

**GUIDE TO THE INDEPENDENT STUDENT ANALYSIS**

**For schools with visits in academic year 2024-2025**

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For further information, contact: CACMS Secretariat

Committee on the Accreditation of Canadian Medical Schools Email: cacms@afmc.ca

**Visit the CACMS website at:**

<https://cacms-cafmc.ca/>

Guide to the Independent Student Analysis

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

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# Accreditation overview from the student perspective

## Basic information about accreditation and CACMS

The Committee on Accreditation of Canadian Medical Schools (CACMS) is responsible for accrediting medical education programs leading to the degree of Doctor of Medicine in universities that are chartered and located in Canada and whose students are geographically located in Canada for required educational experiences.

Accreditation is a process by which institutions and programs voluntarily undergo an extensive peer evaluation of their compliance with accepted standards for educational quality. Through accreditation, the CACMS provides assurance to medical students, graduates, the medical profession, healthcare institutions, health authorities, regulatory authorities and the public that the educational programs culminating in the award of the degree of Doctor of Medicine meet reasonable, generally-accepted, and appropriate national standards for educational quality, and that graduates of such programs have a complete and valid educational experience sufficient to prepare them for the next stage of their training. Students and graduates of CACMS-accredited medical programs also benefit by gaining eligibility to participate in the first iteration of the R-1 Main Residency Match (R-1 match) for entry level postgraduate training positions.

Note that there is a separate, multi-stage process for the accreditation of new medical schools in Canada. Please contact the CACMS for more information.

## CACMS membership

Four medical students sit on the CACMS. Two are appointed by the Canadian Federation of Medical Students (CFMS) and two are appointed by the Fédération médicale étudiante du Québec (FMEQ).

Students from each organization share one vote. Two students serve on the Standards Subcommittee and two serve on the Policy Subcommittee. The student members play prominent roles in the development and revision of accreditation standards and elements and in revising CACMS policies.

The remaining thirteen voting members of the CACMS include medical educators, medical school leaders, medical practitioners, and representatives of the public.

## Student roles on accreditation visit teams

The peer review process of accreditation of a medical education program includes a review of prescribed documentation and virtual and/or on-site visits to the medical school, during which, meetings with school officials, faculty members and medical students occur.

Whenever their schedules permit, a student member of the CACMS will serve on an accreditation visit team. Priority will be given to students in the following order: CACMS members; former CACMS member followed by Students with past accreditation experience with no previous CACMS affiliation. For more details on accreditation visits and roles of team members, visit the CACMS website for: *Guide for the Conduct of CACMS Accreditation Visits*.

## Roles within a student’s medical school

## Roles and responsibilities in the Independent Student Analysis (ISA)

Students have the sole responsibility for producing the ISA report. The ISA process involves the administration of a prescribed questionnaire and culminates in a written report that describes the analysis and results of student responses. Results of yes/no questions from the ISA questionnaire appear in the Data Collection Instrument (DCI) that is completed by the medical school (See the CACMS website for details on the DCI and the general accreditation process that can be found in the *Guide for the Conduct of CACMS Accreditation Visits*).

The ISA process begins approximately 18 months prior to the accreditation visit. The ISA questionnaire results and the ISA report are used by the medical school in conducting its Medical School Self-Survey (MSS) [as described below] and the ISA report is included as a core appendix in the accreditation visit report that is reviewed by the CACMS and used in its decision-making process.

Details on the conduct of the ISA and preparation of the ISA report are described in Section 2 of this guide.

## Roles in the Medical School Self-Study (MSS)

Schools must invite medical student participation in the MSS process. Medical students are encouraged to become involved in the school’s accreditation task force or on an accreditation-related subcommittee. The MSS process typically commences 12-15 months in advance of the accreditation visit. Medical student participation in the MSS assists the school, especially as the process must consider results from the ISA questionnaire and the ISA report.

More information on the MSS purpose and structure can be found in the *Guide for the Conduct of CACMS Accreditation Visits. Note that the MSS for Preliminary Accreditation of a new medical school does not include an ISA process. Please consult the CACMS or information on requirements on accreditation for new schools*

## Roles during accreditation visits

A subset of students is expected to meet with the accreditation visit team during an accreditation visit. Some students will be expected to serve as guides on tours (on-site or virtual) of relevant facilities, whereas others may meet with the team as a group for general discussion of student issues or because of membership on a specific medical school committee.

From the visit team’s perspective, students meeting with the team should include representation from all classes, campuses, and curricular tracks as well as leaders of the ISA process who are familiar with its data and report. The visit team benefits from meeting with a breadth of students, not just class leaders. For example, consider involving students who have experience in joint degree programs, research, or service-learning.

Working together, the medical school administration and its students can determine the types of students needed to achieve appropriate diversity and representation. Students are encouraged to identify those peers who will meet with the team. Consider identifying a list of alternates.

# The ISA process

When the CACMS determines the date of the accreditation visit, the faculty undergraduate accreditation lead (FUAL) will contact student leadership to discuss the organization of the ISA process. This initial contact is recommended to occur no later than 18 months in advance of the accreditation visit so that a student ISA steering committee can be formed and start its work.

## Identifying members of the ISA steering committee

Students select their representatives from volunteers willing to serve on an ISA steering committee. Ideally, steering committee members represent the breadth of student diversity with consideration of class year, campus, and curricular track representation. A small committee of no more than six members is likely sufficient to achieve this function, and from within this group, an executive leader/coordinator should be identified. The FUAL is to be informed of the ISA steering committee membership and its leader(s)/coordinator(s).

Those selected as steering committee members must have the time to commit to the process, which includes decisions on survey administration, data analysis, data distribution, and report writing.

The work of the ISA steering committee should be distributed among the student members so that no individual student’s academic program is compromised.

At least one student leader of the steering committee is expected to be a medical student at the time of the upcoming accreditation visit and be available to meet with the accreditation team.

## Organizing and administering the ISA questionnaire

The ISA questionnaire is to be administered between January and March of the year before the accreditation visit (i.e., in the interval of 12 to 24 months before the accreditation visit) and timed to ensure that students from all curricular years are available and have sufficient experience in the curricular year to respond meaningfully. **The survey must close no later than March 31st.** The timing of the questionnaire administration must be discussed with the FUAL.

The ISA questionnaire, identical for all schools, is prepared by the CACMS Secretariat with input from student members on the CACMS. The questionnaire is to be distributed to all students at all campuses and responses are tagged by campus and curricular year within the program.

* The steering committee must organize distribution of the questionnaire through the Association of Faculties of Medicine of Canada (AFMC) data team using the following process: The school will provide the AFMC data team with separate lists of student email addresses for each year of the program
* The wording of the email message will be based on a standardized template with the option for the ISA steering committee to add to the message. The ISA steering committee will liaise with the AFMC data team to agree on the final wording of the email message.
* The AFMC data team will send individual emails to all medical students.
* The ISA steering committee should notify their peers that the survey link will be emailed to them from the AFMC data team.

