

# Canadian Federation of Medical Students Education Committee | Accreditation Portfolio

## *Accreditation Toolkit* *Master Document 2018 – 2019*

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## GLOSSARY OF TERMS

*Accreditation:* The process by which a medical school is critically evaluated by an outside committee. This process occurs at a frequency of at least once every 8-years. At the conclusion of the accreditation process a determination of accreditation status of the school is made that reflects the quality of the medical education program offered.

*Accreditation Standards/Elements:* Accreditation standards/elements are specific criteria that a medical school must meet to be accredited by CACMS. The standards/elements are fundamental to the accreditation process and aligned with the American standards/elements which enables reciprocity between the two countries

*Canadian Graduation Questionnaire (CGQ):* Annual questionnaire that all graduating medical students are asked to complete.

*The Committee on Accreditation of Canadian Medical Schools (CACMS):* This is a Canadian committee tasked with accrediting all Canadian medical schools.

*Independent Student Analysis (ISA):* While the medical school is conducting the Medical School Self-Study, a group of students will conduct a parallel independent analysis of the aspects of the medical school that relate to students.

*The Liaison Committee on Medical Education (LCME):* This is the American counterpart to CACMS. The LCME is tasked with accrediting all American medical school and co-accrediting Canadian medical schools with CACMS.

*Medical School Self-Study (MSS):* During the accreditation process the medical school undertakes a complete review of itself and assesses its compliance with each accreditation standard/element. This process allows the school to begin to address any areas of non-compliance well before the accreditation site visit.

*On-Site Evaluation:* During the accreditation process the CACMS will send an ad-hoc committee of 5-6 members to visit the medical school in question. The purpose of the on-site evaluation is to integrate documentation with student and faculty anecdotal experiences, thereby best identifying the school's strengths and areas for improvement.

*Student Accreditation Taskforce:* The student committee that organizes the student body's involvement in the accreditation process.

*CACMS Secretariat:* The Secretariat supports students through the process of completing the ISA. Students can approach the Secretariat with any questions they might have about the process.

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## 1.0 Introduction to Accreditation & the ISA

### 1.1 WELCOME TO THE TOOLKIT

So you've just learned that your medical school is up for re-accreditation, and you've been assigned the Independent Student Analysis (ISA) lead. What does this mean, and what is expected of you? The purpose of the ISA Toolkit is to answer these questions and to provide useful resources for you throughout the accreditation and ISA process.

The Toolkit is composed of four main components – the Master Document, the Sample Report Template, the Data Tables Template, and Past ISAs. The Master Document provides the thorough details regarding background and implementation of the ISA. The Sample Report Template provides a skeleton and example text for the ISA. The Data Tables Template provides a structure to report ISA quantitative data (more details later). The Past ISAs give examples of ISAs from schools in the past.

Though we aim for this document to serve as a useful resource, the ISA Toolkit is not a complete guide to accreditation, but rather a 'toolkit' that serves to assemble varied resources into one convenient location. While we provide a general overview to student involvement in accreditation, we will particularly focus on the ISA process. More specifically, we provide nuanced instruction on how to actually plan, implement, and write-up the ISA. Furthermore, we will address specific problems and concerns raised by students conducting ISAs in the past. We thus suggest you read through this guide thoroughly, prior to starting the ISA process.

Finally, we would like to emphasize the CACMS Secretariat is available throughout the process for support, concerns, and questions via [cacms@afmce.ca](mailto:cacms@afmce.ca). You can also feel free to contact CFMS Accreditation File Leads with any questions pertaining to the information in this document via [ypeducation@cfms.org](mailto:ypeducation@cfms.org).

### 1.2 INTRODUCTION

#### *In this Part*

This part provides a brief introduction to the accreditation process and components of the medical school accreditation cycle. An overview is provided on the various ways in which students participate in the accreditation process. Finally, we introduce the ISA and the student roles and responsibilities for creating the ISA report. More specific tools for designing, implementing, and analyzing data for the ISA is provided in other parts within this Toolkit.

