

# CAAM-HP Medical Education Database

## Section III: EDUCATIONAL PROGRAMME

**Part A: Key Quantitative Indicators**

a. Total number of scheduled weeks of instruction for the complete educational programme.

b. Provide the examination results for first-time takers of promotion exams during the three most recently completed academic years.

First Year: Title -----

Year	Number Examined	Percent Passing	Mean GPA

Second Year: Title -----

Year	Number Examined	Percent Passing	Mean GPA

Third Year: Title -----

Year	Number Examined	Percent Passing	Mean GPA

Fourth Year: Title -----

Year	Number Examined	Percent Passing	Mean GPA

Graduating exam -----

Year	Number Examined	Percent Passing	Mean GPA

## **Part B: Narrative Data and Tables**

### **ED-1 *The medical school faculty must define the objectives of its educational programme.***

*Educational objectives are 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 state what students are expected to learn, not what is to be taught.*

*Student achievement of these objectives must be documented by specific and measurable outcomes (e.g., measures of basic science grounding in the clinical years, examination results, performance of graduates in residency training, performance in licensing examinations, etc.).*

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- a.** List the general objectives of the educational programme.
- b.** Indicate the year in which they were originally adopted and the year in which they were most recently reviewed or revised.

*See also information for standard ED-42 in this section of the database.*

### **ED-2 *The objectives for clinical education must include quantified criteria for the types of patients, the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met.***

*Each course or clerkship that requires physical or simulated patient interactions should specify the numbers and kinds of patients that students must see in order to achieve the objectives of the learning experience. They should also specify the extent of student interaction with patients and the venue(s) in which the interactions will occur, irrespective of the student's religious beliefs and with full respect for the autonomy of the patient. A corollary requirement of this standard is that courses and clerkships will monitor and verify, by appropriate means, the number and variety of patient encounters in which students participate, so that adjustments in the criteria can be made if necessary without sacrificing educational quality.*

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- a.** Describe how both individual departments and the curriculum committee determine the number and kinds of patients and the clinical settings needed to meet the objectives for clinical education. Provide a table or list, by discipline, which specifies any quantified criteria.
- b.** How is the adequacy of the number and variety of patient encounters monitored? Who is responsible for assuring that the number and variety of patient encounters are adequate?

See also the Required Clerks

**ED-3 *The objectives of the educational programme must be made known to all medical students and to the faculty, residents / junior staff, and others with direct responsibilities for medical student education.***

*Among those who should exhibit familiarity with the overall objectives for the education of medical students are the dean and the academic leadership of clinical affiliates where the educational programme takes place.*

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Describe how the general objectives of the educational programme are made known to:

- a. medical students;
- b. instructional staff, including full-time and volunteer (community) faculty, graduate students, and resident physicians with responsibility for teaching; and
- c. academic leadership of the medical school and its affiliated institutions.

**ED-4 *The degree programme of medical education must include at least 130 weeks of instruction delivered over at least 4 calendar years.***

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Provide the number of scheduled weeks of instruction in:

Year One	
Year Two	
Year Three	
Year Four	
Year Five	

See also Part A, item (a.) in this section of the database.

**ED-5 *The medical school must design and the faculty approve a curriculum that provides a general professional education, and fosters in students the ability to learn through self-directed, independent study throughout their professional lives.***

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- a. Supply a copy of the Course Schematic showing the approximate sequencing of, and

relationships between, required courses and clerkships in each academic period of the curriculum.

- b. Supply a copy of the Required Courses and Clerkships with educational methods, in each academic period of the curriculum.
- c. If the school offers multiple tracks, provide a separate description of tracks.

**ED-6 *The curriculum must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students' ability to use principles and skills wisely in solving problems of health and disease.***

*The curriculum must include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on care.*

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Provide one or more examples of how students acquire the following skills and understanding:

- a. Ability to learn through self-directed, independent study
- b. Skills of critical judgment based on evidence
- c. Skills of medical problem-solving
- d. Understanding of societal needs and demands on health care

**ED-7 *There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline.***

*Compliance with this standard requires that educational experiences given at alternative sites be designed to achieve the same educational objectives. Course duration or clerkship length should be identical, unless a compelling reason exists for varying the length of the experience. The instruments and criteria used for student evaluation, as well as policies for the determination of grades, should be the same at all alternative sites.*