The AFMC data team provides this service to students of all AFMC member schools ensuring that the processes of questionnaire distribution and data collection are arm’s length from the school, the CACMS, and the CACMS Secretariat. The AFMC data team’s sole role is to assist students in the collection of ISA data and this data will be deleted upon confirmation of transmission to the school and students. Both the quantitative data and narrative responses will be provided in spreadsheet format and the ISA steering committee will determine how they will analyze and use the data.

Students identify a steering committee member who will serve as the contact person with the AFMC data team. The student contact person e-mails the AFMC data team at data@afmc.ca to organize the details on questionnaire distribution, timing, and/or reminder systems.

The ISA steering committee should contact the FUAL to request other logistical support if needed and for obtaining additional school-specific background materials. For other queries, contact the CACMS Secretariat at: cacms@afmc.ca.

## Maximizing the response rate to the ISA questionnaire

The ISA must be based on data from the entire student body. The CACMS expects a response rate that is sufficient to ensure a high level of confidence in the data and places more weight on survey results where this is achieved.

The table below provides illustrative examples of the number of students on campus, the number of respondents required, and the corresponding percentage response rate needed to achieve results with a 95% confidence level and a 5% margin of error.

|  |
| --- |
| **Response rates** |
| **Number on campus** | **# Respondents required** | **% Response rate** |
| 30 | 28 | 93.3 |
| 50 | 45 | 90.0 |
| 80 | 67 | 83.8 |
| 100 | 80 | 80.0 |

The ISA steering committee needs to inform the student body about the importance of participating in the survey and the seriousness with which the accreditation visit team and the CACMS regard the results. The steering committee may want to consider the use of a reminder system to help achieve a response rate sufficient for a high level of confidence in the data.

Incentives may be considered as a method to enhance student response rates. Incentives must be pre- approved by the school’s UGME Dean and must benefit the entire student body, entire classes, or classes within a campus can be used or offered. Contact the FUAL or the CACMS Secretariat for more information on the use of and restrictions on incentives.

## Distributing the ISA results

The AFMC data team will provide the ISA data results to the student e-mail address that was specified by the ISA steering committee and the FUAL at the same time. This will occur as early as possible and ideally 12 months ahead of the visit as the FUALs require this data for completion of the

DCI. Writing of the ISA report should commence at this time (see Section 2.6, below, for details).

Students must provide the final ISA report, **no later than 6 months** before the date of the accreditation visit (deadline to be negotiated with their FUAL). Medical school officials must have the opportunity to comment on the draft report’s factual correctness before it is finalized and submitted to the CACMS.

The FUAL distributes the final ISA report to the MSS Task Force and appropriate subcommittees so that student views and the medical school’s perspective on the ISA can be incorporated into the final MSS report. The earlier the medical school receives the ISA report the sooner it can respond to the report’s recommendations.

## Analyzing the ISA survey data

An overall survey response rate must be reported in terms of the total number of students per campus and per curriculum year.

Most ISA questions can be answered by selecting either *Yes* or *No* and will be reported as the number of students answering *Yes*, the total number of students responding to the question and a calculation of this as a percentage (e.g., 40/80 (50%) for each class and campus as applicable.

In a subset of ISA questions, students are offered a *Not applicable* option in addition to *Yes* or *No*. In these cases, the number of those responding *Yes* is the numerator and the denominator used to calculate the percentage of *Yes* responses is the sum of *Yes* and *No* responses. The *Not applicable* responses are reported in Appendix 2 of the ISA report (Template found in Section 5 of this guide).

Any statistical analyses of these data beyond the provision of descriptive statistics are left to the discretion of the ISA steering committee but are not required by the CACMS.

Data from the four open-ended questions are to be analyzed by question. No formal analysis of the qualitative responses is required. Within each question, students should identify themes that emerge from the data. See Section 2.6.7 for more information on how the answers to these questions can be used in the ISA.

Following the review of responses to Question 96 on quality improvement of the questionnaire, when the ISA steering committee identifies any commonly occurring issues or technical faults that may have influenced participation in or completion of the questionnaire, these issues should be discussed in the ISA report. The ISA steering committee is also encouraged to complete a listing of the suggestions that students provided for future improvement of the questionnaire and send the listing separately to the CACMS Secretariat at: CACMS@afmc.ca.

## Writing the ISA report

Excluding title page, table of contents, and appendices, the report should be approximately 20 pages in length, single-spaced and written in no less than ll point font. In writing the ISA report, the following sections are recommended:

* Title page
* Table of contents
* Executive summary
* Contributors to the ISA process
* Introduction
* Methodology
* Results/Discussion
* Limitations/Considerations
* Summary/Recommendations
* Appendix 1
* Appendix 2

## Title page

In a title block centered on the page, provide:

* + - * the title of the report – Independent Student Analysis (ISA)
			* the name of the university or universities
			* the name of the medical school (unless the same as that of the university)
			* the date that the finalized report was submitted to the faculty accreditation lead (FUAL)

## Table of contents

Provide a table of contents that identifies the major headings of the report and the respective page numbers.

## Executive summary

The ISA report should begin with a concise (one page) executive summary that includes information on the timing of the survey, distribution, response rates, confidence estimates, key findings, and primary recommendations. Also provide context to the report by mentioning any special circumstances that could have influenced student responses.

## Contributors to the ISA process

Include the names of members of the ISA steering committee identified by campus, curricular year and, as applicable, special roles held by these individuals within the medical school.

Also identify the leadership of the ISA steering committee including mention of those with key responsibilities (e.g., executive leader/coordinator and report author(s)).

Identify the names and responsibilities of any other students who made substantial contributions to the ISA but were not members of the ISA steering committee.

Identify the names and responsibilities of any medical school faculty/staff or others who assisted the ISA steering committee with the logistics of the ISA.

## Introduction

Briefly describe the authority for and intended use of the ISA in the accreditation process.

Provide a brief description of the functioning of the ISA steering committee including mention of how its members were selected, when and by whom the committee was tasked with its responsibilities, when and how often the committee met, and how the committee ensured that the decisions and recommendations of the report reflect a broad view of the student body.

Provide the date ranges when students were able to access and respond to the questionnaire by campus and curricular years. In cases where the survey window was the same for all students, state this and simply provide the single date range.

Include a statement describing the independence of the ISA steering committee and detail the logistical assistance provided by the medical school to the ISA process.

Also include a statement confirming that medical school officials had an opportunity to review the ISA report and comment on its factual correctness. Confirm that the medical school officials had the opportunity to comment on the draft report’s factual correctness but did not edit or revise the report or pressure students to change its content, conclusions, or recommendations.

## Methodology

Briefly describe the platform(s) used to distribute the survey and collect data. Describe the process used to determine the timing of survey distribution. Include a description of any reminder systems or incentives used to enhance student response rates.

Briefly describe methods used to analyze responses to the open-ended questions.

