

**GUIDE TO THE INSTITUTIONAL  
SELF-STUDY  
FOR PROGRAMMES OF  
EDUCATION IN MEDICINE**

**For Accreditation Visits**

**by**

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

**CAAM-HP-5.1 -- 2011**

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# GUIDE TO THE INSTITUTIONAL SELF-STUDY

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# GUIDE TO THE INSTITUTIONAL SELF-STUDY

## OVERVIEW OF THE ACCREDITATION PROCESS

### *The Purposes of Accreditation and Self-Study*

The accreditation process adopted by the Caribbean Accreditation Authority for Education in Medicine (CAAM-HP) has two general aims:

- to certify that a medical education programme meets prescribed standards, and
- to promote institutional self-evaluation and improvement.

The institutional self-study is central to the accreditation process. In the self-study, a medical school brings together representatives of the administration, academic staff, student body, and other stakeholders to:

- ❖ collect and review data about the medical school and its educational programmes,
- ❖ identify institutional strengths and issues requiring action, and
- ❖ define strategies to ensure that the strengths are maintained and any problems addressed.

The summary report resulting from the self-study process provides an evaluation of the quality of the medical education programme and the adequacy of resources that support it. The usefulness of the self-study as a guide for planning and change will be enhanced if participation is broad and representative, and if the resulting analysis and conclusions are widely disseminated. Because of the time and resources required to conduct a self-study, medical schools should give careful thought to other purposes that may be served by the process. The activity might serve as a vehicle to reaffirm the school's mission and goals or set new strategic directions.

Self-study is built around standards for accreditation. The standards for accreditation by the Caribbean Accreditation Authority for Education in Medicine are contained in the document *Standards for the Accreditation of Medical Schools in the Caribbean Community*, available from the CAAM-HP offices or web site. These standards have been endorsed by the medical education community and by the governments of the region who are signatories to the agreement setting up the CAAM-HP.

### *General Steps in the Accreditation Process*

Accreditation assures that medical education programmes are in compliance with defined standards. In general, accreditation asks four questions:

- Has the institution established clear objectives?
- Are the institution's programmes and resources organized to meet these objectives?
- Is the institution achieving its objectives?
- What is the evidence for these matters stated above?

In the accreditation process, institutional data are analysed in relation to the accreditation standards. The general steps in the process are:

- Completion of the CAAM-HP medical education database, and compilation of supporting documents.
- Analysis of the database and other information sources by an institutional self-study task force and its committees, development of committee self-study reports, and synthesis of the reports into an institutional summary report.
- Visit by a CAAM-HP survey team and preparation of the survey team report.
- Action on accreditation by the CAAM-HP.

Each of the steps is summarised below and in the accompanying schedule, which shows a proposed timetable for completion of each step.

#### ***Completion of the database and compilation of other documents***

The items contained in the database relate to specific accreditation standards. Each section of the database should be completed by the persons most knowledgeable about the corresponding topics. Care should be taken to ensure the accuracy and consistency of data across sections of the database (for example, by using a consistent base year for data). The person overseeing the self-study process should make sure that the database undergoes a comprehensive review to identify any missing items or inconsistencies in the reported information.

The school also needs to assemble the additional materials that will be required for examination by the site visit team. For example, an independent evaluation by the medical students of the medical education programme, student services, and the learning environment. Their analysis and other information sources should be reviewed by and taken into account by the self-study group/s.

#### ***Self-study analysis***

An institutional self-study task force and its committees are responsible for conducting the self-study. The project as a whole should be guided by a coordinator who has extensive knowledge of the school and its programmes, and who has been granted the authority to assure the timely completion of data collection efforts. Each committee reviews information from the database and other sources related to its specific charge and generates a report. The task force synthesizes the individual committee reports into a final summary self-study report that includes a statement of institutional strengths and issues that require attention either to assure compliance with accreditation standards or to improve institutional quality. The self-study summary report is submitted to the CAAM-HP office along with the database and other documents, at least three months prior to the survey visit.

### ***The survey visit and preparation of the survey report***

A CAAM-HP survey team will visit the institution for three to four days. Prior to the visit, the survey team will review the database, self-study summary report, and other relevant materials. At the time of the visit the school should have copies of any individual self-study committee reports available for the survey team. During the visit, the survey team will develop a list of strengths, areas of partial or substantial non-compliance with accreditation standards, and any areas in transition (activities in progress whose outcome is uncertain, but could affect compliance with standards). These summary findings will be reported orally to the dean and the university chief executive at the end of the survey visit. The survey team's findings and conclusions are confidential, since they are subject to review and consideration by the CAAM-HP. The report of the survey team does not convey any recommendations about the accreditation status of the medical education programme or desired follow-up actions to be taken by the school, those decisions are the exclusive province of the CAAM-HP itself.

