institutional or governmental goals for diversity?

C. Financial Aid

Does the availability of loans and scholarships meet the needs of the school's students? Are either costs or the availability of financial aid a deterrent to student recruitment? Cite the average debt of indebted students. Can the school provide sufficient financial aid through its own resources to reduce the need for students to use external sources? Comment on the organization, operation, and accessibility of any financial aid office or service. Comment on student satisfaction with the system of financial aid administration.

D. Student Health Services; Personal Counselling

Describe the health services available to students, and evaluate the accessibility and cost of these services. Is adequate health and disability insurance required/available? How are they financed? Are students adequately screened for their immunization status, given appropriate vaccinations, and properly instructed about infectious disease prevention and exposure?

Describe the personal counselling services available to students, including their accessibility and confidentiality. Summarize any programmes to promote mental well-being and facilitate adjustment to the demands of the school. Include student input on health and personal counselling services. Comment on the school's policies and efforts to prevent student mistreatment.

E. Student Input

Include the students' analysis in the Appendix.

Identify and judge the significance of exceptionally positive or negative student opinions about access to the dean's staff and faculty; participation in school committees; the curriculum and educational experiences; the evaluation and grading system, feedback, remediation, and due process; personal, academic and financial/debt counselling; the learning environment; the quality of facilities for students; and the programmes for student health and student life on the campus and affiliate sites.

V. EDUCATIONAL PROGRAMME

Include in the Appendix diagrams showing the curriculum structure for each year.

A. Duration, Design

Briefly describe in an introductory paragraph the general organization of the curriculum for the years of the course. How many required weeks of instruction are there in each year? Review the

workload of students in the pre-clinical years and evaluate the balance between passive and active or self-directed learning opportunities. Is there sufficient unscheduled time for independent study? Discuss the balance between in-patient and ambulatory education, and the sufficiency of experiences in primary and specialty care. For schools with geographically separated campuses, describe the number of students at each campus and the mechanisms for assigning them to the various sites. Note any recent or pending changes in the organization or design of the curriculum.

B. Management of the Curriculum and Evaluation of Programme Effectiveness

Include in the Appendix database pages showing the composition of the curriculum committee.

Describe the system of curriculum planning, implementation, evaluation, management and oversight. Where does the responsibility for these activities reside? Comment on the institution's effectiveness in achieving a coherent and coordinated curriculum.

Summarize the mechanisms by which quality control is assured, including oversight of courses and teaching quality, and avenues of student input. Does the curriculum committee receive these data and use them to make needed changes? Evaluate the adequacy and effectiveness of these processes. Who besides the students is thoroughly knowledgeable about the curriculum? Does the school maintain a curriculum inventory to guide planning and correction of omissions and unnecessary redundancies? Cite pertinent comments from the self-study and database to document your findings and conclusions.

Cite the evidence for educational effectiveness obtained from the outcome measures that are examined by the curriculum committee, such as student attrition rates, rates of academic progress and graduation, measures of basic-science grounding in the clinical years, success and quality of residency appointments of recent graduates, performance of graduates in residencies, and performance in examinations, university or licensing. Evaluate the attainment of the medical, dental or veterinary school's students in relation to how well students have met the school's internal standards. How do students rate the curriculum in the students' self-study?

C. Content and Review of Subjects Required for Accreditation, By Year

Organize the description of the programme of undergraduate medical, dental or veterinary education by year or academic period, e.g. sometimes the third and fourth years are organized as a continuum.

1. First-year Courses

2. Second-year Courses

In these sections describe only the required courses.

For each basic science course, describe the total scheduled hours and the breakdown by instructional method (lectures, laboratories, small-group conferences, etc.). Summarize the course content/objectives. Evaluate the course in terms of appropriateness of assigned hours,

content and timing in the curriculum, course design and teaching methodology, explication of objectives, evaluative techniques (kinds and sequencing of examinations), the accomplishment of desired educational outcomes (document them), and the adequacy of resources to support education. What is the balance between didactic instruction and interactive, small-group, problem-based, and/or self-directed teaching/learning? Is computer-assisted learning employed? What is the evidence that students acquire self-directed learning skills and use data in realistic problem-solving?