*The faculty who teach at various sites should be sufficiently knowledgeable in the subject matter to provide effective instruction, with a clear understanding of the objectives of the educational experience and the evaluation methods used to determine achievement of those objectives. Opportunities to enhance teaching and evaluation skills should be available for faculty at all instructional sites.*

*While the types and frequency of problems or clinical conditions seen at alternate sites may vary, each course or clerkship must identify any core experiences needed to achieve its objectives, and assure that students received sufficient exposure to such experiences.*

*The proportion of time spent in inpatient and ambulatory settings may vary according to local circumstance, but in such cases the course or clerkship director must assure that limitations in learning environments do not impede the accomplishment of objectives.*

*To facilitate comparability of educational experiences and equivalency of evaluation methods, the course or clerkship director should orient all participants, both teachers and learners, about the educational objectives and the assessment system used. This can be accomplished through regularly scheduled meetings between the director of the course or clerkship and the directors of the various sites that are used.*

*Course or clerkship leaders should review student evaluations of their experiences at alternative sites to identify any persistent variations in educational experiences or evaluation methods.*

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For each course or clerkship offered at more than one site, describe the following:

- a.** How faculty members at all sites are oriented to the objectives and grading system for the course or clerkship.
- b.** How and how often individuals responsible for the course or clerkship at all sites communicate regarding planning, implementation, student evaluation, and course evaluation.
- c.** Faculty development activities related to teaching and evaluation skills that are available to instructional staff across sites.
- d.** Mechanisms for review and sharing of student assessments of their educational experiences, and any other data reflecting the comparability of learning experiences across sites.

**ED-8** *Accredited programmes must notify CAAM-HP of plans for any major modification of the curriculum.*

*Notification should include the explicitly-defined goals of the change, the plans for implementation, and the methods that will be used to evaluate the results. Planning for curriculum change should consider the incremental resources that will be required, including physical facilities and space, faculty / resident support, demands on library facilities and operations, information management needs, and computer hardware.*

*In view of the increasing pace of discovery of new knowledge and technology in medicine, the CAAM-HP encourages experimentation that aims at increasing the efficiency and effectiveness of medical education.*

- a. Describe any plans for major modification of the present curriculum.

**ED-9 *The curriculum must include behavioural and socioeconomic subjects, in addition to basic science and clinical disciplines.***

*Subjects widely recognised as important components of the general professional education of a physician should be included in the medical education curriculum. Depth of coverage of the individual topics will depend on the school's educational goals and objectives.*

- a. Indicate whether the following topics are covered in a structured teaching session during a required course or clerkship (e.g., a lecture, an explicit part of a small group discussion, or a laboratory session) or during a required clinical experience (e.g., as part of patient care experiences in a clinical clerkship). Check both if appropriate. Provide the total number of hours the topic is taught in structured sessions during required courses and clerkships.

<b>Content Area Covered During ≡</b>	<b>Structured Session</b>	<b>Clinical Experience</b>	<b>Total Hours</b>
Alternative medicine			
Biostatistics			
Clinical pathology			
Communication skills			
Community health			
<b>Content Area Covered During ≡</b>	<b>Structured Session</b>	<b>Clinical Experience</b>	<b>Total Hours</b>
Diagnostic imaging			
End-of-life care			
Epidemiology			
Evidence-based medicine			
Family violence/abuse			
Medical genetics			
Geriatrics			
Health care systems			
Health care quality review			

Home health care			
Human development/life cycle			
Human sexuality			
Medical ethics			
Medical humanities			
Medical jurisprudence			
Medical socioeconomics			
Multicultural medicine			
Nutrition			
Occupational health/medicine			
Pain management			
Palliative care			
Patient health education			
Population-based medicine			
Practice management			
Preventive medicine			
Rehabilitation/care of the disabled			
Research methods			
Substance abuse			
Women's health			

ED-10 *The curriculum must include the contemporary content of those disciplines that have been traditionally titled anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, community and preventive medicine as well as ethics, law and international codes of conduct.*

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- a. Indicate where in the curriculum the above subjects are covered, either as separate required courses or as part of interdisciplinary required courses.

*See also information for standards ED-5 and ED-9, and the Required Course Forms.*

ED-11 *Instruction within the basic sciences should include laboratory or other practical exercises that entail accurate observations of biomedical phenomena.*

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- a. Describe where in the curriculum students participate in required laboratory exercises (real or simulated) that oblige them to make observations of biomedical phenomena and collect or analyse data.