#### *Before Getting Started*

Before reading this document, we strongly recommend reading the **CACMS document, "Role of Students in CACMS Accreditation and Guide to the Independent Student Analysis (ISA)"** which can be accessed on the CACMS website (<https://cacms-cafmc.ca/>). The Committee on Accreditation of Canadian Medical Schools (CACMS) is the committee that is responsible for accrediting all Canadian medical schools. The CACMS Guide provides a more comprehensive overview of the accreditation process and more detailed information regarding school responsibilities and roles, all of which are essential components to understanding the role

of students in the process.

### 1.3 ACCREDITATION

#### *Introduction to Accreditation*

In brief, accreditation is the process by which the quality of a medical education program is evaluated. Accreditation serves an important public purpose, which is to **assure citizens, government agencies, and professional groups** that a given medical education program meets or exceeds nationally recognized standards. A second important purpose of accreditation is to **promote ongoing self-evaluation and quality improvement** within a medical school. The accreditation process requires the faculty and staff of a medical school to critically examine their program's strengths and weaknesses. Accreditation serves as a reinforcing, and sometimes restructuring, function, which confirms the strengths of a medical education program, and focuses the attention of the medical school and university leaders on addressing existing weaknesses of the educational program.

As previously indicated, an excellent overview of the accreditation process can be found on the CACMS [website](#) and the CACMS document, "Guide to the Independent Student Analysis."

#### *Accreditation Standards/Elements*

Canadian medical school accreditation criteria are based off a list of Standards and Elements developed by CACMS; an important point to note as all school studies and analyses (including the ISA) must be based off these standards/elements. In order for a school to be achieve full accreditation, they must be found in compliance with the vast majority of elements. However, there is no particular formula or minimum threshold for what determines accreditation status. Of course, all schools will have ongoing improvements – whether or not accreditation status will be affected depends on the required degree of improvement and what particular areas that school needs to improve upon. In particular, areas that relate to students and the learning environment are of particular importance. The full list of accreditation standards/elements can be found on the CACMS [website](#).

#### *Overview of the Accreditation Process & Components*

Accreditation of Canadian medical schools takes place on an 8-year cycle, by which the school is examined and visited to identify areas of strength or weakness. The major components of accreditation are the following:

1. **Medical School Self-Study (MSS):** The medical education program will conduct a comprehensive internal study. It will consider each accreditation standard and element and will assess its own degree of compliance and take corrective actions when necessary. A full explanation of the Medical School Self-Study can be found on the CACMS

[website](#).

2. **Independent Student Analysis (ISA):** This is a parallel study that medical students will undertake independently without influence or oversight from the medical school. The purpose of the ISA is to provide the valuable perspective of the medical students and should have minimal faculty involvement in the determination of your findings. The faculty can and should provide support for the distribution and data analysis of the survey. The preparation of the final report will be a major part of your role as student participants in the accreditation process.
3. **An on-site evaluation** (termed “a site visit”) by a site visit team of external peer experts, which most often includes one of the student members of CACMS.
4. **Review of the team’s finding** by CACMS.
5. The CACMS’ **determination of the program’s satisfaction status** with the CACMS elements and compliance status with the CACMS standards and of any necessary follow-up.

## 1.4 STUDENT INVOLVEMENT IN ACCREDITATION

### *Student Roles within Accreditation*

Accreditation is an extremely complex process, and there are many ways in which students are involved. Such involvement is of incredible value, ensuring student perspectives are accurately represented to CACMS. Students generally contribute to accreditation in the following ways:

- a. **Increasing awareness** of accreditation among the general student body.
- b. Sitting on the Medical School’s Self-Study **task force committee & subcommittees**.
- c. Conducting the **Independent Student Analysis**.
- d. **Speaking with accreditors** during the site visit.
- e. **Following-up** after a site-visit.
- f. **Communicating accreditation results** (e.g. MSS details, ISA details, etc.)

