



Committee on Accreditation of Canadian Medical Schools
Comité d'agrément des facultés de médecine du Canada

THE ROLE OF STUDENTS IN THE ACCREDITATION OF MEDICAL EDUCATION PROGRAMS IN CANADA

**NOVEMBER 2014
FOR SURVEY VISITS IN THE 2015-2016 ACADEMIC YEAR**

For further information, contact:
CACMS Secretariat
Committee on the Accreditation of Canadian Medical Schools
Association of Faculties of Medicine of Canada
265 Carling Avenue, Suite 800
Ottawa, Ontario, Canada K1S 2E1
Phone: 613-730-0687. Ext 225 Fax: 613-730-1196
cacms@afmc.ca

Visit the CACMS website at:
<http://www.afmc.ca/accreditation-cacms-e.php>

The Role of Students in the Accreditation of
Medical Education Programs in Canada

For medical education programs leading to the M.D. Degree

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INTRODUCTION

My program will be having an accreditation review by the CACMS. What is accreditation and why does it matter?

The Committee on Accreditation of Canadian Medical Schools is the organization responsible for accrediting medical education programs leading to the M.D. degree in universities whose students are geographically located in Canada for their education and that are chartered and located in Canada. Under normal circumstances, medical education programs are reviewed by the CACMS every eight years.

Accreditation is widely used in higher education to evaluate the quality of educational programs. It serves the important purpose of assuring the public, government agencies, and professional groups that educational programs and medical schools meet or exceed nationally accepted standards regarding the educational process and student performance.

From the point of view of an individual school or program, accreditation also serves the important purpose of promoting medical schools' self-evaluation leading to the improvement of educational quality. The faculty of every Canadian medical education program acknowledge that doing a good job of teaching medical students is important. However, good intentions for educational improvement may sometimes falter because of resistance from powerful faculty members or departments, low priority for the education mission relative to other medical school missions, or limited school resources. The accreditation process requires that a medical education program conduct a critical self-assessment of its strengths and challenges, and it also subjects the program to the judgments of a team of external peer experts. This process confirms the strengths of a program and focuses the attention of school and university leaders on addressing any obstacles that may prevent quality improvement.

Students play a very prominent role in the accreditation process. This guide provides details about the accreditation process and how students can contribute to it. See Appendix "A" for a summary that includes some frequently asked questions about accreditation.

FACTS ABOUT THE CACMS

The Committee on Accreditation of Canadian Medical Schools (CACMS) was founded in 1979 by the Association of Faculties of Medicine of Canada (AFMC), formerly, the Association of Canadian Medical Colleges (ACMC) and the Canadian Medical Association (CMA) to act as the reliable authority for the accreditation of programs of medical education leading to the MD degree in Canada. Canadian medical education programs were accredited by the Liaison Committee on Medical Education (LCME) since 1942 and from 1979 until the present, Canadian schools have been accredited by both the CACMS and the LCME using a joint process. In 2013, the sponsors of CACMS (AFMC and CMA) and the sponsors of the LCME (The Association of American Medical Colleges and the American Medical Association) signed a Memorandum of Understanding to further codify the relationship between CACMS and the LCME. This agreement provides CACMS with more independence in decision-making, standard-setting and modification of the accreditation process to help align Canadian education programs with their social accountability. The joint process leading to dual accreditation of Canadian medical education programs is described in this document and the entire MOU is available on the CACMS websites.

The CACMS is a committee that includes medical educators, medical school leaders, medical practitioners, medical students, and representatives of the public. The CACMS is supported by a Secretariat based at the Association of Faculties of Medicine of Canada. The CACMS Secretariat is responsible for

coordinating the creation of accreditation standards and policies, managing the reviews of medical education programs and for communicating with medical schools on behalf of CACMS.

CACMS accreditation establishes the access of medical students to licensure examinations, eligibility for entry into postgraduate medical education programs accredited by the Royal College of Physicians and Surgeons of Canada or by the College of Family Physicians of Canada and eligibility for provincial medical licensure.

As of July 2014, there were 17 medical education programs in Canada that have been awarded CACMS and LCME accreditation. A list of all medical schools that have dual accreditation from CACMS and the LCME can be found on the CACMS website and is published annually in a special medical education issue of the Journal of the American Medical Association.

THE ACCREDITATION PROCESS

A. A Quick Overview of the Accreditation Process

The major steps in the accreditation review process for schools with survey visits during the 2015-2016 academic year are:

- 1) A medical school self-evaluation, termed the "medical school self-study", based on the 12 accreditation standards and associated 95 elements.
- 2) A medical school compilation of data to be used by the survey team.
- 3) An independent student analysis of the medical school
- 4) An on-site evaluation (termed "a survey visit") by a survey team of external peer experts.
- 5) The review of the survey team's findings by the CACMS.
- 6) The CACMS' determination of the program's satisfaction status and compliance status with the CACMS elements and standards respectively, and of any necessary follow-up.
- 7) The review by the LCME of CACMS's decisions regarding the program's accreditation status and required follow-up.

The full accreditation review process takes about two years for most medical education programs. The follow-up activities may require additional years, depending on how quickly a program can address problems identified by the medical school or the CACMS during the review. A more detailed description of the accreditation process highlighting areas where student participation is important follows.

B. The Medical School Self-study

Conducting the self-study and preparing for the survey team visit to the medical school take a significant amount of effort and participation by many members of the medical education community, including students.

The accreditation review process begins approximately one and a half to two years before the survey team visit. See Appendix B for a summary of the events leading up to and following the survey visit. At the beginning of that time interval, the CACMS will contact the program to establish the dates for the survey visit. Soon after that, the materials that the school will use to conduct its self-evaluation will be made available on the CACMS website.