In thinking about student evaluation, consider what internal and external measures are used to evaluate students. Are there mid-point evaluations to identify students in trouble, with timely counselling and remediation? What is the mix of formative and summative evaluations? How are student grades determined? Do students receive prompt feedback on tests of their performance? Cite measures of educational effectiveness, such as student ratings (from the students' self-study), and draw a conclusion about course effectiveness. An example of the write-up of a traditional basic course follows:

Biochemistry. *Biochemistry is a XXX-hour course in the first-year, XX hours of lectures and XX hours of conferences. It is appropriately located in the curriculum. The major objectives of the course are for students to understand the interplay between structure and function at a molecular level, basic concepts of enzyme kinetics and allosteric regulation, and current concepts regarding metabolic pathways at the cellular and sub-cellular levels. Exam performance is the main determinant of the achievement of objectives. A curricular review two years ago led to a decrease in course content and lectures in favour of small-group, problem-solving. Faculty members attempt to be facilitators rather than content experts in these sessions, and make themselves available informally at other times for consultation with students. In some lectures, team-teaching is done, pairing basic science and clinical faculty for discussions of disease mechanisms.*

There is one mid-term and one final examination; each counts for half of the final grade. Considerable care is taken in the preparation of examinations, which feature short-answer and essay questions. Computer-based self-testing is available for students to measure their progress in learning course material. The course is highly rated by students and faculty for overall organization, excellence of its syllabus, and quality of lectures and small-group exercises.

An example of an interdisciplinary course write-up is given below:

Structure and Function. *This XX-week structure-function course spans the mornings of the entire first year and integrates biochemistry, cell and molecular biology, physiology, gross anatomy, history, and neuroscience. The curriculum includes cellular function (X weeks), introduction to the human body (X weeks), cardiovascular/respiratory/renal unit (X weeks), gastrointestinal unit (X weeks), reproductive/endocrine unit (X weeks), musculo-skeletal unit (X), head and neck unit (X), and neuroscience (X weeks). The format consists of XX hours of lectures, XX labs in histology, XX labs in gross anatomy, X neuro-anatomy labs, X computer labs, and XX problem-based learning sessions. There is strong emphasis on interactive learning methods.*

The objectives of the course as a whole are to "integrate all basic science disciplines" to provide an orientation to fundamentals of cell biology prior to the organ-systems course in the second year known as Systematic Basis of Medicine. There is a detailed syllabus for each section of the course, in which most of the instructional objectives are expressed as items of knowledge to be taught or learned.

Students are evaluated by xxx computer-graded multiple choice examinations and xxx practical examinations in histology and anatomy. Performance in the problem-based learning sessions is evaluated by the conference tutor; the narrative results are not included in the grade, but forwarded to the student affairs dean for inclusion when the dean's letter is written. Grades are based xx% on multiple-choice examinations and xx% on the practicals. The course is evaluated by meetings with student representatives and year-end reports. In their self-study, students say that PBL is a successful component of the curriculum and an enjoyable and effective way to integrate learning and understanding. Seventy percent of students are satisfied with the course.

For the introductory clinical courses and which teach history taking, physical examination, patient work-up and presentation, and related subjects, evaluate the adequacy of instruction and evaluation. Are students observed performing patient histories and physical examinations? Are adequate supervision and feedback provided? Is the patient base adequate? Are patient or computer simulations used? How are faculty preceptors vetted for their own competencies in history-taking and physical examination?

3. Third-Fourth-year Courses

In discussing the required core clerkships, introduce each with a description of duration and locations and a breakdown of clerkship experience with respect to inpatient vs. outpatient experiences, and hours of case conferences and didactic sessions for students. Are there explicit learning objectives for each clerkship? Are juniors involved in supervision and teaching, and are they instructed about the specific educational objectives to be achieved, and advised on how to evaluate students? Do faculty provide adequate supervision and teaching?