### *The Student Accreditation Taskforce*

Considering students are involved in accreditation in a number of ways, cohesion and communication can be improved by forming a “Student Accrediting Taskforce.” This taskforce would be responsible for ensuring all areas of student involvement in accreditation are successfully being conducted. Some of the taskforce roles could include appointing students to MSS task for committees, developing accreditation awareness campaigns, coordinating survey implementation strategies, etc.

Establishment of the Student Accreditation taskforce varies between schools, but generally the MedSoc/ASoc is contacted by the Faculty at the start of the accreditation cycle, around a year and a half before the site visit. The MedSoc/ASoc will subsequently place a callout for members of a Student Accreditation Taskforce, and voila, the group is formed.

It is strongly recommended that this taskforce **receive funding from the Faculty of**

**Medicine** to conduct its activities (e.g. incentivizing with free food, gift cards upon survey completion, etc.). Most schools allocate an accreditation budget from the start, so receiving funding for the Taskforce should generally be quite easy. It is a good idea to discuss the budget for student incentives, should you choose to use these, with your Faculty of Medicine at the start of your accreditation planning.

The Student Accreditation Taskforce can be structured however you think is reasonable. In the past, students have found the following structure effective:

1. Independent Student Analysis coordinator(s) (1-2) (committee chair(s))
2. MedSoc/ASoc President (1)
3. VP Academic (1)
4. First year representatives (2)
5. Second year representatives (2)
6. Third year representatives (2)
7. Fourth year representatives (2)

**N.B.** While development of a taskforce has worked for some schools in the past, it is not entirely necessary, and individual student roles within accreditation can be separately appointed.

#### a. Increasing Awareness about Accreditation

In general, most students are unaware of how accreditation affects them. Now that your medical education program is undergoing accreditation, you should take this opportunity to teach the general student body about accreditation. Not only will this increase their understanding of medical education, it will make it easier for you to conduct your survey and recruit students to speak with the accreditors.

In the past, students have successfully used numerous strategies to ‘spread the word’ about accreditation. We believe the most effective method has been to **organize a ‘town hall’** at the beginning of the accreditation process and invite students from all years to attend. This town hall meeting can include a short presentation about accreditation. You can mention all the ways in which students will be involved. **Incentives, such as free food** for these meetings are an excellent idea. Most importantly, **invite a member from the medical school deanery and accreditation faculty lead** to attend and answer student’s questions. Many medical schools will have a Vice-dean of Accreditation (or equivalent accreditation officer) who should be available to answer student questions.

You can also address accreditation (and even mid-cycle reports) in your medical student society annual general meeting in order to always have it on the radar of students.

#### b. MSS Task Force Committee & Subcommittees

The self-study is managed by a task force or steering committee formed by the faculty, with additional subcommittees formed to review and analyze accreditation data for each of the 12 accreditation standards. The number of subcommittees varies at each school. A subcommittee can address more than one standard. Schools may wish to create additional subcommittees to

review specific topics, either to undertake a more detailed review or to accommodate unique medical school needs.

Each subcommittee reviews and analyzes data, including the data from the Independent Student Analysis, for the areas to which they have been assigned. The subcommittees carry out the first evaluation and rating of elements, provides evidence to support the rating, and develops plans with timelines to address areas of unsatisfactory performance. Reports are prepared about six months before the site visit takes place.

The individual subcommittee findings and conclusions will then be synthesized by the task force or steering committee into a final, comprehensive Medical School Self-Study report. This report identifies the elements that require improvement or monitoring and recommendations for plans to achieve satisfactory status.

Students sitting on the MSS Task Force Committee and Subcommittees will either be members of the Student Accreditation Taskforce, or be students appointed (via callout or application) by the Student Accreditation Taskforce. Alternatively, the Faculty at some schools may directly solicit the student body to have members sit on the MSS Task Force Committees. Some schools may also implement other approaches for appointing students. The role of students on the task force and subcommittees will be to represent student concerns.