Once the survey visit date has been set, the medical school dean should alert the student body and provide information about the accreditation process and timeline. The dean will appoint a faculty

accreditation lead, who will oversee the program's self-study. The dean, faculty accreditation lead, or both should meet with student leaders to discuss the roles students will play in the program's self-study process and to mobilize the student body to start the parallel independent student analysis (ISA) of the program. **See below for items *in italics* that are tasks which involve medical students.**

The self-study is a detailed self-evaluation of the medical school using accreditation standards and accompanying elements as the focus. It typically takes a year or more to complete. The program must compile a significant amount of information in order to answer questions contained in the "data collection instrument (DCI)," a questionnaire that includes requests for information for each of the elements that are associated with the 12 accreditation standards:

- Standard 1: Mission, Planning, Organization, and Integrity
- Standard 2: Leadership and Administration
- Standard 3: Academic and Learning Environments
- Standard 4: Faculty Preparation, Productivity, Participation, and Policies
- Standard 5: Educational Resources and Infrastructure
- Standard 6: Competencies, Curricular Objectives, and Curricular Design
- Standard 7: Curricular Content
- Standard 8: Curricular Management, Evaluation, and Enhancement
- Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety
- Standard 10: Medical Student Selection, Assignment, and Progress
- Standard 11: Medical Student Academic Support, Career Advising, and Educational Records
- Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

The DCI, when final, will include results from the ISA and from the most recent Association of Faculties of Medicine of Canada Medical School Graduation Questionnaire (AFMC GQ), an annual survey that is completed by graduating medical students.

The self-study is managed by a task force or steering committee, with additional committees formed to review and analyze accreditation data for each of the 12 accreditation standards. The committee(s) for the medical student-related standards (standards 10, 11, and 12) will focus on the medical student issues but will not be directly involved in the creation of the separate independent student analysis. *The medical school dean and faculty accreditation lead, in collaboration with student leadership, should appoint one or more students to the self-study task force and to appropriate self-study committee(s).* The self-study committees will complete their analyses and prepare reports of their findings about six months before the survey visit takes place. The individual committee findings and conclusions will then be synthesized by the task force or steering committee into a final, comprehensive self-study summary report that identifies the most notable strengths of the program and elements that require improvement or monitoring.

C. The Independent Student Analysis (ISA)

At the same time that the school initiates its self-study process, the student leadership should begin an independent review of relevant topic areas, including the medical education program, student services, the learning environment, and the adequacy of educational resources. This analysis is synthesized into a report (the ISA) that consists of the results of a questionnaire and an analysis and interpretation of the findings. See Appendices C, D, and E for specific information on survey development and analysis.

In performing its analysis, the group leading the ISA will need to conduct a survey of all enrolled students in order to develop a comprehensive picture of students' perceptions of their medical school. The faculty accreditation lead should provide the same type of administrative support for the independent student analysis as that afforded to other self-study groups. **Although medical school officials can provide logistical support and technical advice to students to help them conduct their survey and analyses, they must not participate in the development of the student survey, in the interpretation of survey data, or in the preparation of the independent student analysis report.** The student group also should review the results of the most recent AFMC/AAMC Graduation Questionnaires and the previous ISA (which the school should provide to the student group) to identify and monitor past challenges.

Preliminary data from the ISA should be provided to the school self-study task force as soon as they become available to inform the work of the task force. Students perform their own data interpretation. The ISA report should include summary data from the survey and an analysis of student perceptions of the program's strengths and achievements and areas for improvement. The self-study group or committee(s) for DCI elements and standards relating to medical students will also need to consider and include relevant data and summary findings from the ISA. Therefore, the ISA final report should be made available to the self-study task force at the same time as the reports of the various self-study committees (about six months before the survey visit) so that students' perspective can be fully incorporated into the program's final self-study summary.

D. The Survey Team Visit

The CACMS Secretariat will appoint a survey team drawn from a pool of knowledgeable, experienced medical school leaders and faculty and members of the medical practice community. Most survey teams consist of five to six members: a team chair, a team secretary, a student member when possible, a faculty member appointed by CACMS, an LCME-appointed member whenever possible, and a faculty-fellow whenever possible and occasionally an observer from another accrediting group or organization. Survey teams typically are led by a medical school dean. Team members come from a variety of backgrounds (e.g., associate deans of curriculum and student affairs, leaders of research programs or clinical practices, experts in faculty affairs) and, wherever possible, include at least some members from schools with characteristics similar to those of the school being reviewed.

At least three months before the survey visit, the members of the survey team will receive all of the information that the program collected and analyzed in its self-study process, including the complete DCI, the final medical school self-study report, and the ISA, along with its supporting data (e.g., the AAMC CGQ and the AFMC Graduation Questionnaire). The survey team will review that information and develop a preliminary assessment of the program before arriving at the school for the survey team visit.

The survey team visit typically begins late on a Sunday afternoon, when the team gathers to review its impressions and identify any major issues that need additional information, clarification, and follow-up during the visit. The team then meets with the medical school dean to discuss his or her perceptions of

the program, including its strengths and the challenges that it faces, and any current issues that could affect the program's functioning or operations in the immediate future.

A survey team visit most often lasts two and a half days (usually ending by mid-day on Wednesday). For schools with one or more geographically distributed campuses located at a distance, the visit may be extended by one day. During the visit, the survey team will meet with the school's academic and administrative leaders, representatives from its affiliated hospitals, department chairs, directors of required learning experiences, and students. *The survey team will meet formally with students during extended luncheon sessions on Monday and Tuesday of the survey visit.* Also during the visit, survey team members frequently inspect educational and student facilities on the main campus and at major teaching hospitals, *with students serving as guides for these tours, which provides an opportunity for informal discussions about the program.* During all these discussions, the survey team will be gathering additional information, clarifying the data it has already received, and making assessments of how well the medical education program complies with accreditation requirements, as specified in the 95 elements associated with the 12 accreditation standards. At the end of the survey visit, the team will give a summary of its findings to the medical school dean and to the chief executive of the university.

E. Preparation and Review of the Survey Team Report

In the two months immediately after the survey team visit, the team will prepare a summary of its findings related to each of the 95 elements. A draft version of this survey team report will be reviewed by the CACMS Secretariat and then sent to the medical school dean so that any factual errors can be corrected. After making any needed corrections, the secretary of the survey team will send the final report to the dean and to the CACMS Secretariat for consideration at the next regular CACMS meeting (these take place in September, January, and May).