Summarize the number of patients worked up weekly in each clerkship and ambulatory experience, and methods for assuring that students see an appropriate mix of patients. If clerkships in a given discipline are conducted in several hospitals or clinical sites, what efforts are made to ensure that there is equivalency in educational quality of the experiences and the evaluation of students? Do students gain experience in community settings?

How is the clinical performance of students evaluated? Do clerkships comply with the accreditation standard requiring structured observation of students' history-taking, physical examination, and relationships with patients? Do students receive mid-course evaluation and feedback? How are grades assigned? Do students receive prompt feedback about their performance at the end of the clerkship?

How do students evaluate the quality of their experience in each clerkship? Conclude with a judgment about the effectiveness of the clerkship in meeting its objectives and preparing students

for graduate training. Buttress conclusions by citing students' opinions about the quality of teaching and their experiences.

An example of the write-up of a surgery clerkship is shown below:

***Surgery.** The xxxxx-week Surgery clerkship takes place in xxxxx affiliated hospitals. There is high consistency in the mix of conferences and patient experience and in the number of new and follow-up patients assigned (x new patients per week; xx followed). Students obtain ambulatory experience as they see their consultant's patients in the clinic before and after scheduled hospitalisation. Students' final grades are based xx% on an internally-written examination, xx% on a structured bedside examination of clinical skills, and xx% on ratings by junior and associate and faculty. Students give high praise to their Surgery experiences and take a large number of electives in the field.*

Management of the clerkship is outstanding. Coordination and quality assurance are in the hands of a xxxx-time educational coordinator. Clerkships are arranged so that no more than x students are present at small group activities such as in the out-patient setting and bed-side ward rounds. Multiple dimensions of the clerkship are compared for each hospital on the basis of student evaluations (a xx-item self-administered questionnaire) and exit debriefings. Good and poor staff and faculty are reported to the clerkship coordinator. The department has a remediation programme designed for students in difficulty, based on a diagnostic programme and customized examinations and observations. The department has workshops to foster teaching skills of the faculty. The survey team commends the head of the department for his extraordinary initiatives in undergraduate education.

4. Electives

Summarize the nature and quantity of electives taken by students, including how much elective time is available, when and where it occurs, and the level of faculty and student satisfaction with the opportunities available and taken. What are the counselling and control mechanisms to assure course quality, to integrate elective choice with career planning, and to limit duplication of off-campus electives? How do students rate the electives programme?

D. Summary

Finally, summarize the team's evaluation of the curriculum, listing specific strengths, deficiencies, problem areas, and opportunities for improvement. State if all subject areas required in accreditation standards (e.g., behavioural and socio-economic subjects, preventive, rehabilitative, and end-of-life care, ethics) covered adequately? Evaluate the adequacy of educational experiences relating to social and cultural circumstances that affect patient health, including domestic violence or abuse, and the effects of differing cultures and belief systems on health care delivery. Has the school laid out its objectives for clinical education and defined the necessary educational settings, the roles for students, and the number, disease mix, and severity of patients or patient and computer simulations) to accomplish the stated purposes?

E. Evaluation of Student Achievement; Due Process

Describe the composition and role of the promotions committee(s). Are the school's standards and procedures for student evaluation, advancement, graduation; disciplinary action, appeal, and dismissal clearly stated, adequately published, and widely understood by students, faculty members and administrators? Are there clearly understood procedures to assure due process, i.e., timely notice of a disciplinary charge or an adverse academic action and an opportunity for fair and impartial hearing? Describe the system for assuring confidentiality of student records and their availability for review by the student.

Does the school employ a variety of measures of student performance appropriate to its educational objectives? Is there formal evaluation of problem-solving and clinical reasoning ability? What is the mix of formative and summative evaluation? Are examinations coordinated between courses? In general, are students given formal mid-course and mid-clerkship feedback? Are there any mechanisms for independent evaluation of the students by external examiners? If so describe the teaching experience and qualifications of the externals and append their reports.

Briefly describe the grading system and evaluate the consistency of its application across disciplines and individual students. Comment on the use of narrative descriptions of student performance and of non-cognitive achievement.