### c. Independent Student Analysis

A crucial element of the accreditation process is the Independent Student Analysis (ISA). On the Student Accreditation Taskforce, there will be either one or two ISA leads which will spearhead the ISA (generally, these students are also the Taskforce leads as well). The ISA is an opportunity for you to conduct an independent analysis of the aspects of the medical school that directly affect medical students. The focus of this Toolkit is to provide the appropriate resources and information to ensure the ISA is conducted as efficiently and effectively as possible. Please see the next section for more details on the ISA, as well as subsequent documents for useful tools.

### d. Speaking to Accreditors on Site Visits

Following the completion of the ISA and MSS, the accreditors will visit your medical school. The major role of students during this site visit is at the **student lunches** with the accreditors, and the **tours of the educational facilities**.

A wide variety of students are involved in the site visits, including members of the Student Accreditation Taskforce, MedSoc/ASoc members, members of the student body, and most importantly, ISA leads. These students will either be chosen by the Student Accreditation Taskforce or the Faculty. Notably, it is important to incorporate a diversity of students that span various degrees of involvement, leadership, and identities.

Lunches may involve up to 20 students, as the site visit team wants to hear from a variety of students. Make sure that the number of students involved in each lunch is decided upon with the Faculty well in advance of accreditation so you can recruit the required number of students. Lunch on the first day is usually for pre-clerkship students. Lunch on the second day is usually

for clerkship students.

Lunches are your opportunity to express concerns directly to the site visit team, and ensure that the student opinion is clearly expressed. In general, it is a good idea to share some of the outstanding strengths of your educational program with the team, but the overall focus of the meeting will be on weaknesses as these are most pressing to address. Faculty members from your school are not invited to the lunches.

The site visit team will lead discussion at lunches. However, it is important that the students are **well-versed in the ISA report and have topics assigned (or chosen)** to them prior to the accreditation. Ideally, students should speak from their own experiences while being guided and using the data from the ISA report. The site visit team will ask questions based on concerns that you identified in the ISA. They will also ask questions based on issues from the Canadian Graduation Questionnaire, Medical School Self Study, or issues that were raised during the site visit. Ensuring the student group is well-equipped to handle these questions is a responsibility of the Student Accreditation Team. Noteworthy, the time during the lunch meetings is often quite limited, therefore it is helpful to prepare an agenda in advance and target your conversations on a limited number of key issues., specifically issues that relate to certain elements or standards.

During tours of the educational facilities, you will tour the site visit team around the medical school and teaching hospitals. This is also a great time to bring up student concerns as they pertain to the tour and provide additional, informal feedback.

Honest student feedback is appreciated. Under no circumstances are student comments quoted directly or attributed to any individual either in the report of the site visit team or in exit conferences with the medical school dean and university executive.

#### e. Follow-up After the Site Visit

After the visit, the site visit team will report on its findings to CACMS. The site visit team will make a rating recommendation for each element as satisfactory, satisfactory with monitoring, or unsatisfactory. The CACMS will use the recommendations from the site visit team, along with supporting data, and make a final decision for each standard/element. It will then decide on the overall accreditation standard of your medical education program. Most medical education programs are found to be in compliance with most standards, and in compliance with monitoring or in noncompliance with a few standards.

The CACMS may determine that some follow up from your school is required. The CACMS may demand a report, or it may schedule a short follow-up visit. **You may be involved in the follow up** by collecting data, producing reports, or participating in the follow up site visits.

#### f. Communicating Accreditation Results

Following the determination of your school's accreditation status, it is incredibly important results be distributed to the student body. While the Deanery does dictate the dissemination of results, there is an ongoing movement towards increased transparency.