## Results/Discussion

Key descriptive statistics

Provide a summary table of key descriptive statistics on the total number of students per campus per year and a global response rate per campus per year. See Table 1 below for an example completed with hypothetical data.

|  |
| --- |
| **Descriptive statistics of response rates (using example data)** |
| Provide the number and percentage of respondents from each campus and curricular year. Add/delete rows as needed for each campus. |
| Campus | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
| Campus X | 90/100 (90%) | 95/99 (96%) | 86/94 (91%) | 80/95 (84%) |
| Campus Y | 30/35 (86%) | 32/35 (91%) | 31/34 (91%) | 26/33 (79%) |

In the example above for a medical education program with two campuses and a four-year MD curriculum, the numerator in each cell corresponds to the maximum number of respondents meeting the criteria. In this example, Campus X, Year 1 has 90 respondents. The denominator is the total

number of students at the campus who are registered in each year of the program. In this example, Campus X, Year 1 has 100 registered students. The percentage is calculated from the numerator and denominator and reported in parentheses. In this example for Campus X, Year 1: (90%).

In addition, provide any contextual information needed to interpret response rates for a campus or a curricular year. Comment on any differences in the timing of the survey distribution/data collection among campuses or curricular years.

Reporting and analysis of *Yes*/*No* questions

Tabular results for all *Yes*/*No* questions must appear in **Appendix 1** of the ISA report.

The goal of this section of the report is to provide a focused analysis of results that from the student perspective are of particular interest. Students need not comment on the responses to each individual question but are recommended to address student responses by accreditation element within a given standard.

Reporting and analysis of open-ended questions

For results from the open-ended questions, provide the number of respondents per question by curricular year and campus.

|  |
| --- |
| **Number of respondents to open-ended question ‘X’ (using example data)** |
| Provide the number of respondents from each campus and curricular year who responded to the question. Add/delete rows as needed for each campus. |
| Campus | Number |
| Year 1 | Year 2 | Year 3 | Year 4 |
| Campus X | 50 | 60 | 42 | 28 |
| Campus Y | 18 | 22 | 20 | 9 |

Classify responses into emerging themes by question and campus and comment on these themes, providing context as needed.

A compilation of the student responses to open-ended questions must not appear in the report or its appendices. Within a theme, however, and as appropriate, the report may include narrative illustrations (i.e., quotes or paraphrases) of views that were commonly expressed. Quotes or paraphrases must not be attributable nor attributed to an individual.

## Limitations/Considerations

Provide context to the report as needed. Include any limitations on the interpretation of the results and discuss any special circumstances or considerations that influenced the ISA and the development of its recommendations.

## Summary/Recommendations

The summary should include high level comments and any associated recommendations for each accreditation standard having *Yes*/*No* ISA questions (i.e., Standards 3, 5, 6, 7, 8, 9, 11, and 12).

High level summary comments and any associated recommendations arising from the analysis of open-ended questions should also be included.

## Appendices of the ISA Report

**Appendix 1**

Include as Appendix 1 all completed ISA source data tables for the DCI (questions 1 – 85). The AFMC data team supplies the completed tables upon request.

The example below completed with data for two campuses shows how Table 5.11-3 B is to appear in Appendix 1.

Table 5.11-3 B | Adequacy of Personal Lockers or Other Secure Storage Facilities Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
| Campus X | The personal lockers/other secure storage facilities on my campus were adequate for my needs. | 80/100 (80%) | 60/80 (75%) | 66/99 (67%) | 49/98 (50%) |
| Campus Y | 20/30 (67%) | 10/30 (33%) | 20/25 (80%) | 21/28(75%) |
| Campus X | At all hospitals where I was assigned, the personal lockers/other secure storage facilities were adequate for my needs. | 80/90 (89%) | 60/72 (83%) | 66/99 (67%) | 49/98 (50%) |
| Campus Y | 20/24 (83%) | 10/15 (67%) | 20/25 (80%) | 21/28 (75%) |

The template tables are provided in Section 4 of this guide.

## Appendix 2

Include as Appendix 2 a table that shows the number of respondents who selected *Not applicable* for a given question where the option was provided.

The example below shows how to present data for this appendix using sample/test data results from questions 5, 7, 8, & 9.

Appendix 2 *| Not applicable* responses Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number of respondents who answered *Not applicable* to the question listed the table below. Add rows as needed for each campus. |
| Question# | Table # | Campus | Number |
| Year 1 | Year 2 | Year 3 | Year 4 |
| 5 | 3.4-2 B | Campus X | 100 | 95 | 0 | 0 |
| Campus Y | 30 | 28 | 0 | 0 |
| 7 | 3.4-4 B | Campus X | 1 | 0 | 2 | 1 |
| Campus Y | 0 | 1 | 0 | 1 |
| 8 | 3.4-4 B | Campus X | 95 | 98 | 2 | 1 |
| Campus Y | 28 | 29 | 0 | 0 |
| 9 | 3.4-4 B | Campus X | 0 | 0 | 1 | 1 |
| Campus Y | 0 | 0 | 0 | 1 |

The template table is provided in Section 5 of this guide.

# The ISA Questionnaire

## Preface to the questionnaire to appear in advance of any questions

**Why is this survey being done / what does participating in the survey involve?**

You are receiving this survey via the Association of Faculties of Medicine of Canada (AFMC) Data & Information Services. AFMC is working with students in your medical school on the Independent Student Analysis (ISA) steering committee to support your school’s accreditation process.

This questionnaire is fulfilling a required function in the accreditation of your medical school. It is identical for all medical schools in Canada. All the Yes/No-type questions in the questionnaire directly relate to an accreditation requirement and are presented in the order in which they appear in the accreditation documents.

At the end of the questionnaire, there are three open-ended questions where you can reflect and comment broadly on your medical education program and potential future directions. A fourth open-ended question is included for you to provide suggestions to improve the questionnaire. Your input is highly valued and is a critical piece of the accreditation process.

Before starting, we recommend that you set aside 30 minutes, but we anticipate that many will complete the questionnaire in less than 20 minutes. Although the majority of questions are not mandatory, to ensure confidence in results and improve validity, we ask that you please complete the entire questionnaire.

Confidence in the results of the questionnaire increases with participation rate. High response rates improve the confidence that the CACMS places on the results and findings of the ISA report, and as such, your participation is extremely important.

## Confidentiality / Use of data

Collection of demographic data is limited to your campus and current year of study. Raw data are not shared with the Committee on Accreditation of Canadian Medical Schools (CACMS) or the accreditation visit team and all information gathered as part of this questionnaire will remain confidential. The data is sent by the AFMC data team to your school’s accreditation faculty leader (FUAL) so that they may complete the required tables in the Data Collection Instrument.

Your student representatives on the ISA steering committee will analyze the responses to the questionnaire, draft recommendations, and submit a written report to your medical school administration and the accrediting body, the CACMS. The ISA report provides key information to your medical school and to the CACMS.

## Who do I contact if I have further questions?

If you are having technical difficulties with the survey or have any questions about this study, please contact the AFMC at ASQ@afmc.ca. All enquiries will be treated as confidential.

\* I have read and understood this page. By continuing with this survey, I consent to participate and give the AFMC permission to share my responses in the manner described above.