Within a month or so after the visit, a draft survey report is prepared. The survey report includes information from the database and self-study summary report, as well as the survey team's findings and conclusions. A draft of the survey report is sent to the dean for correction of any factual errors. If the dean objects to the tone or content of the report, he or she may submit a letter to the CAAM-HP Secretariat, and it will be included as an appendix to the report.

### ***Action on accreditation by the CAAM-HP***

The final report is considered by the CAAM-HP at its next meeting at which time the decision about accreditation is made. Full accreditation status will be granted for a period of six years. As a condition for granting or renewing accreditation, the CAAM-HP may

- (1) require that the dean submit one or more written progress reports;
- (2) schedule a limited site visit;
- (3) direct its Secretariat to conduct a visit; or
- (4) order a full survey before the completion of the five-year term.

If major problems exist, the CAAM-HP may decide to offer provisional accreditation, or if already accredited place the programme on probation, and it may withhold accreditation if such problems are not corrected within a reasonable period of time.

## **DRAFT SCHEDULE FOR CONDUCTING A CAAM-HP INSTITUTIONAL SELF-STUDY**

<b><u>Time in Relation to Survey (+/-months)</u></b>	<b><u>Activity</u></b>
-12	CAAM-HP secretariat establishes survey visit dates with the dean of medical school.
-11	CAAM-HP secretariat mails instructions and forms to the dean.  School appoints self-study coordinator, who initiates data collection activities. School also designates a site visit coordinator who will be responsible for logistical details of the on-site survey (this person may also be the self-study coordinator).
-10	School appoints the institutional self-study task force which establishes its objectives, scope of study, methods of data collection, and identifies needed committees. Task force recommends or appoints members of committees and initiates student analysis.
-8	Self-study coordinator distributes completed database sections to the self-study task force and appropriate committees. Committees review and analyse the database and prepare reports that are forwarded to task force.
-6	Self-study task force reviews committee reports, and prepares the summary self-study report. The report should conclude with a list of institutional strengths, issues requiring attention, and recommendations for addressing any identified problems. It should also include a plan and timetable indicating how institutional strengths will be maintained and problems addressed. The self-study coordinator reviews the database, self-study summary report, and other required documents for accuracy, consistency, and currency.
-3	After any needed updating is done, the documents with sufficient copies for the members of the survey team are sent to the CAAM-HP secretariat.  The CAAM-HP secretariat sends survey instructions and list of survey team members to the dean. Each member of the survey team is sent a copy of the schools documentation with any additional documentation by the CAAM-HP secretariat. The secretary of the survey team will contact the school's site visit coordinator to work on the schedule and planning for the visit.
-1	School sends any database additions or changes to survey team and to the CAAM-HP secretariat, along with finalized visit schedule.
0	Survey team visits the school.
+1-2	Draft survey report is prepared and sent to the dean for comments.
+2-4	Final report is circulated to CAAM-HP members for review prior to the next meeting.

+4-6 Final CAAM-HP action on accreditation status. The dean and university president are notified of the CAAM-HP decision regarding accreditation along with the final report.

## **GUIDELINES FOR THE MANAGEMENT OF THE SELF-STUDY**

The self-study requires the time and effort of administrators, academic staff, students, and others associated with its clinical affiliates. A person who is familiar with the medical school and the medical education process should be appointed as coordinator for the self-study. The coordinator's responsibilities include distributing and collecting the database forms, supervising the preparation of the final compilation of the database, answering questions during database preparation, coordinating the activities of the self-study committees, staffing the self-study task force, and communicating with the CAAM-HP secretariat in relation to any queries. The school should assure that the self-study coordinator has appropriate support to accomplish these tasks. The ideal self-study coordinator would be a senior academic who can identify institutional policies and information sources, explain institutional conventions and assure wide administrative, faculty and student participation.

The deans and staff of schools scheduled for survey visits may request a CAAM-HP accreditation orientation. This orientation will provide general information about accreditation and the self-study process and give participants an opportunity to ask questions. Questions about the orientation sessions should be directed to the secretariat.