Disseminated information could certainly go beyond the simple accreditation status of your school; it can include areas of weakness, strength, suggested avenues to improve, and more. The information shared can be based off pertinent details found in the MSS, ISA, or the write-up procured by CACMS.

Ensuring students are aware of the accreditation results is useful for assuring students their concerns are being addressed, while also providing another layer of accountability for the Faculty to improve. Typically, such communication should be conducted by the Student Accreditation Taskforce.

### *A Note on the Importance of Student Feedback*

The CACMS takes student feedback very seriously. They seek student feedback via the Canadian Graduation Questionnaire, Independent Student Analysis, conversations with students during site visits, and from letters that students can submit at any time during or between accreditation cycles.

Student feedback is used by the team to guide the site visit. If the Independent Student Analysis identifies a problem area, the site visit team will devote more time on that area during the site visit. Site visit team members will question students about that area to get a better sense of the problem. The team will discuss the identified issues with administrators. Be prepared to discuss any identified program weaknesses from your ISA in specific detail with the team during the site visit.

Student feedback on accreditation standards is also a great way to bring issues to the attention of administration. Concerns identified during the accreditation process often result in tangible positive change.

Given the breadth of standards assessed, student feedback is more relevant to certain elements/standards than to others. For instance, student feedback is used when considering elements/standards about the learning environment, career counseling, study space, curriculum effectiveness, or financial aid. Student feedback is generally not used when considering elements/standards pertaining to organizational structure, faculty development, finances and other aspects of the medical program that do not directly relate to the student experience.

Providing student feedback puts you in a difficult position. You want to improve your medical school, but you don't want to jeopardize its accreditation. Remember that honest feedback is very important for accreditation. Honest feedback is the only way to identify problem areas and for medical schools to improve.

You will not experience personal retribution from your Faculty for anything you say to the site visit team. Under no circumstances are student comments quoted directly or attributed to any individual either in the report of the site visit team or in exit conferences with the medical school dean and university executive. If you feel these principles are being compromised you should contact the CACMS secretariat ([cacms@afmc.ca](mailto:cacms@afmc.ca)) and inform them of your concerns.

## **1.5 THE INDEPENDENT STUDENT ANALYSIS**

*What is the ISA?*

While the medical school is conducting the Medical School Self-Study, a group of students will conduct a parallel independent analysis of the aspects of the medical school that relate to students. The ISA is completed in order to develop a comprehensive picture of students' perceptions of their medical school. The ISA is primarily based off a survey distributed to the entire student body, which covers the following areas that relate to specific elements:

- I. Student-Faculty Administrative Relationships
- II. Learning Environment
- III. Facilities
- IV. Library and Information Technology Resources
- V. Student Services
- VI. Medical Education Program
- VII. Opportunities for Research and other Scholarly Activities and Service-Learning

### *How is the ISA Conducted?*

Completing the ISA can be divided up into three main steps: 1) Collecting Data, 2) Analyzing Data, and 3) Report Write-Up. In this section, we will provide a brief overview of each one of these steps, however, **please consult later Toolkit sections** for more detailed information. We would like to note that the ISA process should be **started** ~2 years in advance of the school site visit, **available** to the MSS subcommittees ~1 year in advance, and **submitted** in its completed form to your school ~6 months in advance of the site visit.

### Collecting Data

In all ISAs, data is primarily generated from a student-wide survey. Students are expected to answer questions that are directly related to their experience (e.g. a first year student would not comment on clerkship-related elements, but a third year can). Receiving a high response rate is key to the success and validity of the ISA.

In CACMS "Guide to the ISA," there's a list of **required questions** that must be included within the survey. These questions are absolutely compulsory, and should be asked in as exact wording as possible, as the information garnered is required for the school to complete the DCI. You may of course include additional questions, however, the questions must relate to one of the CACMS Standards/Elements, found on their [website](#). If you choose to include questions not related to the Standards/Elements, but you believe are pertinent nonetheless, we recommend you include them in a separate report addressed specifically to the school. More details are provided in the subsequent parts of this Toolkit.