In this section, also include comments from the students' self-study on the effectiveness of procedures for student evaluation, timeliness of feedback, advancement, graduation, disciplinary action, remediation, and appeal.

F. Academic Counselling and Career Guidance

Include the tables of student attrition and academic difficulty, and a sample of a student's transcript in the Appendix.

Summarize the methods of orientation of incoming students, early warning system for academic difficulty, and system of academic counselling, tutoring and remediation. Discuss the attrition rate and the proportion of students on leave of absence. Is there a pre- or post-matriculation tutorial/counselling programme for students at high academic risk?

Are opportunities for deceleration available? Evaluate the effectiveness of academic counselling and support programmes, citing documentation from student input. Evaluate the system of counselling students on career choice and residency/graduate applications.

Describe the process of developing the student transcript and its value in relation to the success of students in obtaining their choice of residency/graduate programme. Comment on the school's record in regard to meeting the manpower and specialty needs of the country and region, or other stated school specific goals.

VI. RESOURCES FOR THE EDUCATIONAL PROGRAMME

A. Finances

Include in the Appendix pages from the database showing the four-year revenue and expenditure summary.

Use a table like the following to describe the breakdown of revenue sources.

Revenue Sources (\$ in Millions)

Source	Year xxxx-xxxx	Percentage of Revenues
Tuition and fees		
Government appropriation		
University		
Grants & contracts		
Indirect cost recoveries		
Gifts and endowments		
Other revenues		
Total revenue		

Briefly describe the trends in revenue sources and expenditures over the past several years, and describe the current and projected fiscal condition of the school. Identify any major discrepancies that may now or in the future create problems. If there is a current or potential fiscal imbalance, does the school have a credible plan to address it? Are the school's educational programmes suffering or endangered by under-financing or by distortion of the school's efforts and priorities necessary to balance the budget?

Briefly discuss trends in charges for tuition and fees, how these are determined, any plans for further increases, and whether escalation of educational costs is having an adverse effect on applicants and the enrollment of students.

Describe the structure linking the principal hospital(s), the related healthcare system, any faculty practice plan, and clinical faculty/hospital staff, showing the degree of integration, multi-specialty group-practice, contracting authority, and arrangements with insurers, etc. What is the condition of the healthcare, dental care or veterinary system and the strength of the school's position in that system?

Conclude with a statement about the school's financial status and prospects.

B. General Facilities

Include summary pages from the database in Appendix xx.

Make brief comments about the age, size, appearance and quality of the school's general facilities including hospitals. Is available space for teaching and research adequate for the number of

students, the number of existing and needed faculty and for the current or desired curriculum structure? For anticipated research expansion? Comment on whether space for faculty, research and education activities is organized to advantage, i.e., distributed vs. consolidated. If new construction is planned or underway, describe the proposed new facility(ies), indicating sources of funding and expected completion date(s).

C. Faculty

Include in the Appendix summary database tables showing numbers of basic science and clinical faculty and faculty salaries and benefits, compare with the incomes in the country and region for similar jobs.

Summarize the size of the basic-science and clinical faculty and note the trend since any previous survey. Comment on the adequacy of the faculty size for the school's teaching, research and patient care missions. Does the school have specific policies or goals regarding faculty diversity, and if so, how well are such goals being achieved? How does faculty compensation compare with regional and international norms for basic-science and clinical departments? Do faculty members have sufficient input into organizational decision-making, through the committee structure or directly? Comment on the opportunities for communication among faculty members and on activities that promote collegiality. Evaluate the procedures and criteria for faculty appointment, standing, promotion, and tenure. How effective is the system for mentoring faculty, including encouraging professional development and scholarly activity? Does the clinical faculty show evidence of continuing scholarly productivity? Is organized support available to assist faculty to develop teaching skills and instructional materials? Is the faculty knowledgeable about current trends in pedagogy, curricular design to accomplish educational objectives, and methods of measuring student performance? How does the school assure that part-time and volunteer faculty possess the required skills to teach and evaluate students?