*See also information for standard ED-5 and the Required Course Forms.*

**ED-12 *Clinical instruction must cover all organ systems, and include the important aspects of preventive, emergency, acute, chronic, continuing, rehabilitative, family medicine and end-of-life care.***

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- a.** How does the school ensure that all the above aspects of clinical medicine are included as part of required clinical instruction?

*See also information for standard ED-9 and the Required Clerkship Forms.*

**ED-13 *Clinical experience in primary care, internal medicine, obstetrics and gynaecology, child health / paediatrics, psychiatry and surgery must be included as part of the curriculum.***

*Students' experience must be based in outpatient, inpatient and emergency settings.*

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*Refer to standard ER-6 in Section V: Educational Resources of the database, and to Required Clerkship Forms.*

- a.** List each course and clerkship that provides training in primary care, with the hours or weeks devoted to each experience.
- b.** If the educational programme does not include a separate required clinical clerkship in any of the above disciplines, describe where in the curriculum students acquire the relevant knowledge and skills.

*See also the Required Clerkship Forms.*

**ED-14 *Educational opportunities must be available in multi-disciplinary content areas, such as emergency medicine and geriatrics, and in the disciplines that support the practice of medicine, such as diagnostic imaging and clinical pathology.***

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Describe where in the curriculum the following subject areas are covered:

- a.** Emergency Medicine
- b.** Geriatrics

c. Diagnostic Imaging/Radiology

d. Clinical Pathology

*See also information for standard ED-9.*

**ED-15 *Critical analyses of data must be a component of all segments of the curriculum.***

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a. Describe how in the clinical components of the programme critical analysis of data and phenomena is accomplished.

**ED-16 *There must be specific instruction in communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues, other health professionals and resolution of conflicts.***

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Describe where in the curriculum (specific course or clerkship) students gain experience in the following areas. Include the settings in which instruction occurs (e.g., classroom, clinical) and the format(s) used (e.g., lecture, small-group, standardized patient, role play, etc.).

*See also information for standard ED-9*

a. Communicating with patients and patient families.

b. Communicating with colleagues (e.g., as part of the medical team).

c. Communicating with other (non-physician) health professionals.

**ED-17 *The curriculum must prepare students for their role in addressing the medical consequences of common problems, for example, providing instruction in the diagnosis, prevention, appropriate reporting and treatment of violence and abuse.***

*It should include the recognition and handling of personal stress in themselves and others.*

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a. Indicate where in the curriculum students learn about the medical consequences of common

societal problems.

- b. List the required courses and clerkships that cover the following aspects of domestic violence and abuse:

<b>Content area</b>	<b>Required course(s) where topic is addressed</b>	<b>Required clerkship(s) where topic is addressed</b>
Diagnosis		
Prevention		
Reporting		
Treatment		

*See also information for standard ED-9.*

**ED-18** *The faculty and students should demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.*

*All instruction should stress the need for students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on their health.*

*To demonstrate compliance with this standard, schools should be able to document objectives relating to the development of skills in cultural competence, international human rights, and indicate where in the curriculum students are exposed to such material, and demonstrate the extent to which the objectives are being achieved.*

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- a. Indicate where in the curriculum students learn about issues related to cultural competence. Note whether the instruction occurs through formal teaching or as a result of exposure in the clinical setting.

*See also information for standard ED-9.*

- b. Provide evidence that institutional and course or clerkship objectives addressing cultural competence are being met. How is student attainment of the objectives being evaluated and what are the results?

**ED-19** *Medical students must learn to recognise and appropriately address gender, cultural and religious biases in themselves and others, and in the process of health care delivery.*

*The objectives for clinical instruction should include student understanding of demographic influences on health care quality and effectiveness, such as racial and ethnic disparities in the diagnosis and treatment of diseases. The objectives should also address the need for self-awareness among students regarding any personal biases in their approach to health care delivery.*

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- a.** Describe where in the curriculum (in formal teaching sessions or indirectly through clinical experiences) students receive instruction addressing the following:
  1. Demographic influences on health care quality and effectiveness (including racial or ethnic disparities in health care delivery).
  2. Student self-awareness of their own biases.
- b.** Provide evidence that institutional or course- and clerkship-specific objectives related to gender, cultural and religious biases on health care are being met.