An additional technique for collecting data involves the implementation of focus groups. Conducting such groups will provide you with invaluable qualitative data that will both help guide the write-up of your report as well as back your quantitative data with valuable, anonymized quotes.

## Analyzing Data

Once your data has been collected, it's time to move on to the analysis. Different schools implement different approaches to effectively analyze the data. It is of great importance to examine both quantitative data and qualitative data. As mentioned in the CACMS Guide to the ISA, a Faculty staff member or administrative support can be used in order to help with the analysis, but **not the interpretation or write-up**. More details are provided in the subsequent files of this Toolkit.

## Report Write-Up

After completing your analysis, you can move on to write-up your report. In this Toolkit, we have provided a sample report structure and write-up tools. When illustrating your interpretation of the results, we highly recommend the use of figures and anonymized narrative commentary to support your results. Feel free to also examine the structure of ISAs from previous schools, included in this Toolkit. More details are provided in the subsequently.

### *How is the ISA used?*

The ISA created is a valuable source of information used in a variety of ways. First and foremost, the report is provided unaltered to CACMS for review, and is folded into its assessment of how the medical school is meeting the specified elements/standards. CACMS also pays specific attention to areas of weakness identified in the ISA, in order to guide targeted discussion during site visits.

The ISA is also used by the MSS Task Force Committee and Subcommittees during their report on specific accreditation elements and standards. Furthermore, the ISA is used as a resource for students participating in accreditation site resources, ensuring they are knowledgeable of key issues identified by the student body.

Finally, and very critically, the data generated by the ISA is used by the medical school to complete the required Data Collection Instrument (DCI). More information on the CACMS [website](#) can be found as to what this document entails, but in brief, it is a questionnaire the schools need to complete as part of their MSS. However, many of the questions that need to be answered (specifically, data tables that need to be filled out), must be **directly sourced from the ISA**. Thus, it is absolutely essential the ISA is conducted, and conducted correctly. More details are provided subsequently.

## **1.6 SUPPORT AND RESOURCES**

### *Support throughout the ISA process*

The ISA process should not exist within a vacuum and we encourage you to stay in touch with your Faculty contact to ensure you are receiving the guidance and support you need. However, we would like to strongly emphasize that you have support outside your school. While we hope the ISA process runs smoothly at your school, sometimes speed bumps are encountered.

The Canadian Federation of Medical Students is here for you. If at any point you feel overwhelmed by the stress of Accreditation, your input is not being considered, you're unfairly taken advantage of, or anything at all negative related to the accreditation experience, we're here to help. Feel free to contact the CFMS VP Education ([vpeducation@cfms.org](mailto:vpeducation@cfms.org)) at any time.

Furthermore, the CACMS Secretariat is available to provide support and guidance when concerns or conflicts arise, particularly when there is a concern with Faculty guidance or involvement. We strongly recommend you get in touch with the CACMS Secretariat ([cacms@afmc.ca](mailto:cacms@afmc.ca)) when starting the ISA process; beyond conflict mediation, they are also a wealth of information and will be able to answer your many questions about accreditation and the ISA.

### *The role of your Faculty*

While your Faculty should not be involved in the ISA data interpretation or write-up, there are a number of stages in which they can be involved. For example, the Faculty can help with inputting questions into a survey software, distributing the survey, data statistical analysis, etc. Accreditation is a very large undertaking and the Faculty often hire specific individuals to assist with this process- you can and should certainly reach out to these individuals for assistance with the ISA process.

### *Providing Feedback on the Toolkit*

We would like to emphasize that this Toolkit is a growing document, and requires constant monitoring and improvement. While we will review the Toolkit on an annual basis and formally solicit feedback at such a time, we strongly encourage you to get in touch with the CFMS VP Education ([vpeducation@cfms.org](mailto:vpeducation@cfms.org)) at any point for questions or feedback.