D. Library/Information Services

Include database pages on the library and information systems in the Appendix.

Evaluate the adequacy of the library's hours, services, holdings, staff, and facilities. Does it meet the needs of the faculty and students? Is there adequate study and small-group conference space? What is the quality of the library's automated databases and bibliographic search, computer and audiovisual capabilities? Is the library adequately funded? Is there an effective mechanism to assure faculty and student input to school/university administration on matters of library policy and procedures?

Evaluate the school's use of computer-assisted learning, particularly as an integral part of course instruction. Comment on the availability and accessibility of hardware and software, and on the faculty's interest and ability to use it. Is computer-assisted instruction substituting for more traditional teaching and/or assessment of students? Is it cultivating self-learning behaviours? Are there resources to help the faculty identify or develop educational material?

E. Clinical Teaching Facilities

Include summary database pages on each of the major affiliated hospitals and on the organization of community/ambulatory facilities for clinical education. These should show hospital characteristics and the distribution of students and residents.

Describe in serial paragraphs the hospitals and ambulatory-care facilities utilized for clinical experiences. For facilities visited by the survey team, evaluate quality, the general level of patient-care activity, and the amenities for students (conference and classrooms, on-call quarters, library, etc.). Look at sample history-physical examination records and progress notes and comment on evidence of supervision and review by faculty and/or residents.

Provide a summary description of the network of teaching facilities and comment on the overall quality and the collective sufficiency of experiences necessary for the clinical education of the students. Treat especially the outpatient teaching facilities, noting the adequacy of consultation space, appointment and information systems, etc.

Are written affiliation agreements up to date and explicit on the role of and expectations for the students? Are the clinical service chiefs appointed by or with the concurrence of the medical, dental or veterinary school? In clinical affiliations, does the school faculty have control and authority for the educational programme? Are there any problems intrinsic to the clinical facilities themselves, in the relationship of the school with affiliated hospitals, or from the impact of the medical, dental or veterinary student teaching programme on teaching hospital operation or funding? Are there adverse clinical teaching impacts relating to declining hospital utilization, shorter length of stay, increased patient acuity, and/or changed case mix? Do the clinical facilities provide adequate space and amenities, sufficient opportunity to work up and follow patients, freedom from excessive service work, and an acknowledged priority of teaching? Summarize the adequacy of student supervision by residents or attending physicians, dentists or veterinarians. Mention any clinical services without approved junior staff training programmes. What is the availability and perceived teaching effectiveness of faculty?

VII. INTERNSHIP (where applicable)

Include in the Appendix the document showing the structure of the internship and the approved post and sites.

Describe the composition of the committee responsible for approving and monitoring the internship as well as the criteria used to ensure that the interns get sufficient supervision, enough time for academic reading and relaxation. Comment on how supervisors are chosen and how assessments are made and monitored.

What is the process whereby unsatisfactory performance is determined, the intern informed and remedial action taken? What process is in place for an intern deemed to have performed unsatisfactorily to have their case independently reviewed?

Comment of the interns views on their terms of remuneration, work hours, supervision and assistance/counselling re graduate careers.

VIII. GRADUATE EDUCATION

Include in the Appendix summary pages showing numbers of graduate trainees, residency programmes and sponsoring programme.

Describe the existing graduate and residency programmes, including total enrollment and degrees awarded. Are the graduate programmes under the auspices of the university's graduate school, the medical, dental or veterinary school, a graduate council, or individual departments? Describe the graduate faculty. Does the institution conduct a regular and systematic review of the graduate programme, evaluating research productivity, the strength of the faculty, accomplishment of trainees, and the role of the graduate programme in the education of the students? Evaluate the appropriateness of size, jurisdiction, adequacy of funding, and the value of the graduate programme to research and education in the medical, dental or veterinary school. If graduate students participate in student teaching, are they prepared for their teaching role?