## **COMPLETING THE DATABASE**

The sections of the database are as follows:

- i. Institutional Setting
- ii. Medical Students
- iii. Educational Programme
- iv. Faculty
- v. Resources
- vi. Internship
- vii. Continuing Professional Education

The student analysis is assembled in a separate document that forms part of the database material to be reviewed by the self-study groups and the survey team. Ordinarily the database forms are sent to the dean about 11-12 months prior to the survey visit. The self-study coordinator should distribute the forms to those most able to provide accurate and current information. All forms should be completed and returned within two or three months to the self-study coordinator, who is responsible for ensuring that they are prepared promptly, accurately, and consistently.

The time period covered by the data should be clearly indicated, and should be consistent throughout (usually the most recent complete academic year). The team will want current financial information, student enrollment data, educational programme changes, details of the

performance of graduates and any other significant new information. These updates should be made just before the database is sent to the survey team and CAAM-HP secretariat. Any late updates or corrections should be received by the Secretary and survey team at least a month beforehand, so as to guide the visit schedule.

## **CONDUCTING THE SELF-STUDY**

### ***The self-study task force***

The self-study requires the participation of all the constituents of the medical school. The ultimate responsibility for conducting the self-study and preparing the final report rests with the self-study task force. This group determines the objectives of the self-study and sets the timetable for the completion of activities.

### ***Composition of the self-study task force***

The self-study task force should be broadly representative of the constituents of the medical school, and include some combination of the following: administrators of the medical school (academic, fiscal, managerial), department chairs and heads of sections, junior and senior academic staff members, medical students, medical school graduates, faculty members and/or administrators of the general university, representatives of clinical affiliates, and trustees (regents) of the medical school/university. Additionally, the task force could include graduate students, junior staff involved in medical student education, and community physicians. The self-study task force might be chaired by the dean, or an associate/deputy dean, department head, or a senior faculty member. The self-study coordinator should be provided with any needed staff assistance to the task force to facilitate the timely completion of their work.

### ***Committees of the task force***

The task force should appoint committees to prepare reports on specific areas. A school with multiple clinical campuses may want to create separate committees to review each campus.

Each committee should have appropriate membership, including administrators, faculty members, and where appropriate, students. It also would be useful to have one or more members of the task force on each committee, to provide continuity and facilitate communication. Each committee should review the relevant portions of the database and address the questions described later in this guidebook. Committees may need to collect other data germane to their areas of responsibility (e.g., strategic planning documents, benchmark data, etc.).

The task force should commission the student body to conduct their own review of the institution, following the guidelines described in the document *Students' Role in the CAAM-HP*. The self-study coordinator should provide appropriate administrative support for the student review as for other self-study groups. The committee or group that reviews database sections and standards dealing with medical students should include the independent student

analysis in its materials, along with the relevant database sections.

The committees should take two or three months to complete their data gathering, analysis, and reporting. The committee reports should be forwarded to the chair of the task force or the self-study coordinator. The reports should be organised around the questions contained in the section of this guidebook titled *Components of the Self-Study Report* (see below), as well as the accreditation standards contained in *Standards for the Accreditation of Medical Schools in the Caribbean Community*. In addition, the committee reports should contain other relevant topics, reflecting any circumstances specific to the medical school. The committee reports should not simply summarise the database. They should be thoughtful analyses of each area, based on the combined perceptions and expertise of the committee members. The analyses should lead to conclusions about strengths and challenges, and to recommendations for action to alleviate any problems. In the event that a consensus cannot be reached, a minority report may be included.

## **PREPARATION OF THE FINAL SELF-STUDY REPORT**

The task force synthesises and summarises the work of the committees, and prepares the final summary self-study report. This entails looking across the committee reports, to determine how individual components contribute to the ability of the school to fulfill its objectives and educate its students. For example, a number of committee reports will address the issues of graduate medical education and junior staff teaching skills as they relate to medical student training. The summary should combine these into a comprehensive assessment. Areas of strength and weakness from the committee reports should be reviewed, and then synthesised into a summary of major institutional strengths and problems needing attention. For any problem areas that are identified, possible solutions and strategies for change should be suggested. The final summary report, which ideally should not exceed 30 pages, should be sent to the CAAM-HP secretariat, along with the medical education database, about three months prior to the survey visit. Enough copies of the report should be sent for transmission to the members of the survey team. Copies of the individual committee reports should be available for review by the CAAM-HP survey team at the time of the visit.