**ED-20** *A medical school must teach medical ethics with respect for religious and other human values, and their relationship to law and governance of medical practice. Students must be required to exhibit scrupulous ethical principles in caring for patients and, in relating to patients' families and others involved in patient care, strive to encompass community concerns.*

*Each school must ensure that students receive instruction in medical ethics, human values, and communication skills before engaging in patient care activities. As students take on increasingly more active roles in patient care during their progression through the curriculum, adherence to ethical principles should be observed and evaluated, and reinforced through formal instructional efforts.*

*Scrupulous ethical principles imply characteristics like honesty, integrity, maintenance of confidentiality, and respect for patients, patients' families, other students, and other health professionals.*

*In student-patient interactions there should be a system for identifying possible breaches of ethics in patient care, either through faculty / resident observation of the encounter, patient reporting, or some other appropriate method.*

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- a.** For each year of the curriculum indicate whether the following areas are addressed in formal teaching sessions (F), in clinical experiences (C), or both (B).

<b>Curriculum Year</b>	<b>Medical Ethics</b>	<b>Human Values</b>	<b>Communication Skills</b>
1			
2			
3			
4			
5			

See also information for standards ED-9 and ED-21.

- b. Provide evidence that students have acquired and exhibit appropriate ethical principles.
- c. Describe the methods used to identify any breaches of ethics in patient care made by medical students.

**ED-21** *The curriculum must include elective courses to supplement required courses.*

*While electives permit students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests, they should also provide opportunities for students to pursue individual academic interests.*

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- a. Indicate the weeks of elective time available in each year of the curriculum.

<b>Year</b>	<b>Total Weeks of Elective Time</b>
1	
2	
3	
4	
5	

- b. Indicate the maximum number of weeks that students may spend taking electives at another institution?

- c. Provide the average number of weeks that students in the most recent graduating class spent taking electives at another institution.

**ED-22 Faculty, residents / junior staff, graduate students and postdoctoral fellows in the biomedical sciences serving as teachers or teaching assistants, must be familiar with the educational objectives of the course / clerkship and should be prepared / trained for their roles in teaching and evaluation.**

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- a. Describe any institution-level programmes to enhance the teaching and evaluation skills of graduate students, postdoctoral fellows, or residents. If such programmes are the same as those provided for faculty, indicate so and refer to the response for standards FA-4 and FA-12 in Section IV: Faculty.

*See also the Required Course Forms and Required Clerkship Forms for course-specific and clerkship-specific programmes.*

**ED-23 Supervision of student learning experiences must be provided throughout required courses / clerkships by members of the medical school's faculty.**

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- a. If there are any required clerkships where the physicians who supervise students are not members of the medical school faculty, explain how you ensure that students are adequately supervised.

**ED-24 The medical school faculty must establish a system for the evaluation of student achievement throughout medical school that employs a variety of measures of knowledge, skills, behaviours, and attitudes.**

*Evaluation of student performance should measure not only retention of factual knowledge, but also development of the skills, behaviours, and attitudes needed in subsequent medical training and practice.*

*The ability to use data for solving problems commonly encountered in medical practice should be evaluated.*

*The sole use of frequent tests which condition students to memorize details for short-term retention only is not considered a good system of evaluation to foster self-initiated learning.*

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- a. Describe how the school ensures that the methods used to evaluate student performance are appropriate to achieve its institutional and course- or clerkship-specific objectives. Note any role played by the curriculum committee or other central curriculum management group.

- b.** Include a copy of any standard form(s) used by faculty members or resident physicians to evaluate students during required clinical clerkships.

*See also Required Course Forms and Required Clerkship Forms.*

**ED-25** *The chief academic officer, curriculum leaders, and faculty should understand, or have access to individuals who are knowledgeable about, methods for measuring student performance. The school should provide opportunities for faculty members to develop their skills in such methods.*

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- a.** Describe any faculty development activities (e.g., workshops) available for faculty members to enhance their skills in the evaluation of student performance.