IX. RESEARCH

Summarize the number of basic science and clinical faculty members who are principal investigators and the number and dollar value of both institutional and extramural research grants. Evaluate the trend in research funding over the past three years and indicate the extent to which research is an institutional priority. Is there an appropriate infrastructure to support research? Is there an explicit strategy to pursue specific research directions or accomplish a particular level of research productivity? Are there departmental or individual research incentives? How broad is the research involvement of basic science and clinical departments? Are there "centres of excellence" and/or interdisciplinary research institutes on the campus or affiliated with the institution? To what extent do the students participate in research?

X. CONTINUING PROFESSIONAL EDUCATION

Comment on the scope of the programme and the involvement of the faculty in meeting the continuing education needs of the professional community served by the school. What is the impact, if any, of CPE on the undergraduate education programme?

XI. MEDICAL, DENTAL OR VETERINARY SCHOOL DEPARTMENTS

Include in the Appendix the summary basic science and clinical department tables from the database.

A. Basic Science Departments

Include the basic science departments with a major role in the medical, dental or veterinary student teaching. In a brief preface, evaluate the basic science departments collectively, in relation to their overall sense of mission and philosophy, resources (financial, faculty, facilities), academic strength, and cohesion in teaching and research.

Use tables like the following to summarize the following relationships and cut down on repetition in the narrative.

Basic Science Faculty Numbers and Percent Time Teaching the Students

Department.	Total Faculty	Full-time Faculty	Percent time Teaching	Percent time Research
Cell and Mol Biology				
Microbiol-Immunology				
Mol Pharmacology				
Pathology				
Physiology				

Basic Science Department Expenditures, 1995-96, By Funding Source (\$ in Millions)

Department	Govt. /School Funds	Research, Training	Department Sources	Total Expenditures
Cell and Mol Biol				
Microbiol-Irnmun				
Mol Pharmacol				
Pathology				
Physiology				

Through the use of such tables and narrative, cover the following in a description of each department: the adequacy of its faculty size, space, equipment and financial resources, and its proportion of time spent in student teaching, research and other activities. Comment on the proportion of financing from university/state sources, -grants and contracts, and other income. Note any successes or problems with graduate training programme. Summarize departmental faculty development activities and mentoring programme. Express the survey team's judgement of any major areas of strength or weakness in the department's educational activities, research productivity, and other missions and responsibilities.

A write-up of a basic science department should read something like this:

Biochemistry. *A new chair was appointed six months ago. The department has been successful in recruiting faculty and obtaining research support; but this now is limited by available space. Approximately xx% of faculty time is devoted to research: Strong areas of research include molecular biology, protein structure, and trans membrane signalling. Faculty members are well represented on national committees and study sections, and published xx papers and x books and chapters last year. xxx students are presently enrolled in the Ph.D. programme. All incoming junior faculty are paired with a senior*

faculty mentor during their first year.

The department has an excellent record of innovative teaching and has a first-class course director. It is well positioned for the future, and it is anticipated that it will grow under its new leadership.

B. Clinical Departments

Include the clinical departments with major roles in medical, dental or veterinary student teaching. Prepare this section the same as the Basic Science Departments above. Use tables to summarize key features and to avoid repetition of data in the narrative, but, through tables and narrative, cover the same points as with the basic science departments. In addition, comment on the impact, if any, of pressure for clinical service on teaching commitments, and on the dependency on and prospects for clinical income. Comment on the number and quality of residency applicants and the extent to which the residency programme is filled. Describe any departmental programme for preparing residents for their roles in teaching and evaluating students.

Clinical Faculty Numbers and Percent Time Teaching Students e.g Medical School

Department	Total Faculty	Full-Time Faculty	Volunteer Faculty	% Time Teaching Students
Family Medicine				
Internal Medicine				
Neurology				
Obs/Gynaecology				
Paediatrics				
Psychiatry				
Surgery				

Clinical Department Expenditures, 1995-96, By Funding Source* (\$ in Millions) e.g Medical school

Department	Govt./School Funds	Research, Training	Other Dept. Sources	Total Expenditures
Fam Medicine				
Int Medicine				
Neurology				
Obs/Gynaecol				
Paediatrics				
Psychiatry				
Surgery				

An example of a write-up for a clinical department is given below:

***Surgery.** The chair was appointed to that position one year ago. The teaching of students accounts for xx% and the teaching of house staff for xx% of faculty effort; research*

occupies xx% of the faculty's time. Areas of research emphasis include transplant immunobiology and immunotherapy, the biology of wound-healing and metabolism in critical illness. In the last year, faculty members published xx papers and x books or chapters. Faculty mentoring is provided by the chair on an informal basis. The department sponsors a "Teaching the teachers" programme annually for its faculty and residents.