## **COMPONENTS OF THE SELF-STUDY REPORT**

### **Introduction**

As an introduction to the report, it is useful to summarise progress in addressing the areas of concern identified in any previous survey report. The introduction should provide a brief overview of how the self-study was conducted, including the level of participation by the various sectors of the academic community and the methods for disseminating the findings and summary report of the task force. Note if the self-study process was incorporated as part of institutional planning, or served some other purpose beyond fulfilling requirements for CAAM-HP accreditation.

## **I. *INSTITUTIONAL SETTING***

### **A. *Governance and Administration***

1. How are institutional priorities set? Is planning a regular institutional activity? If so, describe how planning has, facilitated accomplishment of the school's academic purpose, research prospects, and goals of the clinical enterprise.
2. Is the governance structure appropriate for an institution of this size and characteristics? Evaluate the role of the governance structure in the administrative functioning of the medical school. Describe any situations that require review by or approval of the school's governing board prior to taking action.
3. Evaluate the relationship of the medical school to the university and clinical affiliates with respect to:
  - a) the effectiveness of the interactions between medical school administration and university administration.
  - b) the cohesiveness of the leadership among medical school administration, health sciences centre administration, and the administration of major clinical affiliates.
4. Assess the organisational stability of the medical school administration. Has personnel turnover affected medical school planning or operations? Are the number and types of medical school administrators appropriate for an efficient and effective medical school administration?

### **B. *Academic Environment***

1. Evaluate the graduate programmes, including involved departments, numbers and quality of graduate students, quality of course work, adequacy of financial support, and overall contribution to the missions and goals of the medical school. Describe the mechanisms for reviewing the quality of the graduate programmes and comment on their effectiveness.
2. Evaluate the impact of residency training programmes on the education of medical students. Describe any anticipated changes in graduate medical education programmes (numbers of residents, shifts in sites used for training) that may affect the education of medical students.
3. Evaluate the research activities of the faculty (areas of emphasis, level of commitment, quality, quantity) in the context of the mission and goals of the medical school.
4. Assess the adequacy of the resources (equipment, space, graduate students) for research. Evaluate the amount of intramural support for research and the level of assistance available to faculty members in securing extramural support.

5. Assess the impact of research activities on the education of medical students, including opportunities for medical students to participate in research.

## **II. *MEDICAL STUDENTS***

(Note: The self-study committee or group responsible for developing the report on medical students should review the results of the student analysis, in addition to the material contained in the medical education database.)

### **A. *Admissions***

1. Critically review the process of recruitment and selection of medical students, and evaluate the results of that process. Is the size of the applicant pool appropriate for the established class size, in terms of number and quality? How do you validate your selection criteria?
2. Evaluate the number of students of all types (medical students, residents, visiting medical students, graduate students, etc.) in relation to the constellation of resources available for teaching (number of faculty members, space, clinical facilities, patients, educational resources, student services, etc.).
3. What gender, racial, cultural, and economic diversity of students do you seek, if any, and how is this aim accomplished? Are student support programmes and professional role models appropriate to the aim?
4. Evaluate whether the acceptance of transfer students, or visiting students in the school's affiliated teaching hospitals, affects the educational programme of regular students (i.e., in the context of competition with the school's own students for available resources, patients, educational venues, etc.).

### **B. *Student Services***

5. Comment on the levels of student attrition and academic difficulty in relation to your school's admission requirements, academic counselling efforts, and remedial programmes. How effective are counselling and remedial systems?
6. Analyse the pattern of career choice among your recent graduates. Is the pattern congruent with your school's mission and goals? Evaluate the system of career counselling, residency preparation, and the selection of elective courses.
7. Evaluate the level of tuition and fees in relation to the size of graduates' accumulated debt, and to the level of financial aid needed and available. What is the school doing, including counselling to minimize student indebtedness?

8. Evaluate the adequacy of student support in the following areas:
  - Personal counselling and mental health services.
  - Preventive and therapeutic health services, including immunizations and health and disability insurance.
  - Education of students about bodily fluid exposure, needle stick policies, and other infectious and environmental hazards associated with learning in a patient care setting.

**C. *The Learning Environment***

9. Comment on the effectiveness of school policies for addressing allegations of student mistreatment, and for educating the academic community about acceptable standards of conduct in the teacher-student relationship.
10. Evaluate the familiarity of students and course/clerkship directors with the school's standards and policies for student advancement, graduation, disciplinary action, appeal, and dismissal. Review the adequacy of systems for providing students with access to their records, and assuring the confidentiality of student records.
11. Assess the quality of student study space, lounge and relaxation areas, and personal storage facilities. Do they provide an environment conducive to learning?