**ED-26** *There must be ongoing assessment that assures students have acquired and can demonstrate on direct observation the core clinical skills, behaviours, and attitudes that have been specified in the school’s educational objectives.*

*There must be evaluation of problem solving, clinical reasoning, and communication skills in relation to both individuals and communities.*

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- a.** Is there a core list of clinical skills/behaviours that students must master? (check)

	Yes, as part of the institutional educational objectives
	Yes, as a separate list for each required clinical clerkship
	No (please explain if checked)

- b.** If one or more comprehensive evaluations of clinical skills (e.g., OSCE or standardized patient evaluations) are given outside of individual courses or clerkships, describe the evaluation methods and when the evaluations are administered.

*See also the Required Clerkship Forms.*

- c.** If the curriculum contains formal experiences in problem solving and clinical reasoning, provide examples and indicate how student achievement is evaluated.

- d.** Provide examples of when and how student communication skills are evaluated. What is the evidence that students have acquired communication skills required by the school’s objectives?

*See also the Required Course and Clerkship Forms and the information for standard ED-16.*

**ED-27 *The directors of all courses / clerkships must design and implement a system of formative and summative evaluation of student achievement in each course / clerkship.***

*Those directly responsible for the evaluation of student performance should understand the uses and limitations of various test formats, criterion-referenced vs. norm-referenced grading, reliability and validity issues, formative vs. summative assessment, and objective vs. subjective formats.*

*Each student should be evaluated early enough during a unit of study to allow time for remedial work.*

*Courses or clerkships that are short in duration may not have sufficient time to provide structured activities for formative evaluation, but should provide some alternate means (such as self-testing or teacher consultation) that will allow students to measure their progress in learning.*

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*See also information for standard ED-24, and the Required Course and Clerkship Forms*

- a.** Describe any faculty development activities (e.g., workshops) available for faculty members to enhance their skills in the evaluation of student performance.
- b.** Describe how the school ensures that mid-course and mid-clerkship evaluations occur. Include methods (such as review of test results, formal written comments, oral comments) used to provide formative feedback.

**ED-28 *Narrative descriptions of student performance including personal qualities and interactions should be included as part of evaluations in all required courses and clerkships where teacher-student interaction permits this form of assessment.***

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*See information provided on the Required Course and Clerkship Forms.*

**ED-29 *There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.***

*The faculty must be responsible for the detailed design and implementation of the components of the curriculum.*

*An institutional body (commonly a curriculum committee) must oversee the educational programme as a whole. An effective central curriculum authority will exhibit:*

- *Faculty, student, and administrative participation.*
- *Expertise in curricular design, pedagogy, and evaluation methods.*

- *Empowerment to work in the best interests of the institution's programmes without regard for parochial or departmental pressures.*

**ED-30 A “coherent and coordinated curriculum” is designed to achieve the school's overall educational objectives. It includes:**

- *Logical sequencing of the various segments of the curriculum.*
- *Content that is coordinated and integrated within and across the academic periods of study (horizontal and vertical integration).*
- *The development of specific course or clerkship objectives.*
- *Methods of pedagogy and student evaluation that are appropriate for the achievement of the school's educational objectives.*

**ED-31 Curriculum management involves leading, directing, coordinating, controlling, planning, evaluating, and reporting. Evidence of effective curriculum management includes:**

- *Evaluation of programme effectiveness by outcomes analysis.*
- *Monitoring of content and workload in each discipline, including the identification of omissions and unwanted redundancies.*
- *Review of the stated objectives of individual courses and clerkships, as well as methods of pedagogy and student evaluation, to assure congruence with institutional educational objectives.*
- *Ongoing review and updating of content, and assessment of course and teacher quality.*

*Minutes of the curriculum committee meetings and reports to the faculty governance and deans should document that such activities take place and should show the committee's findings and recommendations.*

*See FA-11, Section IV.*

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- a.** Provide an organizational chart for management of the curriculum that includes the curriculum committee and its subcommittees, other relevant committees, the chief academic officer, and other individuals or groups involved in curriculum design, implementation, and evaluation.
  - b.** Supply the title of the faculty committee with responsibility for the curriculum:
  - c.** Provide the charge or terms of reference for this committee, and the source of its authority (bylaws, mandate from the dean or faculty executive committee, etc.).
  - d.** Describe the composition of this committee and mechanisms for selecting its members and

chair.

- e. Indicate the frequency of regularly scheduled meetings during a typical academic year: (check)

<input type="checkbox"/>	Weekly
<input type="checkbox"/>	Biweekly
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Bimonthly
<input type="checkbox"/>	Other (describe)

- f. If there are standing subcommittees, describe their charge or role, membership, and reporting relationship to the parent committee.

