



LIAISON COMMITTEE ON
MEDICAL EDUCATION

CONNECTIONS

Medical Students (MS) Standard

Updated May 2012

The information provided in this document is developed from the most recent versions of LCME documents (see version information below). Programs that began the accreditation process using previous versions of the standards, database questions, and self-study questions may notice some differences. This is to be expected given that schools generally start their self-study process approximately 15 months before their scheduled survey visit, and so are using the materials in place at that time.

Function and Structure of a Medical School, *May 2011*

Guide to the Institutional Self-study, *for survey visits in 2012-2013*

Medical Education Database, *for survey visits in 2012-2013*

Survey Report Guide, *August 2011*

MS-19

MS-19. A medical education program must have an effective system in place to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

DATABASE QUESTIONS

- a. Describe the medical school's system for career and residency counseling. Provide information on the formal (required) activities that occur for students in each year of the curriculum and the informal activities available to some or all students. Provide a description of the resources available to medical students to support their career investigations, including written and/or online materials, and describe how these materials are used.
 - b. Identify the individual(s) primarily responsible for providing guidance to medical students about their intramural and extramural elective choices for each year of the curriculum. Note the role(s) or title(s) (e.g., student affairs dean, college advisor, departmental faculty advisor) of the individual(s) responsible for the formal approval of medical students' elective courses in each year of the curriculum.
 - c. Provide data from the AAMC GQ or the AAMC CGQ, the independent student analysis, and/or internal school surveys on student satisfaction with the career advising system and with guidance in the choice of electives.
 - d. List the principal components of the medical school's system of assessment that are employed in the composition of the formal Medical Student Performance Evaluation (MSPE, for U.S. medical schools) or the Medical Student Performance Record (MSPR, for Canadian medical schools).
 - e. Indicate the individual(s) primarily responsible for preparation of the MSPE/MSPR and include two representative examples for recent graduates (redacting all personally identifiable information) in the Appendix.
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SELF-STUDY QUESTIONS

In the context of data from the student independent analysis and data from the most recent AAMC Medical School Graduation Questionnaire/AAMC-AFMC Canadian Graduation Questionnaire, as well as recent NRMP Match rates, evaluate the effectiveness of the systems in place for career counseling, residency preparation, preparation of the MSPE, and the selection of elective courses.

SURVEY REPORT GUIDE

Describe the system for career counseling and for counseling about application to residency, including formal and informal activities offered by curriculum year. Include the advisors who are available to students and the training that they receive for their roll. Provide data from the independent student analysis and/or the AAMC GQ on student satisfaction with the availability and utility of the career advising program. Report on how well students perform in the NRMP or CaRMS.

Briefly summarize the process for generating the annual Medical Student Performance Evaluation (“dean’s letter”).

Summarize the process of advising students about their choice of electives and describe how and by whom elective choices are screened.

LCME EXPERIENCE SECRETARIAT COMMENTS

This standard consists of four overlapping areas: elective advising, career advising, the creation of the MSPE, and applying to residency programs. As with most standards, the key issues are revealed in the database questions. The operative word in the first database question is “system.” There must be a system in place for both career advising and elective advising. It is not enough to have numerous career-related events, such as special interest groups for different specialties; there must be a calendar of both required advising events and optional events. A typical minimum calendar of required sessions might include some time at the first-year orientation regarding the structure of the four-year career advising program. While they are not required to do so, schools often introduce their students to the AAMC Careers in Medicine program and website, which provides resources to augment the school-provided required sessions. In the second year, schools often provide students with information about how the MSPE is created and about upcoming opportunities to explore different specialty choices as they begin their core clinical training. Schools often use a required third-year session to revisit the MSPE and to advise about residency interview strategies. Thus, the key is that there is a systematic approach that provides complementary required and optional career planning sessions to students.

The need for a systematic approach to career planning also applies to a school’s approach to elective advising. Both systems involve an easily identifiable “go-to person” in an appropriate medical school office who is charged with the responsibility for advising students about career and elective choices. During survey visits, teams often ask students to answer the question, “Who would you go to if...” they needed help with

choosing a specialty or a residency program or selective a series of electives appropriate to their educational and career goals.

How do teams know if the system is working or the person is known? The third database question tells you the answer. The Graduation Questionnaire, independent student analysis, match rate, and conversations with students on site will be primary sources of validation of the effectiveness of the system.