### *Contacting Peers*

We highly recommend that you reach out to your colleagues from other medical schools and seek their advice as you begin participating in your own medical school's accreditation. Refer to the following table to learn which Canadian medical schools underwent accreditation in the past few years. All of the students listed in this table were involved in accreditation and have indicated that they are willing to provide tips and advice to you.

<b>School</b>	<b>Year of Accreditation</b>	<b>Student Contact</b>	<b>Contact Information</b>
University of Manitoba	2018 – 2019	Alyssa Archibald	<a href="mailto:umarchib@myumanitoba.ca">umarchib@myumanitoba.ca</a>
University of Ottawa	2017 – 2018	Olivia Cook	<a href="mailto:ocook088@uottawa.ca">ocook088@uottawa.ca</a>
University of Saskatchewan	2016 – 2017	Noal Rau	<a href="mailto:nolan.rau@usask.ca">nolan.rau@usask.ca</a>
Dalhousie University	2016 – 2017	Kit Moran	<a href="mailto:kit.moran@dal.ca">kit.moran@dal.ca</a>
University of British Columbia	2015 – 2016	Milan Aspe	<a href="mailto:maspe@alumni.ubc.ca">maspe@alumni.ubc.ca</a>
University of Calgary	2015 – 2016	Franco Rizzuti	<a href="mailto:farizzuti@gmail.com">farizzuti@gmail.com</a>

Western University	2014 – 2015	Dani Cadieux	<a href="mailto:danicadieux@gmail.com">danicadieux@gmail.com</a>
Queens University	2014 – 2015	Natalia Ovtcharenko	<a href="mailto:vpacademic@qmed.ca">vpacademic@qmed.ca</a>
McGill University	2014 – 2015	Nebras Warsi	<a href="mailto:nebras.warsi@mail.mcgill.ca">nebras.warsi@mail.mcgill.c a</a>

## **2.0 Survey Development & Implementation**

### **2.1 DATA COLLECTION**

Greetings! So you've read through the Toolkit introduction, perused the CACMS Guide to the ISA, maybe spoken to past ISA leads, and now that you understand the ISA process, you're ready to start? Perfect! In this document, we'll describe the process of collecting the data required to write-up your school's ISA. There are two approaches to collecting data from your student body. The first, which we will describe in detail, is a thorough survey sent out to the entire student body. The second includes the hosting of focus groups which we will also describe in lesser detail. You may choose to also implement additional strategies such as semi-structured interviews, repeated rounds of polling, etc., but such additional strategies are up to your discretion for implementation and are not described in this Toolkit.

We would like to strongly emphasize it is very easy to feel overburdened by the ISA process, particularly when taking on extra, non-mandatory work. Previous ISA leads have reported that the process of completing an ISA can be detrimental to their medical studies. Please start a discussion early on with the Deanery of your school about how they will provide financial and logistical support during the process. Having a similar discussion with the CACMS Secretariat early on will help you to learn more about what aspects of the work involved in the ISA can be most efficiently performed.

### **2.2 SURVEY DEVELOPMENT**

#### *Overview*

The student-wide survey is an essential component of the ISA process. The data collected during surveying will be used for both the ISA report, as well as for the Faculty's own reporting to CACMS (i.e. results from the survey are included in the school's Data Collection Instrument).

When collected survey data, it is important that you are able to identify the year and campus location of each respondent. Survey analysis of results will necessitate commentary stratified by each year of medical school, and across each of your school's different satellites sites. Additionally, respondent may answer slightly different questions based on their year / campus location (e.g. third year students will answer clerkship-based questions, while first years will not).

CACMS has recommended that the ISA report be divided up into seven different sections: I. Student-Faculty Administrative Relationships; II. Learning Environment; III. Facilities; IV. Library and Information Technology Resources; V. Student Services; VI. Medical Education Program; and VII. Opportunities for Research and other Scholarly Activities and Service-Learning. As such, we recommend you also structure your survey to be divided up into these sections as well.