- g. Describe the roles of the curriculum committee and any subcommittees, chief academic officer or associate dean for educational programmes, and departments in each of the following:

- Developing and reviewing the institutional objectives for the educational programme
- Ensuring use of appropriate teaching methods or instructional formats
- Ensuring that content is coordinated and integrated within and across academic periods of study
- Ensuring use of appropriate methods to evaluate student performance
- Monitoring the quality of teaching

- h. Year of implementation for the last major revision of the curriculum:

- i. Summarize the principal features of that revision, including the reasons for the change and the specific goals that the change was designed to accomplish.

- j. Provide examples of the types of changes that can be handled at the level of the course or clerkship and the types of changes that require curriculum committee or other central approval.

- k. Describe the process of formal review for each of the listed curriculum elements. Include in

the description how often such reviews are conducted, how they are conducted, and under what auspices (e.g., the department, the curriculum committee) they are undertaken.

- Required courses
- Required clerkships
- Individual years or academic periods of the curriculum
- The entire curriculum

**ED-32 *The academic faculty must have sufficient resources and authority to fulfill the responsibility for the management and evaluation of the curriculum.***

*The dean / chief academic officer, with ultimate individual responsibility for the design and management of the educational programme as a whole, may, delegate operational responsibility for curriculum oversight to a vice dean or associate dean.*

*The kinds of resources needed by the chief academic officer to assure effective delivery of the educational programme include:*

- *Adequate numbers of teachers who have the time and training necessary to achieve the programme's objectives.*
- *Appropriate and adequate teaching space for the methods of pedagogy employed in the educational programme.*
- *Appropriate educational infrastructure (computers, audiovisual aids, laboratories, etc.).*
- *Educational support services, such as examination grading, classroom scheduling, and faculty training in methods of teaching and evaluation.*
- *Support and services for the efforts of the curriculum management body and for any interdisciplinary teaching efforts that are not supported at a departmental level.*

*The chief academic officer must have explicit authority to ensure the implementation and management of the educational programme, and to facilitate change when modifications to the curriculum are determined to be necessary.*

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- a.** Provide the name and title of the chief academic officer responsible for the medical education programme. If the dean functions as the chief academic officer but has delegated responsibility for medical student education to an associate dean or other individual, provide the name and title of the latter.

Name:	
Title:	

- b.** Provide a position description for the individual responsible for the medical education programme.

*See also information for standard ED-29.*

**ED-33** *The faculty committee responsible for the curriculum must monitor the content provided in each discipline so that the school's educational objectives will be achieved.*

*The committee, working in conjunction with the chief academic officer, should assure that each academic period of the curriculum maintains common standards for content. Such standards should address the depth and breadth of knowledge required for a general professional education in medicine, currency and relevance of content, and the extent of redundancy needed to reinforce learning of complex topics. The final year should complement and supplement the curriculum so that each student will acquire appropriate competence in general medical care regardless of their subsequent career specialty.*

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- a.** Describe how the curriculum committee monitors the content of required courses and clerkships, and how gaps and unwanted redundancies are identified.

*See also information for standard ED-29.*

**ED-34** *The committee should give careful attention to the impact on students of the amount of work required, including the frequency of examinations and their scheduling.*

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- a.** Provide the average number of unscheduled hours per week during each of the first two years of the curriculum, and the number of for-credit examinations in each year.
- b.** Describe how the curriculum committee or the relevant subcommittee(s) monitors the workload of students within and across individual courses and clerkships.
- c.** Describe the process, including the roles of relevant committees and the central medical school administration, for coordinating major examinations during the first two years.

*See also information for standard ED-5.*

*Note: Questions for standards ED-35 through ED-41 should be completed only by schools that operate geographically separate campuses, as defined in the instructions for completing the database.*

**ED-35** *The medical school’s academic officers must be responsible for the conduct and quality of the educational programme and for assuring the adequacy of faculty at all educational sites.*

**ED-36** *The academic officer in charge of each geographically remote site must be administratively responsible to the chief academic officer of the medical school conducting the educational programme.*

- a.** List each geographically separate campus, its location, and the name and title of the chief academic officer at the site.