□ Yes □ No

## Lexicon

|  |  |
| --- | --- |
| Academic record*(Found in elements 11.5, 11.6)* | A file (paper or electronic) of student information which is subject to privacy and document retention regulations. Examples of information included in an official file: admission, registration, progression, graduation details, transfer credits awarded, names of credit and non- credit courses completed, course grades and/or grade point average, repeated courses, prior learning assessment, disciplinary actions, and appeals. (It does not include a record prepared by a person if that person is the only person with access to that record.) |
| Academic schedule*(Found in element 10.6)* | The academic schedule indicates dates when classes start and end, and timing of breaks and vacations. |
| Advising*(Found in elements 11.1, 11.2)* | An interactive process whereby a person (or persons) provides support and advice to a student as they navigate through the medical education program. |
| Calendar*(Found in element 10.6)* | Refers to the official academic publication of an institution that defines its programs, regulations, procedures, grading systems, policies, progression requirements, and so forth, or the method an institution uses for structuring teaching and learning periods. |
| Campus*(Found in elements 2.5, 2.6,**5.11, 5.12)* | An instructional site that offers a complete pre-clerkship academic year. |
| Comparable*(Found in elements 8.7, 10.7.**10.9)* | Very similar, like, commensurate, close. |
| Counselling*(Found in elements 11.1, 12.1,**12.3, 12.5)* | A process of assistance or guidance provided by a person (or persons) with specific expertise and/or training in areas such as, but not limited to, personal or psychological, academic, navigating disability-related accommodations, career exploration, financial need. |
| Elective*(Found in elements 3.1, 6.5,11.2,11.3.)* | A structured learning experience (as part of the standard curriculum, but separate from required learning experiences as defined in the lexicon) whereby a student exercises choice over various aspects such as, but not limited to, the location, area of study (clinical and non-clinical), objectives, and others, of the experience as defined by their medical school. |
| End-of-life care*(Found in element 7.2)* | Care of patients with terminal illness or condition; includes palliative care, and where appropriate medical assistance in dying. |
| Equivalent*(Found in element 8.7)* | Essentially equal, identical, same |
| Faculty of a medical school (*Found in elements 1.4, 6.1,**6.2, 6.3, 6.4, 6.5, 6.6, 7.1, 7.2,**7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9,**8.1, 8.2, 8.3, 10.3)* | The complement of appointed individuals (as constituted by the university) working collectively or through a duly constituted group or structure with the authority to speak on behalf of the collective body of faculty members. |

|  |  |
| --- | --- |
| Learning objectives*(Found in elements 6.1, 8.2,**8.3, 8.7, 9.1)* | Statements of what medical students are expected to be able to do at the end of a required learning experience (see lexicon). |
| Medical education program objectives*(Found in elements 6.1, 8.2,**8.3, 8.4, 9.4, 10.6)* | Statements of what medical students are expected to be able to do at the end of the educational program i.e., exit or graduate level competencies. |
| Medical school | The Faculty of Medicine, Faculty of Medicine and Dentistry, Faculty of Health Sciences, School of Medicine, School of Medicine and Dentistry or College of Medicine that provides the education program leading to the degree of Doctor of Medicine in Canada |
| Narrative assessment*(Found in element 9.5)* | A written description of a student’s performance that is provided in addition to a grade (e.g., pass/fail, letter or number) to help guide learning. |
| Non-cognitive*(Found in element 9.5)* | Refers to the physician’s intrinsic CanMEDS roles. |
| Required clinical learning experience*(Found in elements 1.4, 2.6,**3.1, 5.6, 8.8, 9.2, 11.2)* | A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program. |
| Required learning experience*(Found in elements 6.1, 6.5,**7.4, 8.2, 8.3, 8.5, 8.7, 8.8, 9.1,**9.5, 9.6, 9.7, 9.8, 10.6, 10.7,**11.1, 12.4)* | An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student’s transcript.Required learning experiences are in contradistinction to electives, which may be mandatory to complete, but significant aspects of the experiences are of the student’s choosing. |
| Scholarly activity (*Found in element 2.2,3.2)* | Systematic engagement in the discovery of new knowledge, the application of knowledge, the integration of knowledge, or teaching conducted with integrity and assessed by others (Boyer, 1990). |
| Scholarly productivity*(Found in element 4.2)* | The qualitative and quantitative measures of success of scholarly activity. |
| Self-directed learning*(Found in element 6.3)* | A learning process whereby learners take the initiative for their own learning: diagnosing needs, formulating goals, identifying resources, implementing appropriate activities, and evaluating outcomes (Garrison, 1997; Spencer & Jordan, 1999). |
| Senior Administrative Staff*(Found in elements 1.5, 2.1,**2.4)* | Individuals in high-level positions responsible for the operation of the medical school e.g., finances, information technology, and facilities. |

|  |  |
| --- | --- |
| Senior Academic and Educational Leadership *(Found in elements 3.3, 4.4)* | Individuals in high-level positions who are leaders of academic units e.g., department chairs, or leaders of the medical education program e.g., vice- dean, associate dean, curriculum chair, and directors of required learning experiences. |
| Service-learning*(Found in element 6.6)* | A structured learning experience that combines community service with preparation and reflection. |
| Technical Standards *(Found in element 10.5)* | The underlying cognitive, communication, sensory, motor and social skills necessary to interview; examine; diagnose and provide comprehensive, compassionate care; and competently complete certain technical procedures in a reasonable time while ensuring patient safety. |
| Translational research*(Found in element 7.3)* | Studies or investigations aimed at finding solutions to clinical problems such as those: applying discoveries generated in the laboratory or through preclinical studies to the development of trials and studies in humans; promoting the adoption of best practices in the community or targeting cost-effectiveness of prevention and treatment strategies. |
| University*(Found in elements 1.6, 2.1,**2.3, 4.4, 4.5)* | The university or universities of which the medical school is a part. |

* 1. **Questions Demographics**

The following two questions are the only mandatory questions\* on this survey.

\*What year of the program are you currently in? *(Choices to be adapted for the length of your program)*

* Year 1 □ Year 2 □ Year 3 □ Year 4

\*Please confirm the campus/site at which you are registered by selecting it from the list below: (Choices to be adapted for your school)