There are no undue pressures to generate clinical income, and commitments to clinical activities have not distorted the department's teaching or research missions. The department is well-endowed with faculty, and readily staffs new programme and replaces those who retire or leave through its internationally-acclaimed residency and postdoctoral training programme.

THE REPORT OF A LIMITED SURVEY

Introduction

An interim, limited survey is conducted when concerns of a serious nature arise and the CAAM believes that a site visit is necessary to validate the corrective actions. In general, the team conducting a limited survey should focus on these specific areas of concern during the visit. However, any substantive new problems that have emerged in the interim may also be pursued by the team.

Background

In preparation for the limited survey, the school is sent a letter by the CAAM secretariat six months beforehand detailing the elements of a "mini-database" that will provide the descriptive and quantified information about the concerns of the CAAM. This database is used to provide supporting documentation for the text and appendices of the limited survey report. The survey team chair and secretary are expected to review carefully the school's previous accreditation history (survey and progress reports). They should organize the visit and discussions around the items of concern highlighted in the letter to the school outlining the areas to be documented in the database.

Limited Survey Report Format

Cover page. The CAAM secretariat will create a standard cover page.

Table of contents. Organize by category of concern, listed in the order that the items would appear in the full-survey database (e.g., Objectives, Governance/Administration, Educational programme, The Students, Resources, etc.). Include a table of contents for the Appendices, as well.

Memorandum from *ad hoc* survey team to CAAM. As with a full report.

Brief introduction. As with full report.

Composition of survey team. As with full report.

Summary of Findings and Conclusions

This is different from the list of institutional strengths, non-compliance issues, and transition areas of the regular, full report. This summary is a listing of the issues addressed by the limited survey, including any new concerns explored during the survey, arranged in the same order as the sections come up in the regular database (see Table of Contents, above). It describes the team's findings on each concern separately in summary terms (the details of the problem and the findings come later). An example of summary statements in a limited survey follows (items in brackets are used to show order of citation by denoting sections in for example *Standards for Accreditation of Veterinary Schools in the Caribbean Community (CARICOM)*).

Summary Findings and Conclusions, for example:

Educational Programme

The previous barrier to curricular renewal has been eliminated as the dean has appointed a new curriculum committee and the Faculty Council has adopted new bylaws to empower it with responsibility for implementation and management of changes agreed to by the Council.

The Students

The school has made no appreciable progress in the administration of student financial aid. The hours of business of the university's centrally-administered office are not convenient to the students; the number of lost applications continues to be high; and delays in processing applications, distributing checks, and handling problems continue unabated."

Prior Accreditation Surveys

The CAAM does not always review the previous full survey report in its entirety when considering a limited survey. Therefore, this section should contain enough relevant information about the history and setting of the school to serve as a frame of reference.

Summarize the findings and conclusions of the previous full survey (and any interim limited survey), quoting or paraphrasing the major strengths and concerns identified by earlier observers. Describe the actions of the CAAM, including requests for progress reports and the nature (in summary terms) of the response(s).

Survey Findings and Conclusions

Address each area of concern separately. Related concerns can be grouped together. For each concern, first describe the situation at the time of the previous survey visit, providing enough supporting data from the previous survey report to document its seriousness. Indicate whether the problem is long-standing or has arisen recently.

Describe in specific terms the steps that have been taken to correct the concern. Provide evidence showing how well the problem has been addressed. Indicate any further actions needed or future plans related to the concern. Provide a team evaluation of the success in dealing with the issue.