<b>Campus</b>	<b>Location</b>	<b>Name/Title of Principal Academic Officer</b>

- b.** Describe the role of the medical school’s chief academic officer in oversight of the conduct and quality of the educational programme at all sites. Include the reporting relationships between the principal academic officer at each geographically separate campus and the chief academic officer of the medical school.

- c.** For each geographically separate campus (including the main campus of the medical school) indicate the average number of students in a given year at that site. The total for each year should add up to the total enrollment for that year.

<b>Campus</b>	<b>Number Year 1</b>	<b>Number Year 2</b>	<b>Number Year 3</b>	<b>Number Year 4</b>	<b>Total</b>
<b>Total</b>					

*(See CAAM-HP Annual Medical School Questionnaire 5)*

**ED-37 *The faculty in each discipline at all sites must be functionally integrated by appropriate administrative mechanisms.***

*Schools should be able to demonstrate the means by which faculty at dispersed sites participate in student education that is consistent with the objectives and performance expectations established by course or clerkship leadership.*

*Mechanisms to achieve functional integration may include regular meetings, electronic communication, periodic visits to all sites by course or clerkship leadership, and sharing of course or clerkship evaluation data and other types of feedback regarding faculty performance of their educational responsibilities.*

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- a.** Describe how faculty members in each discipline are functionally integrated across sites to assure comparability of educational experiences and of student evaluation.

*See also information for standard ED-7.*

**ED-38 *There must be a single standard for promotion and graduation of students across geographically separate campuses.***

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- a.** Describe any variations in criteria for the promotion or graduation of students at different campuses of the medical school.

*See also information for standard MS-29 in Section II: Medical Students.*

**ED-39 *The parent school must assume ultimate responsibility for the selection and assignment of all medical students when geographically separated campuses are operated.***

**ED-41 *Students should have the opportunity to move among the component programmes of the school.***

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- a.** Describe how students are selected for and assigned to different medical school campuses. Include the process, if any, for appealing assignment to a specific site or for changing sites. Note any circumstances where decisions about student selection and assignment are not made by the parent school.
- b.** Are students allowed to take part of a year (i.e., individual required courses or clerkships) at

a geographically separate campus? (check)

Yes	
No	

ED-40 *Students assigned to all campuses should receive the same rights and support services.*

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- a. Describe any variations in student services (financial aid, health services, etc.) or in access to student services at the various campuses of the medical school.
  
- b. Indicate any student services that are available only at the main campus of the medical school or parent university.

*Note: Questions for standards ED-35 through ED-41 should have been completed only by schools that operate geographically separate campuses, as defined in the instructions for completing the database.*

ED-42 *To guide programme improvement, medical schools must evaluate the effectiveness of the educational programme by documenting the extent to which its objectives have been met.*

*In assessing programme quality, schools must consider student evaluations of their courses and teachers, and an appropriate variety of outcome measures.*

*Among the kinds of outcome measures that serve this purpose are data on student performance, academic progress and programme completion rates, acceptance into residency / postgraduate programmes, postgraduate performance, and practice characteristics of graduates.*

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- a. Check all indicators used by the medical school to evaluate educational programme effectiveness.

	Student scores on internally developed examinations
	Performance-based assessment of clinical skills (e.g., OSCEs)
	Results of CAMC, USMLE, PLAB or other national examinations
	Student evaluation of courses and clerkships
	Student advancement and graduation rates
	Specialty choice of graduates
	Assessment of residency performance of graduates
	Licensure rates of graduates

	Specialty certification rates
	Practice location of graduates
	Practice type of graduates
	Other (specify)

**b.** For each checked item, indicate

1. How the data are collected (including response rates for questionnaires)
2. What groups or individuals review the data (e.g., curriculum committee, department chairs)
3. How the information is used for curriculum review and change

**c.** Provide evidence that the educational programme objectives in the domains of knowledge, skills, behaviours, and attitudes are being achieved.

*See also information for standard ED-1.*

**ED-43 *Medical schools must evaluate the performance of their students and graduates in the framework of national and international norms of accomplishment and performance within the health care system.***

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If available, provide summary data on the performance of your graduates in the following:

- CAMC Part II; USMLE Step 3 MCCQE Part II or PLAB Part II
- Graduate medical education (e.g., from surveys of graduates or residency programme directors)

**END OF SECTION III**