

**Instructions for Completing
the CAAM
Medical Education Database
and
Institutional Self-study Summary**

CAAM 5.A --2004

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**INSTRUCTIONS FOR COMPLETING THE CAAM MEDICAL EDUCATION
DATABASE AND INSTITUTIONAL SELF-STUDY SUMMARY**

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**Copies of the self-study summary report and the completed database
for each survey team member and the CAAM secretariat must be mailed
at least three months prior to the team visit.**

INSTRUCTIONS FOR COMPLETING THE CAAM MEDICAL EDUCATION DATABASE AND INSTITUTIONAL SELF-STUDY SUMMARY

TIMETABLE

The enclosed instructions for:

- (a) the institutional self-study summary report, and
- (b) completion of the medical education database are sent approximately 11 months before the scheduled survey visit. The relatively long lead time is to permit you to organize the self-study task force, carry out the self-study, and complete the database. The self-study usually needs to start at least ten months before the visit.

It is critical that the database reviewed by the survey team provide an up-to-date picture of your school. Since the original database compiled for the institutional self-study may be a year or more out-of-date by the time of the visit, be sure to update the key sections before mailing the database to the CAAM secretariat.

BACKGROUND READING

CAAM publications are available from the CAAM secretariat at P.O. Box 5167, Kingston 6, Jamaica.

Tel: (876) 977-2014; Fax: (876) 977-5578

Standards for the Accreditation of Medical Schools

Contains the standards for accreditation against which the school will be evaluated.

Guide to the Institutional Self Study for Programmes of Education in Medicine

Defines the purpose of the self-study and describes how to organize and complete it.

Guide for Writing the Report of a Visit of a Survey Team

Although this guidebook is aimed at members of ad hoc survey teams who conduct site visits, it contains a wealth of information about the specific topics that the survey team needs to review and evaluate in its assessment of the medical education programme.

Students' Role in the CAAM

Describes how students play an important role in the self-study analysis, contribute a part of the database, and meet with the survey team.

Procedures of the CAAM

Describes the operating policies and procedures of the CAAM.

THE DATABASE FORMS ON COMPUTER DISKETTE

The CAAM medical education database forms will be provided in electronic form in Microsoft Word and if necessary by hard copy. *The final version of the database must be submitted in printed (hard copy) form as well as in electronic form, the latter for the convenience of the secretariat if changes are to be made.* The hard copy is regarded as the official submission.

Each database section is stored on the electronic copy as an individual document, corresponding with major headings of CAAM accreditation standards. The person responsible for assembling the database may wish to distribute only particular documents or pages to various staff for completion.

COLLECTION OF DATA

Establish a coordinating office and specific timetables and deadlines for completion. Please provide the CAAM secretariat with the name of the contact person responsible for coordinating assembly of the database. It is suggested that you divide the forms (or the corresponding computer documents) into sections corresponding to the self-study subcommittees. Prepare the final copy of the database when the completed forms are returned.

Answers are not limited to the space provided after each question; use as much space as necessary to answer each question completely. Supplied tables can be filled in where appropriate, but in many cases the tables may need to be expanded to provide full documentation.

UPDATING THE DATABASE PRIOR TO SUBMISSION

It is critical that the database reviewed by the survey team provide an up-to-date picture of your school. Since the original database compiled for the institutional self-study may be a year or more out of date by the time of the visit, be sure to update key sections before mailing the database for the survey team members to the CAAM secretariat. Updated pages should reflect the appropriate academic year at the top of the page.

MATERIALS PROVIDED FOR ASSEMBLING THE DATABASE SETS

The CAAM medical education database comes in a number of parts for use during the self-study and database completion, and to provide the materials for packaging the multiple copies that will go to survey team members and to the CAAM secretariat at least three months before the site visit. Usually eight (8) sets of the database are compiled: seven for mailing (five survey team members, plus two for the CAAM secretariat) and one to be kept for the dean's reference. Additional copies may be required for a CAAM-appointed team observer, student

member, or a regional or state accrediting authority.

Enclosed are:

- = One (1) **SAMPLE DATABASE SET**, comprised of a black, red, green, blue, and yellow binder, along with forms and tabs in the correct order of insertion. Use this sample set as a guideline for assembling your database sets.