**III. *EDUCATIONAL PROGRAMME***

**A. *Educational Objectives***

1. Indicate the level of understanding of the objectives for the educational programme among administrators, faculty members, students, and others in the medical education community. How are the objectives used as guides for educational programme planning, and for student and programme evaluation?
2. Evaluate the adequacy of patient resources and clinical settings for achieving the school's clinical objectives.

**B. *Structure of the Educational Programme***

3. Does the educational programme provide a general professional education that prepares students for all career options in medicine? Explain and justify.
4. Discuss the types and sufficiency of educational activities to promote self-directed learning and development of the skills and habits of lifelong learning.
5. Evaluate the adequacy of the system for ensuring consistency of educational quality and of student evaluation when students learn at alternative sites within a course or clerkship.

6. Are all content areas required for accreditation adequately addressed in the curriculum? How do you know?
7. Evaluate the workload and balance between education and service in the clinical years. Do students receive sufficient formal teaching during their clinical clerkships? Assess the balance between in-patient and ambulatory teaching and the appropriateness of the teaching sites used for required clinical experiences.

**C. *Teaching and Evaluation***

8. How adequate is the supervision of medical students during required clinical experiences? Discuss the effectiveness of efforts to ensure that all individuals who participate in teaching, including junior staff, volunteer and part-time faculty members, are prepared for their teaching responsibilities.
9. Evaluate the adequacy of methods used to evaluate student attainment of the objectives of the educational programme. How appropriate is the mix of testing and evaluation methods? Do students receive sufficient formative assessment in addition to summative evaluations? Discuss the timeliness of performance feedback to students in the pre-clinical and clinical years.
10. How do you ensure that students have acquired the core clinical skills specified in the school's educational objectives? Describe your system and evaluate its adequacy.

**D. *Curriculum Management***

11. Assess the adequacy of mechanisms for managing the curriculum and ensuring a coherent and coordinated curriculum. Does the curriculum as a whole and its component parts undergo regular, systematic review? Are there sufficient resources (for the appropriate dean and/or the curriculum committee) to support the management of the curriculum?
12. Judge the effectiveness of curriculum planning at your institution. Describe efforts to ensure that there is appropriate participation in planning and that resources needed to carry out the plans will be available. How effective are the procedures to rectify any problems identified in the curriculum, and in individual courses and clerkships? Describe and evaluate.
13. For schools that operate geographically separate campuses, evaluate the effectiveness of mechanisms to assure that educational quality and student services are consistent across sites.

**E. *Evaluation of Programme Effectiveness***

14. Assess the quality of your graduates. Describe the evidence indicating that institutional objectives are being achieved by your students.

15. Discuss how information about your students and graduates is used to evaluate and improve the educational programme.

#### ***IV. FACULTY***

##### ***A. Number, Qualifications, and Functions***

1. Develop a composite assessment of the educational, research, and service activities of the basic science and clinical departments, in the context of the mission and goals of the medical school. Include the following areas in the assessment:
  - Leadership (including stability of heads of department positions).
  - Faculty (including numbers, experience and expertise), in total and by discipline.
  - Finances.
  - Space and facilities.
  - Quality and quantity of teaching, research, patient care and service.
  - Involvement and success in graduate education.
2. Describe factors that facilitate and hinder the recruitment and retention of faculty members at your institution. Is the current mix of faculty (gender, ethnicity) appropriate for the attainment of your institutional goals?
3. Evaluate the availability of opportunities for both new and experienced faculty members (full-time, part-time, and volunteer) to improve their skills in teaching and evaluation. Is assistance such as training sessions from education specialists readily available?

##### ***B. Personnel Policies***

4. Evaluate the system for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of faculty members. Are the policies clear, widely understood, and followed?
5. Assess the adequacy of institutional and departmental policies relating to conflicts of interest of faculty members' private interests and the performance of their academic responsibilities.
6. Is appropriate feedback provided to faculty members about their academic performance and progress toward promotion? Are faculty members regularly informed about their job responsibilities and the expectations that they must meet for promotion?
7. To what extent is education valued in the institution? How are the degree and quality of participation in medical student education factored into decisions about retention and promotion?

**C. Governance**

8. How effective are mechanisms for organisational decision-making? Are necessary decisions made in a timely and efficient manner with appropriate input from concerned parties? Assess the relative roles of committees of the faculty, department heads, and medical school administrators in decision-making.
9. How effective are the methods used to communicate with the faculty? Do faculty perceive themselves to be well informed about important issues at the institution?