The members of the CACMS will review the survey report, finalize decisions related to accreditation elements and standards, and determine whether the medical education program's accreditation should be continued. The CACMS also will identify any follow-up that may be needed to ensure that the program meets the requirements of the elements and achieves compliance with all cited standards. The CACMS' accreditation decisions and supporting documentation are reviewed by the LCME at its next regularly scheduled meeting and a consensus decision is achieved. Because the quality of Canadian medical education programs is uniformly high, the probability of any program losing its accreditation as a result of an accreditation survey is low. If serious problems are identified, the CACMS/LCME would, in most circumstances, give the program an opportunity to correct them.

For most medical education programs with areas of minor concern, the CACMS/LCME will request the medical school dean to submit one or more written reports (termed "status reports") describing what the program has done to correct problems associated with one or more of the standards/elements. Follow-up status reports or visits may extend over several years, depending on the nature of the deficiencies (e.g., if a new building is needed to provide appropriate classroom and lab space, it may take several years to complete). Such follow-up continues until all deficiencies have been addressed to the CACMS' satisfaction.

If there are no or limited deficiencies identified at a school, the CACMS/LCME will continue the medical education program's accreditation for a term of eight years and the date of the next full survey visit will be posted on the CACMS website. If the accreditation issues identified by the CACMS are more serious, the CACMS/LCME have several options for follow-up depending on the extent and nature of the problems. These options include scheduling a limited (focused) survey visit to verify how the program has corrected

its problems, or placing the program on “warning” status or on “probation” status. Although the decision to place a program on probation is infrequent, such actions do occur. Programs placed on probation remain fully accredited, with all of the rights and privileges associated with accreditation, but are notified that if all pending accreditation issues are not resolved in a limited period of time, withdrawal of accreditation may occur. Schools where the CACMS/LCME have delayed deciding on the term of accreditation because, for example, it is awaiting the results of a limited (focused) survey visit, will have the date of the next full visit listed as “pending” on the CACMS website.

STUDENT PARTICIPATION IN THE ACCREDITATION PROCESS

The following section describes in greater detail the roles that students may play at various stages of the CACMS accreditation process:

A. Getting started: the medical school dean’s alert to students.

The dean will inform student leadership about the upcoming survey team visit when the dates for the visit have first been set by the CACMS (see Appendix B for a typical timeline). This initial meeting should discuss the roles of students in the self-study and survey visit processes. It will be helpful if the student leadership meets with the dean, the dean’s designated faculty accreditation lead, or both, at the very beginning of the process to discuss how students can best organize their efforts to collect information and participate in the accreditation review.

Various documents with information about medical school accreditation are available from the publications section of the CACMS website (<https://www.afmc.ca/cacms-lcme-publications-e.php>). Important publications are *CACMS Standards and Elements*; the *Guide to the Medical School Self-Study*, which describes the self-study process; and the *Survey Report Guide*, which details about the kinds of information that the survey team will include in its report to the CACMS. Copies of this guide (*The Role of Students in the Accreditation of Medical Education Programs in Canada*) can also be downloaded from the CACMS website.

B. Appointment of students to the medical school self-study task force and committees.

Students should be included on the medical school self-study task force and on any subcommittees where they can provide meaningful input. Each subcommittee should contain appropriate membership for its specific topic, and students ought to participate in review of areas that affect their education and student life. At most programs, students serve on subcommittees reviewing accreditation standards and elements related to the educational program, medical students, and educational and clinical facilities.

C. Independent student analysis.

The CACMS considers an independent review, conducted by students, to be a critical element of the accreditation process. The work on the ISA should be begun around the time that the medical school initiates the overall self-study process, and it should be completed around the time that the individual self-study subcommittees are completing their reports. The medical school dean’s office or support staff should offer any reasonable logistical and financial support or technical advice to help students, especially with regard to the conduct of the survey to students described below and the analyses of the data from that survey.

The medical school dean's office should also provide appropriate background materials to the students who will be managing the ISA. Such materials may include a copy of the results from the most recent AFMC Graduation Questionnaire, a copy of the program's most recent accreditation survey report (or at least relevant sections of the report), and any other information that the program and students mutually agree would be helpful in conducting the student review.

In the early stages of the work on the ISA, it may be useful for students to contact their peers at other medical schools that either have just completed an accreditation review or are in the process of preparing for one. A section below provides additional details on networking with students at other schools. The ISA is one of three major pieces of student-based information that the survey team will possess when it evaluates the program. The other two sources of information are data from the AAMC Canadian Graduation Questionnaire and the AFMC Graduation Questionnaire (which only provides information from the most recent graduating class[es]), and the students who meet with survey team members during the survey visit (these students will span all four years of medical school, but may not necessarily constitute a representative sample of all students' perspective). In order to complement these other information sources, the ISA should be based on a comprehensive survey of students in all four years and cover all the questions and topics included in the core survey. Students may add other topics that are important to them. An effective ISA will be based on extensive data from the entire student body. A high response rate to the questionnaire survey is critical for the credibility of the data.

The organizers of the ISA should familiarize themselves with the *CACMS Standards and Elements* publication. It is available on the CACMS website.

The following general areas should be addressed in the independent student analysis:

- Accessibility of dean(s) and faculty members;
- Participation of students in medical school committees;
- Curriculum, including time spent in educational and clinical activities, organization, instructional formats and adequacy of content, balance between scheduled class time and time for independent study;
- Student assessment, including quality and timeliness of feedback;
- Opportunity for the evaluation of required learning experiences and teachers, and whether identified problems are corrected;
- Student support services and counseling systems (personal, academic, career, financial aid), including their accessibility and adequacy;
- Student counseling and health services, including their adequacy, availability, cost, and confidentiality;
- Availability and cost of health and disability insurance;
- The learning environment to foster students' development of their professional identity and other aspects including policies and procedures to prevent or respond to mistreatment or abuse;
- Facilities, including quality of educational space, availability of study and relaxation space, security on campus and at affiliated clinical sites; and
- Library facilities and IT resources, including access to and quality of holdings and information technology resources.

Appendix C of this guide outlines some logistical considerations related to the collection and reporting of data for the ISA. In general, the committee of students planning the ISA should define the additional areas to be covered. They should then develop survey questions to collect data (quantitative and qualitative) about each area. The student committee should then analyze the survey data and develop a

set of findings and conclusions. **The ISA document should contain an executive summary highlighting major findings of strengths and areas for improvement, a brief narrative summary of findings related to each topic covered (e.g., the curriculum, student services, the learning environment), and should end with conclusions and recommendations.**

Appendix D of this guide contains questions that must be included in the student survey. In addition to the questions that must be present, other questions may be added to reflect specific characteristics of a program.