The **black** binder contains: Answers to Database questions (sections I – VI)

The **red** binder contains: Appendix of supporting documents

The **green** binder contains: Required course and clerkship forms

The **blue** binder contains: Medical student analysis

The **yellow** binder contains: Institutional self-study summary

- = One (1) **COMPUTER DISKETTE** containing the database questions along with required course and clerkship forms. Each database section is stored as an individual document, grouped by major subject headings corresponding with CAAM accreditation standards. The course and clerkship forms are stored as a separate document. The diskette also contains: title pages for each binder, sample binder labels, and a copy of this instruction booklet.
- = Two (2) **WORKING COPIES** under yellow cover, containing the blank forms. These can be used for duplication, distribution, completion, and eventual collection in the coloured binders described above.
- = Eight (8) **BINDER COVERS** in each colour (black, red, green, blue, and yellow).
- = **BLANK LABELS** for the binder covers. Labels must be typed to show the name of the medical school and the survey date. The diskette contains a file showing the sample format.
- = Eight (8) sets of printed **WHITE DIVIDER TABS** used to separate each database section in the black database binder, and in the red appendix material binder. Divider tabs are also provided for organizing the required course and clerkship forms by curriculum year, and for organizing the student analysis.

Additional materials can be requested from the CAAM office.

INSTRUCTIONS FOR COMPILING EACH DATABASE BINDER

Black binder: Answers to Database questions (Sections I-VI)

Database questions are stored on the diskette provided and grouped by major subject headings corresponding with CAAM accreditation standards. (Each database section is stored as an individual computer file.) Each question is preceded by the relevant CAAM accreditation standard, for reference.

Provide concise answers to all questions. Use as much space as necessary to answer each question completely; answers are not limited to the space provided after each question. Do not answer by referring to or providing catalogues, directories, appendices, reports, or other sources of information except as specifically requested in the database.

Red binder: Appendix of supporting documents

Any supporting documents requested (for example, organization charts, faculty promotion policy documents) should be numbered sequentially and compiled in the appropriate tabbed sections. The appendix material should be referred to by section and number (e.g., Section II, Appendix 5) in the response to the database question(s).

Green binder: Required course and clerkship forms

For each required course in the curriculum, include either the Required Course form or the Required Clerkship form. Insert the forms sequentially by year in the curriculum in which the course is offered (behind the provided tabs labelled: Year One, Year Two, etc.) In most cases, curriculum years correspond to the blocks of time that end with students being considered for promotion. Schools that offer a formal decelerated curriculum operating on a different time scale (i.e., five years) should organize the required courses and clerkships according to their regular (not decelerated) academic schedule. Schools that offer medical education programmes of more than four years should modify the database and course or clerkship forms correspondingly.

Blue binder: Medical student analysis

Include the results of the Student Analysis (narrative summary, tabulated student survey results) as described in the CAAM publication '*Students Role in the CAAM*'.

Yellow binder: Institutional self-study summary

The institutional self-study should be prepared according to the '*Guide to the Institutional Self-Study for Programmes of Education in Medicine*'. An institutional self-study summary report, of approximately 30 pages in length (single-spaced), should be provided in the yellow binder. The summary is a synthesis of the individual self-study committees' reports. The full reports of each self-study committee need not be included, but may be made available in the survey team's home room during the site visit.

ASSEMBLING THE FINAL DATABASE SETS

Once the completed sections are suitable for copying, make enough sets for distribution to each team member and the CAAM secretariat office. All material should be printed on one side of the sheet only. Use the sample set as a guide for assembly. Inserted material, such as organization charts, policy documents, etc., should be numbered and compiled in the red Appendix binder behind the appropriate section tabs.

NOTE: An electronic copy of the materials should be sent to the secretariat along with the printed copies. The secretariat will determine if electronic copies will be sent to the survey team members. The printed copies are the official records in case there are any questions or discrepancies raised. The secretariat offices are required to maintain complete print records of the database information.

Each complete database set should contain:

- One black binder (Responses to the database questions, Sections I-VI)
- One red binder (Appendix of supporting documents)
- One green binder (Required Course and Clerkship forms)
- One blue binder (Medical student analysis)
- One yellow binder (Institutional self-study summary report)
- One copy of the current medical school catalogue or bulletin
- A map of the city marked with location of the medical school and principal teaching hospitals
- A campus guide

Please use the binder covers provided! Do not have the database sets permanently bound; the CAAM secretariat and the survey team members need to remove pages easily.