**V. EDUCATIONAL RESOURCES**

**A. Finances**

1. Discuss the appropriateness of the balance between the various sources of financial support for the school (i.e., national appropriations, income from patient care, endowments, tuition income, research income, hospital revenues). Are revenue sources stable? How do you view the prospects over the next five years?
2. Does the need to generate revenue (from tuition, patient care or research funding) significantly alter the desired balance of activities of faculty members? If so, what mechanisms are in place to protect the accomplishment of the educational mission?
3. How has the school positioned the clinical care system for best results in the local environment? Is planning related to the clinical services occurring?
4. How are present and future capital needs being addressed? Is the financial condition of the school such that these needs can be met?

**B. General Facilities**

5. Evaluate the adequacy of the facilities for teaching, research, and service activities of the medical school. Is the opportunity for educational change constrained by space concerns?
6. Discuss the adequacy of security systems on each campus and at affiliated sites.

**C. Clinical Teaching Facilities**

7. Analyse the clinical resources available to the medical school. For the size of the student body, are there adequate numbers of patients and supervisors available at all sites? Is the patient mix appropriate? Are clinical facilities, equipment, and support services appropriate for good patient care? Discuss the availability, quality, and sufficiency of ambulatory care facilities for teaching.

8. Describe and evaluate the interaction between the administrators of the hospitals/clinics used for teaching and the medical school administration. Does the level of cooperation promote the education of medical students?
9. Describe and evaluate the level of interaction/cooperation between the staff members of the hospitals/clinics used for teaching and medical school faculty members and department heads, related to the education of undergraduate and graduate students.

***D. Information Resources and Library Services***

10. Evaluate the print and non-print holdings of the library as a resource for medical students, graduate students, and faculty members.
11. Comment on the adequacy of information technology services, particularly as they relate to undergraduate and graduate education. Are the information systems of the medical school and major clinical affiliates sufficiently well integrated to assure achievement of medical school missions? Note any problems.
12. Evaluate the usability and functional convenience of the library. Are the hours appropriate? Is assistance available? Is study space adequate? Are resources, such as computers and audiovisual equipment, adequate?
13. Assess the library and information technology staff contributions to the education of medical students and the professional development of faculty members in the following areas:
  - Teaching specific skills, such as instruction in computer usage and bibliographic search, retrieving and managing information.
  - Interaction with the curriculum committee to coordinate various library and information resources with planned curricular design.

***VI. INTERNSHIP***

1. Comment on whether the internship period and the options available reflect the objectives of the internship and the training of the students in general.
2. Are the posts and supervisors available for the experiences required and how do the supervisors function? Review the arrangements in place to guide the supervisors as to their role and how are these monitored.
3. Assess the practical and academic exposure of the interns and review the adequacy of these exposures and how this is assured.
4. Do interns have a mechanism to assess their supervisors and is there a mechanism for them to appeal adverse assessments? Comment on the effectiveness of such mechanisms.
5. Comment on the appropriateness of the conditions of service, remuneration,

accommodation and duty hours in fulfilling the objectives of the internship.

6. Describe the mechanisms employed to ensure that interns working at different sites have equivalent and appropriate experiences and supervision.

## ***VII. CONTINUING PROFESSIONAL EDUCATION***

1. Describe the continuing professional education (CPE) programmes of the medical school, the content and periodicity. How are the CPE programmes delivered, i.e. conferences, workshops, internet, etc.?
2. Who are the faculty officers/departments responsible for the conduct of the CPE programmes? Describe the liaison arrangements for CPE programmes with graduates, the medical community, and regulation/licensing authorities.
3. How are credits assigned to the CPE programmes? What committee/authority approves such credits and what is its relationship to regulation/licensing authorities?
4. What assessment processes are used in evaluating the effectiveness of the CPE programmes, e.g. quizzes, MCQ's, questionnaires, etc.?
5. What credit if any is given to the faculty participating in the CPE programmes?

## **SUMMARY**

1. Summarise the school's strengths and problem areas, and prioritise the latter. Analyse changes that have occurred since any previous survey visit. Have new strengths or problems emerged? Are changing conditions likely to cause problems in the near future?
2. Note major recommendations for the future. How can the strengths be maintained and the most pressing problems addressed? Be brief but specific in describing actions that will need to be taken.