The ISA should also contain a quantitative summary of the questionnaire survey results. The quantitative summary should include the response rate to the questionnaire for EACH class year (e.g., "First-year student response rate: 89%, Second-year student response rate: 93%", etc.). For medical schools with geographically distributed campuses, the survey results should be reported for each campus. There should be a summary in tabular numerical form of student responses to EACH question by year. The CACMS Secretariat suggests following each survey question with the PERCENT of students that have selected EACH choice option. (Please see Appendix E in this guide for suggestions of how to report the student response data.) When reporting results, please print column headers on each new page. This makes it more convenient for the survey team to read.

The students responsible for the ISA should inform the student body about the importance of participating in the questionnaire survey and the seriousness with which the survey team and the CACMS regard the results. If the initial response rate for the student survey is low (i.e., less than 70% for any class), it may be necessary to conduct a follow-up survey to improve the response rate. Incentives also may be used to enhance participation. The results from the survey may also be supplemented with other data, such as the results of focus group studies, input from student organizations, or similar kinds of information.

Medical school officials must not influence the ISA or edit the report. Nevertheless, both the program and the students will benefit if a draft of the ISA document is shared with the faculty accreditation lead in order to ensure that the analysis does not contain any inconsistencies with the survey data. The final version of the ISA must be made available to the committee(s) reviewing student issues and to the self-study task force, so that the findings can be incorporated into the medical school's final self-study report.

D. Networking with students at other schools.

When students begin their review of the medical education program, they may find it helpful to learn from the experiences of students at other schools that have recently completed an accreditation survey visit or who are further along in the process of ISA planning and development. To network with students at other schools, it is first necessary to know which schools have recently completed an accreditation survey or are scheduled for a survey visit in the near future. The CACMS website includes a page (<https://www.afmc.ca/cacms-acmep-survey-e.php>) titled "Accredited Canadian Medical Education Programs" that lists the next full survey dates for all CACMS-accredited programs. Because full accreditation surveys occur every eight years, a program whose next full survey date is in seven or eight years will have recently completed the self-study process for a full accreditation survey, whereas a program that has the current year listed for its next full survey will likely be in the midst of its self-study process. Based on the listed academic years, it should be possible to find schools that have just completed or will soon complete their accreditation surveys or schools that are in the middle of preparations for a survey visit. Students at those other institutions can be contacted to learn how they completed or are planning to complete their own ISA.

Students most knowledgeable about the process used at a given school may be involved in national medical student organizations. Canadian medical student organizations are the Fédération médicale étudiante du Québec (FMEQ) and the Canadian Federation of Medical Students (CFMS). Current CACMS student members are not authorized to provide assistance.

Other opportunities for networking may arise at local or national meetings of student groups. For example, annual meetings of the CCME typically include sessions focused on accreditation issues that are open to students and frequently include student participants.

E. Student participation during the CACMS survey visit.

After the school's self-study and the ISA have been completed and submitted, the survey team will begin to review all of the materials prepared by the program, and the secretary of the team will work with the program's faculty accreditation lead to develop the schedule for the survey visit. A sample schedule for a full accreditation survey can be found in the CACMS publication, *Guidelines for the Conduct of Accreditation Survey Visits*, available from the CACMS website (<https://www.afmc.ca/cacms-1cme-publications-e.php>).

Most team secretaries follow the sample schedule or modify it slightly to accommodate any special circumstances, such as the presence of a geographically distributed campus. *As the schedule indicates, the survey team will meet for lunch on Monday of the survey visit with students from the first and second-year classes and on Tuesday with students from the third and fourth-year classes.* If the survey visit takes place early in the academic year (especially in September and October), the Monday meeting may include a few third-year students and the Tuesday meeting may include recent graduates now doing their residency at the school. Those students or graduates would be included so that some students in each session will have knowledge about the entire second and fourth years of the curriculum, respectively.

The lunch sessions with students allow for informal and open discussions about the school. One purpose of these meetings, from the survey team's point of view, is to identify and reconcile, if possible, any differences in students' perspectives from the ISA and the AAMC CGQ and the AFMC Graduation Questionnaire with the medical school's self-study. Sometimes the differences are easily explained by timing differences of the data. There may also be genuine differences of perspectives, and part of the survey team's task is to determine if that is the case. The survey team will explore issues identified in the ISA and the graduation questionnaires in more depth, and determine if any new issues have surfaced which were not mentioned in those sources. For those reasons, it is extremely helpful if the students at these lunch sessions are familiar with the information contained in the ISA and the graduation questionnaires. While it is up to the school and its students to determine the process by which students are selected to participate in these meetings, it is very useful to ensure that a representative group of students is included, not just student leaders. When possible, each session should include one or more students who were responsible for conducting or managing the ISA and are therefore highly knowledgeable about it. The survey team may have a particular interest in talking to certain categories of students - for example, they may want to meet with one or more students who have had some academic struggles and are therefore familiar with the school's systems for academic counseling and tutorial services.

Students who meet with the survey team should feel comfortable in speaking openly about both the strong and weak points of the medical education program. Under no circumstances are student comments quoted directly or attributed to any individual either in the report of the survey team or in exit conferences with the medical school dean and university executive. The survey team will not make any

determinations based solely on what an individual student (or faculty member or dean) says. However, it will explore any potential issues that arise in discussions with students or others, and in such cases will look for corroborating documentary evidence while it is at the school.

In addition to the lunch meetings on Monday and Tuesday during the survey visit, a few students will guide the survey team on tours of classrooms, labs, the library and computer learning or testing facilities, lounge and relaxation areas, and study space, and of educational facilities in one or more teaching hospitals or ambulatory care sites. The tours provide a highly unstructured format for sharing information with the survey team. As with the lunch meetings, the team will interpret what it learns during the tours in the context of other information it has obtained before or during the survey visit, and team members will not make any judgments based solely on what they are told by a student during a tour of the school's facilities.