Please limit material! The required database materials are voluminous. Please do not add supplementary material that has not been requested unless it is essential to respond to a given question. Long-range planning documents, faculty bibliographies, detailed descriptions and histories of clinical and research programmes, etc., can be examined on site.

ADDITIONAL TIPS FOR PREPARING THE DATABASE

- For help with the computer diskette, word processing, layout, or compatibility problems, please contact the CAAM secretariat.
- Make a copy of the provided master diskette to use as backup if something goes wrong.
- The entire set of the CAAM medical education database forms are stored on a diskette as individual documents, grouped by sections corresponding to the accreditation standards. The person responsible for coordinating the database assembly may wish to distribute only particular sections or individual pages to various staff for completion.

- Provide concise answers to all questions. Do not answer by referring to or providing catalogues, directories, appendices, reports, or other sources of information except as specifically requested in the database.
- Answers are not limited to the space provided after each question; use as much space as necessary to answer the question completely.
- All answers are to be typed/keyed. The diskette was created in (**Microsoft Word 98 for Windows using the Times New Roman 11-12 point font**). If your word processing system does not recognize this font, it may convert to the nearest available font. This may cause slight alterations in the formatting of the documents, particularly tables.
- Many database questions contain references to items in other sections of the database. These cross-references are included so that the self-study groups and survey teams can quickly identify all of the data relevant for each accreditation standard. The cross-references should also facilitate internally consistent reporting of information; for example, one item may refer to the faculty numbers by department, with a cross-reference to total numbers of faculty in a different item. The school should verify in such a case that the total equals the sum of the individual department tallies.
- The diskette documents indicate the “base year” of information compiled for the self-study. You should fill in the academic year corresponding to the information reported in the database (referred to as “the most recently completed academic year” in many of the individual database questions). When information is updated subsequent to the completion of the self-study, change the academic year in the header to reflect the academic year of the updated information.

DEADLINE AND MAILING INSTRUCTIONS

At least three months before the site visit, send the completed sets to the CAAM secretariat office, along with an electronic copy.

If the secretariat determines that it will mail a team member electronically, it will be responsible for checking the accuracy of the electronic copy and will arrange for the hard copy to be delivered to the team member on arrival for the survey visit.

Acknowledgement.

The Liaison Committee on Medical Education of the United States and Canada has given permission to the Caribbean Accreditation Authority to use the format for adaptation of their document entitled ‘Guidelines for the Conduct of Accreditation Survey Visits, 2003-2004’.

GLOSSARY OF TERMS USED

Basic Science departments:

Those departments considered to be basic science disciplines by the medical school.

Curriculum Year:

An academic period of study, usually but not necessarily corresponding to an academic year. In most cases, curriculum years correspond to the blocks of time that end with students moving from one stage of the programme to another.

Schools that offer a formal decelerated curriculum operating on a different time scale (i.e., five years) should organize the required courses and clerkships according to their regular (not decelerated) academic schedule. Schools that offer medical education programmes of more than four years should modify the database and course or clerkship forms correspondingly.

Educational objectives:

Statements of the items of knowledge, skills, behaviours, and attitudes that students are expected to exhibit as evidence of their achievement. They are not statements of mission or broad institutional purpose, such as education, research, health care, or community service. Educational objectives are commonly stated in terms of what students are expected to learn, not what is to be taught. The database may ask for educational objectives for the programme as a whole (institutional objectives) or objectives specific to individual courses and clerkships.

Educational (curriculum) track:

A distinct educational programme that:

- (1) is designed to meet specific educational goals and objectives,
- (2) uses instructional settings or formats that differ from the standard programme, and
- (3) is offered to some students during one or more years of the curriculum. For example, a school may offer a “PBL track” as an alternative to a traditional lecture-based programme in the first two years of the curriculum.

Full-time faculty:

All faculty members who are considered by the medical school to be full-time, whether funded by the medical school directly or supported by affiliated institutions and organizations. Reporting of full-time faculty members should include those who are based in affiliated hospitals, schools of basic health sciences, and research faculty. Do not include residents and clinical fellows, or faculty members who do not receive full-time remuneration from institutional sources (medical school, parent university, or an affiliated hospital or healthcare organization).

Full-time faculty members with joint appointments should be counted only once, in whichever department is considered to be their “primary” appointment.

Geographically separate campus:

A site that offers one year or more of the educational programme at a distance from the school.