* Campus X □ Campus Y □ Campus Z

## Other survey questions

|  |  |  |  |
| --- | --- | --- | --- |
| **Q#** | **Table #** | **Statement** | **Possible answers** |
| **Yes** | **No** | **N/A** |
| 1 | 3.1-1 B | I worked with a resident in at least one required clinical learning experience during medical school. | Yes | No |  |
| 2 | 3.2-2 C | The medical education program provided me with sufficient opportunities for participation in research and other scholarly activities | Yes | No |  |
| 3 | 3.2-2 C | The medical education program encouraged my participation in research and other scholarly activities. | Yes | No |  |
| 4 | 3.4-2 B | I feel that the medical school fosters an environment in which people are treated with respect. | Yes | No |  |
| 5 | 3.4-2 B | I feel that the hospital(s) where I was assigned fostered environments where people were treated with respect.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable”* | Yes | No | N/A |
| 6 | 3.4-4 B | I feel that the medical school discriminated against me. | Yes | No |  |
| 7 | 3.4-4B | *For those students who feel that they experienced incidents of discrimination by the medical school:*I feel that the medical school provides a safe mechanism for reporting incidents of discrimination. | Yes | No | N/A |
| 8 | 3.4-4B | I feel that I was discriminated against at one or more hospitals to which I was assigned as a medical student.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable”* | Yes | No | N/A |
| 9 | 3.4-4B | *For those students who feel that they have been discriminated against at one or more hospitals:*I feel that the hospital(s) involved provided a safe mechanism for reporting. | Yes | No | N/A |
| 10 | 3.6-4 A | I understand how I can report mistreatment. | Yes | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 11 | 3.6-6 C | I feel that I can access support when reporting mistreatment | Yes | No |  |
| 12 | 5.4-1 C | Overall, I consider that the teaching facilities are sufficient for my educational needs. | Yes | No |  |
| 13 | 5.4-1 C | Overall, I consider that the equipment (other than audiovisual or information technology) used for teaching is sufficient for my educational needs. | Yes | No |  |
| 14 | 5.5-1 B | Based on my experience, I consider that the resources for clinical instruction in ambulatory settings are appropriate. | Yes | No |  |
| 15 | 5.5-1 B | Based on my experience, I consider that the resources for clinical instruction in inpatient settings are appropriate. | Yes | No |  |
| 16 | 5.5-2 B | At this stage of my education/training, I consider that I have sufficient access to adequate numbers of patients/simulated patients to complete my required learning objectives/clinical encounters log. | Yes | No |  |
| 17 | 5.5-2 B | At this stage of my education/training, I consider that I have sufficient access to the types of patients/simulated patients to complete my required learning objectives/clinical encounters log. | Yes | No |  |
| 18 | 5.6-1 B | I consider that my access to computer/Internet resources is sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences. | Yes | No |  |
| 19 | 5.6-1 B | I consider that information resources available to me (other than computer/Internet access) are sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences. | Yes | No |  |
| 20 | 5.6-2 B | I consider that the instructional facilities are sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences. | Yes | No |  |
| 21 | 5.7-1 B | At my campus during regular classroom hours, I consider that the security systems in place are adequate to ensure my safety. | Yes | No |  |
| 22 | 5.7-1 B | At my campus outside of regular classroom hours, I consider that the security systems in place are adequate to ensure my safety. | Yes | No |  |
| 23 | 5.7-1 B | At clinical teaching sites where I was assigned for required clinical learning experiences, I consider that the security systems in place are adequate to ensure my safety.*Note: Student who have not yet been assigned to a clinical teaching site should select “Not applicable”* | Yes | No | N/A |
| 24 | 5.8-1 B | I consider that library holdings are readily accessible. | Yes | No |  |
| 25 | 5.8-1 B | I consider that the breadth of library holdings is sufficient for my educational needs. | Yes | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 26 | 5.8-1 B | I consider that technology resources of the library are readily accessible. | Yes | No |  |
| 27 | 5.8-1 B | I consider that technology resources of the library are sufficient for my educational needs. | Yes | No |  |
| 28 | 5.9-1 B | I consider that my medical school provides me with sufficient access to electronic learning materials. | Yes | No |  |
| 29 | 5.9-1 B | I consider that information technology (IT) resources are accessible while I am on campus. | Yes | No |  |
| 30 | 5.9-1 B | I consider that information technology (IT) resources are accessible while I am off-campus at teaching facilities required by my program. | Yes | No | N/A |
| 31 | 5.9-1 B | I consider that Information technology (IT) resources are sufficient in scope to support my educational needs while I am on-campus. | Yes | No |  |
| 32 | 5.9-1 B | I consider that information technology (IT) resources are sufficient in scope to support my educational needs while I am off-campus at teaching facilities required by my program. | Yes | No |  |
| 33 | 5.11-1 B | The study space on my campus was adequate for my needs. | Yes | No |  |
| 34 | 5.11-1 B | At all hospitals where I was assigned, the study spaces were adequate for my needs.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable”* | Yes | No | N/A |
| 35 | 5.11-2 B | The lounge space on my campus was adequate for my needs. | Yes | No |  |
| 36 | 5.11-2 B | At all hospitals where I was assigned, the lounge areas were adequate for my needs.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable”* | Yes | No | N/A |
| 37 | 5.11-3 B | The personal lockers/other secure storage facilities on my campus were adequate for my needs. | Yes | No |  |
| 38 | 5.11-3 B | At all hospitals where I was assigned, the personal lockers/other secure storage facilities were adequate for my needs.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable”* | Yes | No | N/A |
| 39 | 5.11-4 B | Each time I was on call and required to participate in a late night (i.e., after midnight) or an overnight clinical learning experience, I had a call room that was adequate and secure.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable”* | Yes | No | N/A |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 40 | 6.1-4 B | I was made aware of the medical education program objectives. | Yes | No |  |
| 41 | 6.1-5 B | So far this academic year, I was made aware of the learning objectives for each required learning experience that I completed. | Yes | No |  |
| 42 | 6.4-1 B | In my medical school curriculum to date, I have had clinical experiences in outpatient/ambulatory settings (i.e., where patients are not admitted to hospital). | Yes | No |  |
| 43 | 6.4-2 B | In my medical school curriculum to date, I have had clinical experiences with inpatient settings, (i.e., where patients are admitted to hospital). | Yes | No |  |
| 44 | 6.4.1-1 B | I had broad exposure to generalist care. | Yes | No |  |
| 45 | 6.4.1-1 B | I had experience in generalist care. | Yes | No |  |
| 46 | 6.4.1-1 B | I had broad exposure to comprehensive family medicine. | Yes | No |  |
| 47 | 6.4.1-1 B | I had experience in comprehensive family medicine. | Yes | No |  |
| 48 | 6.4.1-2 B | I had clinical learning experiences (required and elective combined) that took place in more than one setting ranging from small rural or underserved communities to tertiary care health centres. | Yes | No |  |
| 49 | 6.5-1 C | I had the opportunity to supplement required learning experiences with elective (or as appropriate, selective) experiences. | Yes | No |  |
| 50 | 6.5-1 C | I had the opportunity to gain exposure to medical specialties in my elective (or as appropriate, selective) experiences. | Yes | No |  |
| 51 | 6.5-1 C | I had the opportunity to pursue my individual academic interests in my elective (or as appropriate, selective) experiences. | Yes | No |  |
| 52 | 6.6-1 F | I had an opportunity to participate in a service-learning activity. | Yes | No |  |
| 53 | 6.6-1 F | I was encouraged to participate in a service-learning activity. | Yes | No |  |
| 54 | 7.2-2 B | I had clinical experiences related to continuity of care. | Yes | No |  |
| 55 | 7.2-2 B | I had clinical experiences related to preventive care. | Yes | No |  |
| 56 | 7.2-2 B | I had clinical experiences related to acute care. | Yes | No |  |
| 57 | 7.2-2 B | I had clinical experiences related to chronic care. | Yes | No |  |
| 58 | 7.2-2 B | I had clinical experiences related to rehabilitative care. | Yes | No |  |
| 59 | 7.2-2 B | I had clinical experiences related to end-of-life care. | Yes | No |  |
| 60 | 7.4-3 B | The curriculum helped me enhance my skills in clinical reasoning. | Yes | No |  |
| 61 | 7.4-3 B | The curriculum helped me enhance my skills in clinical critical thinking. | Yes | No |  |
| 62 | 7.4-3 B | The curriculum helped me enhance my skills in critical appraisal of evidence. | Yes | No |  |
| 63 | 7.4-3 B | The curriculum helped me enhance my skills in the application of the best available information to the care of patients. | Yes | No |  |
| 64 | 7.6-2 E | The curriculum helped prepare me to recognize that factors such as culture, gender, and belief systems influence patients’ perceptions of health and illness. | Yes | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 65 | 7.6-2 E | The curriculum helped prepare me to recognize and appropriately address my personal biases when caring for patients. | Yes | No |  |
| 66 | 7.6-2 E | The curriculum helped me acquire basic skills needed to provide culturally competent health care. | Yes | No |  |
| 67 | 7.6-2 E | The curriculum helped prepare me to identify health care disparities. | Yes | No |  |
| 68 | 7.6-2 E | The curriculum helped prepare me to participate in the development of solutions to address health care disparities. | Yes | No |  |
| 69 | 8.5-1 F | The medical school provided me with opportunities to evaluate my required learning experiences (e.g., courses, clerkship rotations, longitudinal integrated clerkships). | Yes | No |  |
| 70 | 8.5-1 F | The medical school provided me with opportunities to evaluate my teachers. | Yes | No |  |
| 71 | 8.8-1 G | I am informed of the amount of time that the medical education program expects me to spend in required activities. | Yes | No |  |
| 72 | 8.8-1 G | I am disappointed by the number of times I was required by a supervisor/teacher to spend more time in required activities than expected by the medical education program. | Yes | No |  |
| 73 | 9.3-1 C | I consider that I was appropriately supervised at all times in clinical learning situations involving patient care. | Yes | No | N/A |
| 74 | 9.3-1 C | The level of supervision I received in clinical learning situations ensured my safety. | Yes | No | N/A |
| 75 | 9.3-1 C | I consider that the level of supervision I received in clinical learning situations ensured patient safety. | Yes | No | N/A |
| 76 | 9.3-1 C | I consider that the level of responsibility delegated to me in clinical learning situations was appropriate for my level of training. | Yes | No | N/A |
| 77 | 9.3-1 C | I am confident that any concerns I have about my supervision during clinical learning situations can be discussed and addressed by the medical school.*Note: Student who have not yet been assigned to clinical learning site should select “Not applicable”* | Yes | No | N/A |
| 78 | 9.7-1 C | The formative feedback that I received so far this academic year was given in time for me to measure my progress in learning. | Yes | No |  |
| 79 | 9.7-3 B | The formative feedback that I received so far this academic year was given by the midpoint of each required learning experience of four weeks or longer duration or approximately every six weeks in the case of longer educational experiences such as longitudinal integrated clerkships. | Yes | No |  |
| 80 | 9.9-2 B | I know that I have the opportunity to appeal any adverse decision related to my advancement, graduation or dismissal. | Yes | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 81 | 9.10-1 B | I know that I have an obligation to report to an appropriate authority, situations in which my personal health poses a risk of harm to patients. | Yes | No |  |
| 82 | 11.1-1 C | I am aware that I can obtain academic advising through the medical school. | Yes | No |  |
| 83 | 11.2-1 D | I am aware that confidential career advising opportunities are available to me. | Yes | No |  |
| 84 | 11.2-2 D | I am aware that I can obtain assistance in choosing elective courses. | Yes | No |  |
| 85 | 11.2-2 D | I am aware that I can obtain assistance in evaluating career options. | Yes | No |  |
| 86 | 11.2-2 D | I am aware that I can obtain assistance in applying to residency programs. | Yes | No |  |
| 87 | 11.5-2 C | I am aware of the medical school procedures for the collection, storage, disclosure, disposal, and retrieval of my academic record. | Yes | No |  |
| 88 | 11.6-1 C | I am aware that I am permitted to review my academic records. | Yes | No |  |
| 89 | 11.6-1 C | I am aware that I am permitted to challenge my academic records if I consider the information to be inaccurate, misleading, or inappropriate. | Yes | No |  |
| 90 | 11.6-1 C | I am aware that I am permitted to review my medical student performance record (MSPR). | Yes | No |  |
| 91 | 11.6-1 C | I am aware that I am permitted to challenge my medical student performance record (MSPR) if I consider the information to be inaccurate, misleading, or inappropriate. | Yes | No |  |
| 92 | 12.8-2 B | I received instruction on steps to take following exposure to infectious or environmental hazards before undertaking any educational activities that would place me at risk. | Yes | No |  |
| *In the open-ended questions below, reflect and comment broadly on your medical education program and potential future directions. Please be as specific as possible in your responses.* |
| 93 | What is the medical school doing well that should be maintained? |
| 94 | What aspect(s) of the medical education program most need(s) improvement? |
| 95 | What is/are the most important recommendation(s) that you would like to see in the ISA Report? |
| *Questionnaire quality improvement.* |
| 96 | What can the CACMS do to improve this questionnaire? |
| *Thank you for responding to this questionnaire and providing important viewpoints that can only come from medical students.* |