F. Complaints and grievances.

An accreditation survey should not be seen as an opportunity for individual students (or faculty members, deans, or anyone else) to involve the CACMS in discussions about personal or academic grievances with the school. As an accrediting agency, the CACMS and its survey teams concentrate only on making determinations about whether the school is performing in a satisfactory way related to the accreditation standards and elements.

Any student who believes that a school's actions or policies indicate noncompliance with accreditation standards or unsatisfactory performance related to one or more elements can bring the issue to the CACMS's attention by submitting a formal complaint about the program at any time. This can be done by contacting the CACMS Secretariat offices and providing relevant details and a signed consent form. Further information about the CACMS's complaint policy can be found in the *CACMS Rules of Procedure* publication, available from the CACMS website.

In the case of complaints, the CACMS will only make a determination regarding the program's compliance with accreditation standards. It will not intervene on behalf of any complainant in the resolution of grievances.

OTHER OPPORTUNITIES FOR STUDENT INVOLVEMENT WITH THE CACMS

A. CACMS student members.

Medical students can become members of the CACMS. The medical student members of the CACMS ensure that accreditation standards, policies, and actions include the student perspective. Student members participate fully in the discussions and decision-making on accreditation matters that take place during CACMS meetings, including reviews of accreditation surveys and school follow-up (status reports), consideration of accreditation standards and policies, and broad discussions about the impact of medical education and health care delivery on accreditation. Each student member participates in accreditation survey visit(s) during his or her years of service on the CACMS.

Two CACMS student members are appointed annually, one by the FMEQ and one by the CFMS. Because of the time required to participate in CACMS work, applicants for student membership are expected to be students who have completed most or all of their required learning experiences who are familiar with student issues across the entire curriculum. Student members have full voting privileges and serve a two-year term that begins on July 1st and ends on June 30th.

The CACMS pays all expenses incurred by student members related to their service on the CACMS.

Although student members are appointed by student organizations, they do not have any formal responsibilities to these organizations with regard to their service on the CACMS, as is also true for professional members. Student members may convey to the CACMS issues of interest to the student organizations (such as new policies or accreditation standards), but they do not function as representatives of the organizations in any CACMS discussions or decisions. In the same way, student members are not official CACMS representatives to student organizations, and they are subject to the same expectations as professional members with regard to confidentiality and public disclosure of CACMS discussions and decisions. Students interested in serving on the CACMS should contact their student organizations or the CACMS Secretariat to learn more about the process for becoming a student member of the CACMS.

B. Student feedback on accreditation standards.

The CACMS both appreciates and benefits from student input. One of the ways in which students can be helpful to the CACMS is by providing suggestions and feedback regarding its accreditation elements and standards.

The CACMS conducts both planned and unplanned reviews of its existing accreditation standards and elements and considers the development of new or revised elements. Planned reviews take place over a five-year cycle. Suggestions for new elements or modifications to elements standards may come from any source. Although, in most cases, they arise from the organizations involved in medical education, occasionally suggestions come from individuals. Several recent additions to accreditation requirements were developed and adopted in response to requests from student groups. Students with ideas for new standards or elements should contact the CACMS Secretariat directly.

CONTACTING THE CACMS SECRETARIAT

Written communications can be addressed to the CACMS Secretariat at either of the following addresses:

CACMS Secretariat
Committee on the Accreditation of Canadian Medical Schools
Association of Faculties of Medicine of Canada
265 Carling Avenue, Suite 800
Ottawa, Ontario, Canada K1S 2E1
Phone: 613-730-0687 Ext. 225 Fax: 613-730-1196

You can also reach the CACMS staff by e-mail, addressed to cacms@afmc.ca

Visit the CACMS web site at:

<http://www.afmc.ca/accreditation-cacms-e.php>

APPENDIX A: Summary and Frequently Asked Questions

General Questions

- ❖ How often is my medical school reviewed by the CACMS?

The standard term of accreditation is eight years. If significant problems are identified after a medical education program's full accreditation review, the CACMS/LCME may continue accreditation until a limited survey is conducted, to determine how the program has addressed its problems. Limited surveys typically take place within two years of the full review. If the program has made satisfactory progress or fully resolved its problems, accreditation will be continued for the balance of the eight-year term. In rare cases, the CACMS/LCME may shorten the term of accreditation.

- ❖ Does the CACMS just evaluate the medical curriculum or does the CACMS examine all aspects of a medical education program?

The CACMS's assessment is based on its accreditation standards and associated elements, which cover a number of areas that touch on the medical student experience. See CACMS Standards and Elements on the CACMS website (<https://www.afmc.ca/cacms-lcme-publications-e.php>) under Publications for the accreditation standards and associated elements.

- ❖ What happens when a program does not fully comply with CACMS standards and elements?

Depending on the number and nature of the citations involved, the CACMS/LCME may ask a program to provide one or more written reports (called "status reports") documenting how it has addressed its problems, or it may send a survey team to the program to verify that problems have been satisfactorily addressed.

- ❖ What happens if a program is placed on probation?

Probation represents a judgment by the CACMS/LCME that a program is not in substantial compliance with accreditation standards, and that the quality of the school's educational program will be seriously compromised if the noncompliance issues are not addressed. A program on probation remains fully accredited, with all of the rights and privileges associated with accreditation. However, it must publicly disclose to all faculty members, students, and applicants that it is on probation. If a program on probation does not achieve full compliance with accreditation standards within the time period established by the CACMS/LCME, its accreditation may be withdrawn.

- ❖ If there exists an important issue for students at a school, how can that school's students ensure that it is addressed by the CACMS?

If the medical education program is scheduled for a CACMS accreditation review, the issue should emerge from the program's self-study and in the ISA. If the issue involves noncompliance with accreditation standards and the survey team confirms noncompliance, the CACMS/LCME will require the program to resolve the problem within two years.

Occasionally, an issue considered important by medical students does not relate to CACMS accreditation standards (e.g., scarce or expensive on-campus parking). In such cases, the survey team may comment on

the problem in its report, but the CACMS cannot compel the program to take corrective measures because the issue does not involve noncompliance with accreditation standards.

If a major issue surfaces and a program is not scheduled for an upcoming CACMS review, students can bring the issue to the attention of the CACMS by submitting a formal complaint. Details of the complaint procedure are contained in the CACMS Rules of Procedure document, which is available from the CACMS website.