If any substantive new concern is identified during the limited survey, describe it and provide the team's assessment of needed corrective actions) and/or follow-up, and what, if anything, the institution is planning to do about the matter.

Examples of the more detailed exposition of concerns follow below, based on the items in the summary above:

Oversight and management of the curriculum. The previous survey showed that curricular reform, endorsed in general terms by the Faculty Council several years

previously, had not been implemented. The student self-study was extremely critical of the lecture-driven curriculum in the first two years and the virtual absence of opportunities for independent- and group learning. The curriculum committee was meeting on a quarterly basis, largely concerned with the review of new course offerings. There was no staff support bringing critiques and plans to the attention of the committee, and no inventory of the curriculum to identify unnecessary redundancy and opportunity for innovation.

Since the last visit, the dean has appointed a new curriculum committee and staffed it with a newly recruited associate dean from the McMillan University School of Veterinary Medicine. A curriculum inventory is being built, using input from the student note service and a key words/phrases check list completed by students in classes. The Faculty Council has adopted changes in the faculty bylaws empowering the curriculum committee with greater responsibility for curriculum management and implementation. The committee is meeting every other week and expects to have a slate of first-phase curricular changes ready for review by the Faculty Council in the next month. The faculty will be asked to agree with a goal of 25% reduction in didactic teaching in the coming year. The survey team finds this a commendable new beginning that will need to be followed closely.

GUIDE FOR TYPISTS AND SECRETARIES ON REPORT PREPARATION

General Comments

1. Use one-inch margins throughout as the pages will be printed front and back by the CAAM office.
2. Use conventional type styles (fonts) similar to that used with official correspondence or legal documents. Do not use large styles or all capitals. (For example, Times New Roman 11 or 12 point is a good choice.)
3. Original or copied material should be on one side of the page only. One-sided originals will facilitate printing by the CAAM secretariat.
4. Please carefully check the quality of all photocopying as copying may produce distortions, low contrast, or crooked pages. Be sure that originals are of high resolution for quality reproduction.
5. After the entire report is completed and assembled, put page number in the bottom centre of each page, including database pages and appendices. Do not number each section separately.
6. Please use common style conventions:
 - The word "dean" is not capitalized except when it begins a sentence or stands as "Dean (Name)". The same is true for vice chancellor, vice president, president, and chair.
 - The words "survey team" are not capitalized.
 - The words for example "veterinary school", "college", and "university" are not capitalized unless they begin sentences or stand as "xxxxxxx Veterinary School".
 - The word "faculty" is not capitalized unless it begins a sentence or is the equivalent of school, e.g., "the dean intends to allocate more funds to the Faculty for laboratory construction".
 - "Physiology", "Biochemistry", etc. are capitalized when they refer to departments. Note that "department" is not capitalized unless it is "Department of Medicine".

Typing and Format

1. Please be sure that the full name of the school and the visit date appear on the cover page.
2. Immediately following the title page is the Table of Contents (including that for the Appendix) which can be numbered with small Roman numerals in the bottom centre of the page. (See sample.)
3. Following the Table of Contents (including that for the Appendix) is the team's covering memorandum and signature sheet. (See sample attached.) Number with Roman numerals.
4. Signatures need not be collected now. The CAAM secretariat will route the signature sheet to members of the survey team after the report is printed and reviewed by the CAAM.

5. The draft report is sent concurrently to team members, the dean, and the CAAM secretary; it should be a full copy, including the Appendix pages.

6. Please correct the majority of typographical, grammatical, and punctuation errors in the draft. Otherwise, the reader cannot be sure they have been noted and will spend time doing editorial correcting.

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MEMORANDUM (SAMPLE)

TO: The Caribbean Accreditation Authority for Education in Medicine and other Health Professions

FROM: The Survey Team That Visited (name of school) on (dates)

RE: Final Team Survey Report

On behalf of the ad hoc CAAM survey team that visited the (name of school) on (dates), the following final report of the team's findings and conclusions is provided.

Respectfully,

(Name), Secretary