# Template tables for ISA report and DCI

**Standard 3: Academic and Learning Environments**

Question 1

Table 3.1-1 B | Resident Participation in Medical Student Education Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of final year respondents answering “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
|  | I worked with a Resident in at least one required or elective clinical learning experience during medical school. |  |

Questions 2 & 3

Table 3.2-2 C | Medical Student Participation in Research/Scholarly Activities Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | The medical education program provided me with sufficient opportunities for participation in research and other scholarly activities. |  |  |  |  |
| The medical education program encouraged my participation in research and other scholarly activities. |  |  |  |  |

Questions 4 & 5

Table 3.4-2 B | Fostering an environment of respect Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I feel that the medical school fosters an environment in which people are treated with respect. |  |  |  |  |
| I feel that the hospitals where I was assigned fostered environments where people were treated with respect.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable.”* |  |  |  |  |

Questions 6, 7, 8 & 9

Table 3.4-4 B | Safe Mechanisms for Reporting Discrimination Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I feel that the medical school discriminated against me. |  |  |  |  |
| *For those students who feel that they experienced incidents of discrimination by the medical school:*I feel that the medical school provides a safe mechanism for reporting incidents of discrimination. |  |  |  |  |
| I feel that I was discriminated against at one or more hospitals to which I was assigned as a medical student.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable.”* |  |  |  |  |
| *For those students who feel that they have been discriminated against at one or more hospitals:*I feel that the hospital(s) involved provided a safe mechanism for reporting. |  |  |  |  |

Question 10

Table 3.6-4 A | Medical Students Reporting of Mistreatment (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I understand how I can report mistreatment |  |  |  |  |

Question 11

Table 3.6-6 C | Reporting Mistreatment (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I feel that I can access support when reporting mistreatment |  |  |  |  |

## Standard 5: Educational Resources and Infrastructure

Questions 12 & 13

Table 5.4-1 C | Sufficiency of Facilities and Equipment Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | Overall, I consider that the teaching facilities are sufficient for my educational needs. |  |  |  |  |
| Overall, I consider that the equipment (other than audiovisual or information technology) used for teaching is sufficient for my educational needs. |  |  |  |  |