Medical Student Participation in CACMS Accreditation

- ❖ What role do students play in the CACMS accreditation process and/or in a medical school's survey visit by the CACMS?

Students conduct an independent student analysis (ISA) of the medical school in parallel to the self-study that medical schools complete as part of their accreditation preparations. The survey team that reviews a program will meet with students selected from all class years, and will tour educational facilities with assistance from student guides. The survey team will include students' perspective taken from the ISA, from the AFMC Graduation Questionnaire, and from students it meets on-site when making its determinations about the program's strengths, weaknesses, and opportunities for improvement.

Four of the 15 voting members of the CACMS are medical students. Students also play a prominent role in the development and revision of accreditation standards, and in CACMS policies. Two students serve on the Standards Subcommittee and two serve on the Policy Subcommittee.

Medical Student Participation in CACMS Survey Visits

- ❖ Does the CACMS meet with students? Is any student invited to attend meetings to talk with the CACMS?

The survey team evaluating a medical education program will meet with a group of first-year and second-year students over lunch on the Monday of the survey visit, and with a similar group of third-year and fourth-year students over lunch on the Tuesday of the survey visit. The program and its students will determine which students meet with the surveyors. Students also guide the survey team on inspection tours of the school's educational facilities.

- ❖ How should students be selected to participate in the survey visit process?

From the survey team's perspective, it is desirable to meet with a representative group of students from all classes (first/second year on Monday and third/fourth year on Tuesday), including some who were directly involved in the leadership of the independent student analysis and who are familiar with the data collected by the student survey. In order to better understand how the program functions, it may also be desirable to include students who have direct experience with the school's academic counseling and tutorial services, personal counseling, minority affairs support, and/or systems for addressing mistreatment issues, as well as students who are involved in medical school committees, such as the Curriculum Committee or its equivalent. The program or its students may also want to include some participants who are familiar with its distinctive missions or programs, such as students enrolled in M.D./M.P.H. or other joint degree programs, and students involved in research or community service programs. In summary, it is desirable that the survey team meet with a breadth of students, not just class leaders. The school and its programs are more likely to be effectively represented if the selection of students results from mutual agreement among medical school officials (leaders and faculty) and the

student body. A survey team would likely be concerned if students had no voice at all in deciding which of them met with the surveyors.

Independent Student Analysis

- ❖ Is there a template that students can use as a guide to develop their student survey for the independent student analysis?

Appendix D in this guide contains questions that students are required to include in their survey. Additional questions may be added, as needed, to address issues of particular importance to the students. Students are strongly encouraged to collect narrative comments on the various sections of the survey. Students' interpretations and summary of these comments become an integral part of the report, greatly enriching it.

Please also see Appendix E for an example on how to report the student response data in a table format. The medical school should, if requested, supply technical assistance in editing survey questions and in analyzing the data

- ❖ Should school leaders/faculty review the independent student analysis?

Yes. Medical school officials should have an opportunity to review the independent student analysis and discuss any perceptions that it contains factual errors. They should also have an opportunity to incorporate the findings of the independent student analysis into the larger self-study summary. They must not, however, edit or revise the analysis or pressure students to change its content or conclusions.

- ❖ What type of student feedback is most useful to the CACMS?

The best student feedback is analytical, candid, and constructive. It should accurately identify all relevant problems in a way that also indicates how students think the medical education program can improve. Students should indicate both a program's particular strengths and challenges. A survey team will be impressed by student feedback that is consistent across all information sources and is supported by appropriate documentation.

- ❖ Is there a certain percentage of students who should respond to the student survey for the information to be useful to the CACMS?

A high response rate is desirable and necessary to ensure the credibility of the information. The student survey should ideally achieve a minimum of a 70-80% response rate for each class year. The students responsible for the survey may use incentives, supplied by the medical school administration, to support a good response rate.

APPENDIX B:
Typical Timeline for the CACMS Institutional Self-study and Accreditation Survey Visit

Months Before (-)/after (+) Survey Visit
 (Student involvement denoted by italic text.)

-18	CACMS Secretary sets survey visit dates with medical school dean. <i>Dean informs student body of pending survey. Interested students meet with dean to discuss student role.</i>
-15	CACMS Secretary releases DCI and medical school self-study information. <i>Students begin to plan and implement their ISA.</i>
-15	Medical school dean distributes DCI forms to department heads, section heads, <i>students</i> , etc.
-15	Medical school dean appoints members of medical school self-study task force and committees, <i>including student representatives.</i>
-12/10	Self-study task force establishes its objectives and scope of study and sets committees. <i>Students participate in appropriate committees and finalize data collection for independent student analysis.</i>
-10/-6	Medical school dean collects completed DCI forms and distributes copies to self-study task force and committees. <i>Data includes the results of the student survey. ISA narrative is developed.</i>
-10/-6	Committees review data and write critique of assignment; report is forwarded to task force.
-6/-3	Task force reviews reports of committees and prepares lists of elements assessed as strengths, unsatisfactory, and satisfactory with a need for monitoring, and recommendations for improvement.
-3	Medical school dean submits the medical school self-study summary and DCI. <i>The independent student analysis is included in this mailing.</i>
Survey	Survey team visits campus, conducts interviews and inspections, and writes survey report for CACMS. Team meets with administrators, faculty, <i>and student groups. Student representatives are expected to be well informed about major issues and concerns of the student body.</i>
+1/+2	Draft survey team report is circulated for review and correction to survey team members, CACMS Secretariat, and medical school dean.
+2/+4	Final survey team report is circulated for review by CACMS membership.
+2/+4	CACMS considers the survey team report and makes accreditation decision.
+3/5	CACMS's decision and supporting documentation provided to LCME for its review; final joint decision is rendered.
+4/6	Medical school dean and university president are sent report and notified of the CACMS/LCME's decision about accreditation status. Schedule of any follow-up reporting or return visits is established

APPENDIX C:

Suggested Logistics for Development of the Independent Student Analysis

There are many ways to collect and report students' perspective in the accreditation process. The process for creating the independent student analysis should be coordinated by a small steering committee composed of students, representative of the student body, who preferably are selected or approved by the student body. This steering committee could include, among other members, representatives from the student council, class officers, and school representatives to national medical student organizations. Ideally, these students should come from all classes.

Methods used to solicit input from students should aim for a high response rate. Appendix D of this guide contains questions that must be included in the student survey. In addition to the questions that must be present, other questions may be added to reflect specific characteristics of a program. The survey should have space for students to add comments. It is also recommended to customize the survey to each level of students to ensure that students would only have to respond to questions of relevance to their level of training, thus keeping the questionnaire shorter and increasing response rate.

Canadian federal and provincial laws request data to be collected and stored on servers located in Canada (more information can be found at <http://www.servercloudcanada.com/2014/05/canadian-privacy-laws-canadian-cloud-primer-canadian-businesses/>). Students should verify with their school that their intended survey platform conforms to the legislation.

In addition to conducting a survey, the leaders of the independent student analysis may also choose to hold class meetings to discuss student concerns or request that each class submit reports delineating areas that require attention. If any of these methods are used, information on the number of participants should be provided.

Once data have been collected, a small working group should analyze and summarize the data and prepare the independent student analysis document. When reporting the results of the survey, please include information about the response rate for EACH class year for each campus and the overall response rate by campus. The draft document should be completed at or before the deadline for the school's individual self-study subcommittees to complete their respective reports. The final version of the independent student analysis should be forwarded to the chair of the medical school self-study task force or the faculty accreditation lead of the school so that its findings can be incorporated into the medical school's self-study report, as appropriate.

The following guidelines are suggested for writing the independent student analysis:

- 1) Begin the independent student analysis with a description of the method(s) used to collect data or gather students' perspective. Include the response rate to any questionnaire (both by class year, by campus and overall) and, if applicable, the number of students who participated in discussions or focus groups.
- 2) It is helpful to begin with an executive summary that highlights the major findings. Summarize the results of the student survey in a concise narrative, organizing the findings by topic areas (e.g., curriculum, student services). Note areas in which the school is doing well and areas in which it needs improvement, using data from the survey as documentation. Note any recent changes (e.g., curriculum revisions or changes in student services) that may reflect differences in how each class has rated the item.

- 3) Include a quantitative summary (in numerical form) of student response data from the student survey. For each question, the CACMS Secretariat staff suggest providing the number and percent of students who selected each option, in total and by class. Please DO NOT SEND individual response data, but have it available for the team on site. Do not include individual student comments, but comments that are representative of the responses from a large number of students may be included in the narrative as illustrations.

**APPENDIX D:
Required Survey Questions for the Independent Student Analysis**

The following questions must be included. Feel free to add questions as needed to reflect the distinctive characteristics of the school or to address other issues that may be of particular importance to the school's students. It is recommended that students use the Likert-type scale to conform to that used in the CGQ and AFMC GQ i.e., 1-5 with the following choices of anchor labeling; specify which system of anchor labeling (Disagree – Agree system, or Dissatisfied – Satisfied system, etc.) to use depending on the nature of the question. If students choose different anchor labeling for their additional questions, they should ensure for consistency that '5' always represents the most positive label. When rating the quality of an educational experience, please use the Poor – Excellent anchor labeling system. When the stem is a statement e.g., "I am familiar with the medical school's policy on student mistreatment", please use the Strongly Disagree – Strongly Agree anchors. If the stem is a single word or phrase i.e., not a complete sentence, use the Very Dissatisfied – Very Satisfied anchors.

- 1 = Very dissatisfied – Strongly disagree – Poor
- 2 = Dissatisfied – Disagree – Fair
- 3 = Neither dissatisfied nor satisfied – Neither disagree nor agree – Good
- 4 = Satisfied – Agree – Very good
- 5 = Very satisfied – Strongly agree – Excellent
- NA = Not applicable – No opportunity to assess – Did not use

STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS

Office of the Associate Dean/Assistant Dean/ or Director Student Affairs

1. Accessibility	1	2	3	4	5	NA
2. Awareness of student concerns	1	2	3	4	5	NA
3. Responsiveness to student problems	1	2	3	4	5	NA
4. Includes students on key medical school committees and working groups	1	2	3	4	5	NA

Office of the Associate Dean/Assistant Dean Undergraduate Medical Education/Academic

5. Accessibility	1	2	3	4	5	NA
6. Awareness of student concerns	1	2	3	4	5	NA
7. Responsiveness to student problems	1	2	3	4	5	NA
8. Includes students on key medical school committees and working groups	1	2	3	4	5	NA

Medical school faculty

9. Accessibility of the faculty of the medical school	1	2	3	4	5	NA
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LEARNING ENVIRONMENT

10. I am familiar with the medical school's policy on student mistreatment.	yes	no
11. I know how to report mistreatment.	yes	no

	yes	no					
12. I personally experienced mistreatment [described as any one of the following types: publicly embarrassed; publically humiliated; threatened with physical harm; physically harmed; required to perform personal services, subjected to sexual offensive remarks, denied opportunities or rewards based solely on gender, received lower evaluations or grades solely based on gender, subjected to unwanted sexual advances, asked to exchange sexual favours for grades or other rewards, denied opportunities for training or rewards based solely on race or ethnicity, subjected to racially or ethically offensive remarks, received lower evaluations based on race or ethnicity, denied opportunities for training or rewards based solely on sexual orientation, subjected to offensive remarks/names based on sexual orientation, received lower evaluations or grades based on sexual orientation]							
13. The medical school (and its clinical affiliates for students in years 3 and 4) fosters a learning environment in which all individuals are treated with respect	1	2	3	4	5		NA
14. The medical school (and its clinical affiliates for students in years 3 and 4) fosters a learning environment conducive to learning and to the professional development of medical students	1	2	3	4	5		NA

FACILITIES

15. Adequacy of safety and security at instructional sites	1	2	3	4	5		NA
16. Adequacy of lecture halls and large group classroom facilities	1	2	3	4	5		NA
17. Adequacy of small group teaching spaces on campus	1	2	3	4	5		NA
18. Adequacy of space used for clinical skills teaching	1	2	3	4	5		NA
19. Adequacy of space in ambulatory care clinics (for students in years 3 and 4)	1	2	3	4	5		NA
20. Adequacy of education/teaching space at clinical facilities used for required learning experiences (for students in years 3 and 4)	1	2	3	4	5		NA
21. Adequacy of relaxation space at the medical school campus	1	2	3	4	5		NA
22. Adequacy of student study space at the medical school campus	1	2	3	4	5		NA
23. Access to secure storage space at the medical school campus	1	2	3	4	5		NA
24. Access to secure storage space at clinical teaching sites used for required learning experiences	1	2	3	4	5		NA
25. Adequacy of call rooms at clinical sites used for required clinical learning experiences.	1	2	3	4	5		NA