Questions 14 & 15

Table 5.5-1 B | Appropriate Resources for Clinical Instruction in Ambulatory and Inpatient Settings by

Curriculum Year (as applicable) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | Based on my experience, I consider that the resources for clinical instruction in ambulatory settings are appropriate. |  |  |  |  |
| Based on my experience, I consider that the resources for clinical instruction in inpatient settings are appropriate. |  |  |  |  |

Questions 16 & 17

Table 5.5-2 B | Access to Patients by Curriculum Year (as applicable) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | At this stage of my education/training, I consider that I have sufficient access to adequate numbers of patients/simulated patients to complete my required learning objectives/clinical encounters log. |  |  |  |  |
| At this stage of my education/training, I consider that I have sufficient access to the types of patients/simulated patients to complete my required learning objectives/clinical encounters log. |  |  |  |  |

Questions 18 & 19

Table 5.6-1 B | Sufficiency of Information Resources in Clinical Facilities Used for Required Clinical

Learning Experiences by Curriculum Year Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I consider that my access to computer/Internet resources is sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences. |  |  |  |  |
| I consider that information resources available to me (other than computer/Internet access) are sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences. |  |  |  |  |

Question 20

Table 5.6-2 B | Sufficiency of Instructional Facilities at Each Major Hospital or Clinical Facility Used or

Clinical Learning Experiences by Curriculum Year Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I consider that the instructional facilities are sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences. |  |  |  |  |

Questions 21, 22 & 23

|  |
| --- |
| Table 5.7-1 B | Safety and Security by Curriculum Year Source: ISA |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | At my campus during regular classroom hours, I consider that the security systems in place are adequate to ensure my safety. |  |  |  |  |
| At my campus outside of regular classroom hours, I consider that the security systems in place are adequate to ensure my safety. |  |  |  |  |
| At clinical teaching sites where I was assigned for required clinical learning experiences, I consider that the security systems in place are adequate to ensure my safety.*Note: Student who have not yet been assigned to a clinical teaching site should select “Not applicable”* |  |  |  |  |

Questions 24, 25, 26 & 27

Table 5.8-1-B | Access to Library Resources by Curriculum Year Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I consider that library holdings are readily accessible. |  |  |  |  |
| I consider that the breadth of library holdings is sufficient for my educational needs. |  |  |  |  |
| I consider that technology resources of the library are readily accessible. |  |  |  |  |
| I consider that technology resources of the library are sufficient for my educational needs. |  |  |  |  |

Questions 28, 29, 30, 31 & 32

Table 5.9-1 B | Access to Information Technology Resources by Curriculum Year Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I consider that my medical school provides me with sufficient access to electronic learning materials. |  |  |  |  |
| I consider that information technology (IT) resources are accessible while I am on- campus. |  |  |  |  |
| I consider that information technology (IT) resources are accessible while I am off- campus at teaching facilities required by my program. |  |  |  |  |
| I consider that Information technology (IT) resources are sufficient in scope to support my educational needs while I am on-campus. |  |  |  |  |
| I consider that information technology (IT) resources are sufficient in scope to support my educational needs while I am off- campus at teaching facilities required by my program. |  |  |  |  |

Questions 33 & 34

Table 5.11-1 B | Adequacy of Study Space Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | The study space on my campus was adequate for my needs. |  |  |  |  |
| At all hospitals where I was assigned, the study spaces were adequate for my needs.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable”* |  |  |  |  |

Questions 35 & 36

Table 5.11-2 B | Adequacy of Lounge Areas Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | The lounge space on my campus was adequate for my needs. |  |  |  |  |
| At all hospitals where I was assigned, the lounge areas were adequate for my needs.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable”* |  |  |  |  |

Questions 37 & 38

Table 5.11-3 B | Adequacy of Personal Lockers or Other Secure Storage Facilities Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | The personal lockers/other secure storage facilities on my campus were adequate for my needs. |  |  |  |  |
| At all hospitals where I was assigned, the personal lockers/other secure storage facilities were adequate for my needs.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable”.* |  |  |  |  |

Question 39

Table 5.11-4 B | Adequacy of Secure Call Rooms Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | Each time I was on call and required to participate in a late night (i.e., after midnight) or an overnight clinical learning experience, I had a call room that was adequate and secure.*Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable”* |  |  |  |  |

## Standard 6: Competencies, Curricular Objectives, and Curricular Design

Question 40

Table 6.1-4 B | Student Awareness of Medical Education Program Objectives (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I was made aware of the medical education program objectives. |  |  |  |  |

Question 41

Table 6.1-5 B | Student Awareness of Learning Objectives for Each Required Learning Experience

(Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | So far this academic year, I was made aware of the learning objectives for each required learning experience that I completed. |  |  |  |  |

Question 42

Table 6.4-1 B | Student Clinical Experiences in Outpatient Settings Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | In my medical school curriculum to date, I have had clinical experiences in outpatient/ambulatory settings (i.e., where patients are not admitted to hospital). |  |  |  |  |

Question 43

Table 6.4-2 B | Student Clinical Experiences in Inpatient Settings Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | In my medical school curriculum to date, I have had clinical experiences with inpatient settings, (i.e., where patients are admitted to hospital). |  |  |  |  |

Questions 44, 45, 46 & 47

Table 6.4.1-1 B | Exposure to and Experience in Generalist Care Including Comprehensive Family

Medicine (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
|  | Year 1 | Year 2 | Year 3 | Year 4 |
|  | I had broad exposure to generalist care. |  |  |  |  |
| I had experience in generalist care. |  |  |  |  |
| I had broad exposure to comprehensive family medicine. |  |  |  |  |
| I had experience in comprehensive family medicine. |  |  |  |  |

Question 48

Table 6.4.1-2 B | Range of Settings for Clinical Learning Experiences (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I had clinical learning experiences (required and elective combined) that took place in more than one setting ranging from small rural or underserved communities to tertiary care health centres. |  |  |  |  |

Questions 49, 50 & 51

Table 6.5-1 C | Elective/Selective Opportunities Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I had the opportunity to supplement required learning experiences with elective (or as appropriate, selective) experiences. |  |  |  |  |
| I had the opportunity to gain exposure to medical specialties in my elective (or as appropriate, selective) experiences. |  |  |  |  |
| I had the opportunity to pursue my individual academic interests in my elective (or as appropriate, selective) experiences. |  |  |  |  |

Questions 52 & 53

Table 6.6-1 F | Opportunities and encouragement for medical student participation in service-learning Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I had an opportunity to participate in a service-learning activity. |  |  |  |  |
| I was encouraged to participate in a service-learning activity. |  |  |  |  |

## Standard 7: Curricular Content

Questions 54, 55, 56, 57, 58 & 59

Table 7.2-2 B | Clinical Experiences in Continuity of Care and Preventative, Acute,