LIBRARY AND INFORMATION TECHNOLOGY RESOURCES

26. Ease of access to library resources and holdings	1	2	3	4	5		NA
27. Quality of library support and services	1	2	3	4	5		NA
28. Ease of access to electronic learning materials	1	2	3	4	5		NA

29. Adequacy of the wireless network in classrooms and study spaces at the medical school	1	2	3	4	5	NA
30. Adequacy of the number of electrical outlets in teaching and study space at the medical school	1	2	3	4	5	NA
31. Adequacy of audio-visual technology used to deliver educational sessions (e.g., lectures, academic half-days)	1	2	3	4	5	NA
32. Access to information resources (computers and internet access) at clinical facilities used for required learning experiences (for students in years 3 and 4)	1	2	3	4	5	NA

STUDENT SERVICES

33. Accessibility of student health services	1	2	3	4	5	NA
34. Accessibility of personal counseling	1	2	3	4	5	NA
35. Confidentiality of personal counseling	1	2	3	4	5	NA
36. Availability of mental health services	1	2	3	4	5	NA
37. Availability of programs to support student well-being	1	2	3	4	5	NA
38. Adequacy of career advising	1	2	3	4	5	NA
39. Adequacy of guidance on choosing electives	1	2	3	4	5	NA
40. Adequacy of financial aid services and counseling	1	2	3	4	5	NA
41. Adequacy of debt management counseling	1	2	3	4	5	NA
42. Adequacy of academic advising/counseling	1	2	3	4	5	NA
43. Availability of student health insurance	1	2	3	4	5	NA
44. Availability of disability insurance	1	2	3	4	5	NA
45. Adequacy of education about prevention of and exposure to infectious diseases (e.g. needle-stick procedures)	1	2	3	4	5	NA
46. I know what to do if I am exposed to an infectious or environmental hazard					Yes	No

MEDICAL EDUCATION PROGRAM

47. Access to student academic records	1	2	3	4	5	NA
48. Clarity of policies for advancement/graduation	1	2	3	4	5	NA
49. The learning objectives of required learning experiences in first and second years helped guide my learning	1	2	3	4	5	NA
50. The methods used to assess my performance in first and second years helped me learn.	1	2	3	4	5	NA
51. Quality of the first year required learning Experiences	1	2	3	4	5	NA
52. Quality of the second year required learning experiences	1	2	3	4	5	NA
53. Quality of clinical skills instruction in the first and second years	1	2	3	4	5	NA
54. Amount and quality of formative feedback in the first and second years	1	2	3	4	5	NA

55. Time spent in educational activities in the first and second years	1	2	3	4	5	NA
56. Coordination and integration of content in the first and second years	1	2	3	4	5	NA
57. Effectiveness of the first and second year as preparation for clinical learning involving patient care	1	2	3	4	5	NA
58. School responsiveness to student feedback on required learning experiences in first and second year	1	2	3	4	5	NA
59. The learning objectives of required learning experiences in third and fourth years helped guide my learning	1	2	3	4	5	NA
60. The methods used to assess my performance in third and fourth years helped me learn.	1	2	3	4	5	NA
61. Quality of the third year required clinical learning experiences	1	2	3	4	5	NA
62. Quality of the final year required learning experiences	1	2	3	4	5	NA
63. School responsiveness to student feedback on required learning experiences in third and fourth year	1	2	3	4	5	NA
64. Time spent in required learning experiences (including clinical for students in years 3 and 4)	1	2	3	4	5	NA
65. Adequacy of education in caring for patients from different backgrounds (for students of all levels)	1	2	3	4	5	NA
66. Amount and quality of formative feedback in the third and fourth years	1	2	3	4	5	NA
67. I received mid-point feedback in each of the following required clinical learning experiences:						
• Emergency Medicine	1	2	3	4	5	NA
• Family Medicine	1	2	3	4	5	NA
• Internal Medicine	1	2	3	4	5	NA
• Obstetrics-Gynecology	1	2	3	4	5	NA
• Pediatrics	1	2	3	4	5	NA
• Psychiatry	1	2	3	4	5	NA
• Surgery	1	2	3	4	5	NA
68. I had sufficient access to the variety of patients and procedures in each of the following required clinical experiences to complete my encounter log						
• Emergency Medicine	1	2	3	4	5	NA
• Family Medicine	1	2	3	4	5	NA
• Internal Medicine	1	2	3	4	5	NA
• Obstetrics-Gynecology	1	2	3	4	5	NA
• Pediatrics	1	2	3	4	5	NA
• Psychiatry	1	2	3	4	5	NA
• Surgery	1	2	3	4	5	NA
69. There were opportunities to participate in service-learning experience					Yes	No

70. I participated in a service-learning experience while I was a student in the MD program (for fourth-year students)
- Yes No, I was not interested No, opportunity was not available
71. There were opportunities to participate in research and other scholarly activities with a faculty member
- Yes No
72. I participated in research and other scholarly activities with a faculty member while I was a student in the MD program (for fourth-year students)
- Yes No, I was not interested No, opportunity was not available

APPENDIX E:
Sample Reporting of Results: Tables in the Independent Student Analysis

- 1 = Very dissatisfied
- 2 = Dissatisfied
- 3 = Neither satisfied nor Dissatisfied
- 4 = Satisfied
- 5 = Very satisfied
- N/A = No opportunity to assess - Did not use

Accessibility of the faculty of the medical school

Format: Number responding (N) and percent responding (%)

Medical school year	Very dissatisfied N (%)	Dissatisfied N (%)	Neither dissatisfied nor satisfied N (%)	Satisfied N (%)	Very satisfied N (%)	N/A N (%)
Y1						
Y2						
Y3						
Y4						
Total						

Provide separate tables for each campus