Chronic, Rehabilitative, End-of-life care Source: ISA or School- reported

|  |
| --- |
| Provide school-reported or independent student analysis (ISA) data on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Final year students |
|  | I had clinical experiences related to continuity of care. |  |
| I had clinical experiences related to preventive care. |  |
| I had clinical experiences related to acute care. |  |
| I had clinical experiences related to chronic care. |  |
| I had clinical experiences related to rehabilitative care. |  |
| I had clinical experiences related to end-of-life care. |  |

|  |  |
| --- | --- |
| Questions 60, 61, 62 & 63Table 7.4-3 B | Enhancement of Medical Student Skills (Core Appendix) | Source: ISA |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) Final year students |
|  | The curriculum helped me enhance my skills in clinical reasoning. |  |
| The curriculum helped me enhance my skills in clinical critical thinking. |  |
| The curriculum helped me enhance my skills in critical appraisal of evidence. |  |
| The curriculum helped me enhance my skills in the application of the best available information to the care of patients. |  |

Questions 64, 65, 66, 67 & 68

Table 7.6-2 E | Preparation in Cultural Competence and Health Care Disparities (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) Final year students |
|  | The curriculum helped prepare me to recognize that factors such as culture, gender, and belief systems influence patients’ perceptions of health and illness. |  |
| The curriculum helped prepare me to recognize and appropriately address my personal biases when caring for patients. |  |
| The curriculum helped me acquire basic skills needed to provide culturally competent health care. |  |
| The curriculum helped prepare me to identify health care disparities. |  |
| The curriculum helped prepare me to participate in the development of solutions to address health care disparities. |  |

## Standard 8: Curricular Management, Evaluation, and Enhancement

Question 69 & 70

Table 8.5-1 F | Processes for Medical Student Evaluations of Program Quality Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | The medical school provided me with opportunities to evaluate my required learning experiences (e.g., courses, clerkship rotations, longitudinal integrated clerkships). |  |  |  |  |
| The medical school provided me with opportunities to evaluate my teachers. |  |  |  |  |

Questions 71 & 72

Table 8.8-1 G | Amount of Time Students Spend in Required Activities (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I am informed of the amount of time that the medical education program expects me to spend in required activities. |  |  |  |  |
| I am disappointed by the number of times I was required by a supervisor/teacher to spend more time in required activities than expected by the medical education program. |  |  |  |  |

## Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

Questions 73,74, 75, 76 & 77

Table 9.3-1 C | Clinical supervision during clinical learning situations (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I consider that I was appropriately supervised at all times in clinical learning situations involving patient care. |  |  |  |  |
| The level of supervision I received in clinical learning situations ensured my safety. |  |  |  |  |
| I consider that the level of supervision I received in clinical learning situations ensured patient safety. |  |  |  |  |
| I consider that the level of responsibility delegated to me in clinical learning situations was appropriate for my level of training. |  |  |  |  |
| I am confident that any concerns I have about my supervision during clinical learning situations can be discussed and addressed by the medical school.*Note: Student who have not yet been assigned to clinical learning site should select “Not applicable”* |  |  |  |  |

Question 78

Table 9.7-1 C | Timely Formative Feedback (Core Appendix) Source: ISA/ School-reported\*

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | The formative feedback that I received so far this academic year was given in time for me to measure my progress in learning. |  |  |  |  |

Question 79

Table 9.7-3 B | Formal Formative Feedback at Midpoint of the Required Learning Experience

(Core Appendix) Source: ISA/School-reported\*

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | The formative feedback that I received so far this academic year was received by the midpoint of each required learning experience of four weeks or longer duration or approximately every six weeks in the case of longer educational experiences such as longitudinal integrated clerkships. |  |  |  |  |

Question 80

Table 9.9-2 B | Fair and Formal Student Advancement and Appeal Process Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I know that I have the opportunity to appeal any adverse decision related to my advancement, graduation or dismissal. |  |  |  |  |

Question 81

Table 9.10-1 B | Student Health and Patient Safety (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I know that I have an obligation to report to an appropriate authority, situations in which my personal health poses a risk of harm to patients. |  |  |  |  |

## Standard 11: Medical Student Academic Support, Career advising, and Academic Records

Question 82

Table 11.1-1 C | Academic Advising by Curriculum Year (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I am aware that I can obtain academic advising through the medical school. |  |  |  |  |

Question 83

Table 11.2-1 D | Awareness of Confidential Career Advising (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I am aware that confidential career advising opportunities are available to me. |  |  |  |  |

Questions 84, 85 & 86

Table 11.2-2 D | Career Advising: Choosing Electives, Evaluating Career Options and Applying to

Residency Programs (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I am aware that I can obtain assistance in choosing elective courses. |  |  |  |  |
| I am aware that I can obtain assistance in evaluating career options. |  |  |  |  |
| I am aware that I can obtain assistance in applying to residency programs. |  |  |  |  |

Question 87

Table 11.5-2 C | Awareness of medical school procedures for collection, storage, disclosure,

disposal, and retrieval of student academic records (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I am aware of the medical school procedures for the collection, storage, disclosure, disposal, and retrieval of my academic record. |  |  |  |  |

Questions 88, 89, 90 & 91

Table 11.6-1 C | Student Awareness to Review and Challenge Academic Records (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Number (%) |
| Year 1 | Year 2 | Year 3 | Year 4 |
|  | I am aware that I am permitted to review my academic records. |  |  |  |  |
| I am aware that I am permitted to challenge my academic records if I consider the information to be inaccurate, misleading, or inappropriate. |  |  |  |  |
| I am aware that I am permitted to review my medical student performance record (MSPR). |  |  |  |  |
| I am aware that I am permitted to challenge my medical student performance record (MSPR) if I consider the information to be inaccurate, misleading, or inappropriate. |  |  |  |  |

## Standard 12: Medical Student Health Services, Personal Counselling, and Financial Aid Services

Question 92

Table 12.8-2 B | Student Knowledge of Post-Exposure Treatment (Core Appendix) Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered “Yes” to the statement shown in the table below. Add rows as needed for each campus. |
| Campus | Survey Question | Year 1 | Year 2 | Year 3 | Year 4 |
|  | I received instruction on steps to take following exposure to infectious or environmental hazards before undertaking any educational activities that would place me at risk. |  |  |  |  |

1. **Template table for *Not Applicable* responses**

Appendix 2 *| Not applicable* responses Source: ISA

|  |
| --- |
| Provide the data from the Independent Student Analysis (ISA) on the number of respondents who answered *Not applicable* to the question listed the table below. Add rows as needed for each campus. |
| Question # | Table # | Campus | Number |
| Year 1 | Year 2 | Year 3 | Year 4 |
| 5 | 3.4-2 B | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 7 | 3.4-4 B | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 8 | 3.4-4 B | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 9 | 3.4-4 B | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| Campus Y |  |  |  |  |
| 23 | 5.7-1 B | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 30 | 5.9-1 B | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 34 | 5.11-1 B | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 36 | 5.11-2 B | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 38 | 5.11-3 B | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 39 | 5.11-4 B | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 73 | 9.3-1 C | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 74 | 9.3-1 C | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 75 | 9.3-1 C | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 76 | 9.3-1 C | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |
| 77 | 9.3-1 C | Campus X |  |  |  |  |
| Campus Y |  |  |  |  |