#### *Required Questions*

So, what do you put in your survey? Well, there's a set list of required questions that

must be included, defined by CACMS. You can find these questions in the CACMS Guide to the ISA, as well as in the sample survey provided in this Toolkit. As per CACMS, you may adapt these question to be specific or relevant to the school (e.g. instead of writing “Vice Dean of Education Program,” the title of the role at your school may be “Vice Dean of Undergraduate Medical Education”). However, it is very important you do not change the sentiment of the question, as the Faculty will require the survey responses to complete their DCI, and if the question sentiment has been changed, the data is not transferrable. We recommend you consult with your Faculty and ensure both your team and the Faculty team are in agreement for any changes to a required question. Additionally, in your ISA write-up you should clarify any changes to required questions.

### *Additional Questions*

Supplementary to the required questions defined by CACMS, you may choose to create and include additional questions pertaining to topics relevant to your student body. These questions can be divided into two large categories: a) questions linked to a CACMS accreditation element and b) question not linked to a CACMS accreditation element.

To define questions that are linked to an accreditation element, we suggest you look at the listing of [accreditation elements online](#) and ensure the content of your question is of relevance to the accreditation element. After you are ready, please feel free to send your intended survey questions to the CACMS Secretariat. This step is optional and so too is following the recommendations of the Secretariat. But as an independent body, getting feedback from the Secretariat may help to bolster the buy-in for your survey from the Deanery at your school. A few examples are the following:

**Element:** 9.3 Clinical Supervision of Medical Students

**Question:** Have you ever been asked by a healthcare professional to perform a task you have never been trained on previously, and without training at the time of request?

**Question:** How satisfied are you with supervision provided to ensure both patient and student safety?

**Element:** 7.3 Societal Problems

**Question:** How satisfied are you with the extent of curricular time devoted to the social determinants of health?

**Element:** 6.5 Elective Opportunities

**Question:** How satisfied are you with the availability of elective opportunities?

If you choose to include additional questions in your write-up, be sure you clearly identify which element they are linked to and group them under the appropriate section (e.g. Learning Environment, Facilities, etc.). Worthwhile to note, not all elements can be directly commented on by student. Again we note, adding additional questions is not necessary to write a robust and insightful ISA report.

While accreditation elements cover a broad range of topics, there may exist facets of the medical school that are outside of the scope of these elements (e.g. price of parking, variety of cafeteria food options, etc.). Even though these aren't linked to specific elements, that does not mean they are any less important to the student experience! You may (or may not!) wish to survey the student body about topics of interest (both positive and negative) that fall outside the accreditation umbrella. However, please be cautious about adding to the already-significant burden of the ISA. For reporting these results, we recommend you do not include the data in your ISA write-up, but rather in a separate report to your Faculty. While CACMS cannot assess these facets in terms of accreditation, it would still be incredibly helpful to provide to your school for self-improvement. You may wish to also make this report available to CACMS separately, to be analyzed at the discretion of the surveying team. However, the CACMS team already reviews thousands of pages of documents before a site visit; therefore, it is highly unlikely for data falling outside the accreditation realm would be used by the team. The answers to these additional questions might be most appropriate for internal institutional quality improvement.

Elements important to accreditation are constantly evolving and are very dependent on feedback. If there is a particular aspect of your school that is not examined by an accreditation element but you believe is an important component of your school, we strongly encourage you to write to the CACMS Secretariat directly to consider incorporating that aspect into an accreditation element.

### *Narrative Responses*

The qualitative data you collect from your survey will provide invaluable guidance in writing your ISA report. As such, you may wish to include a section for narrative response at the end of each of the seven sections of the survey, or alternatively, after each question. If you will be using direct quotes in your ISA report- albeit this is not required- be sure to provide the appropriate disclaimer (see Report Write-up section for more details).

## **2.3 SURVEY IMPLEMENTATION**

### *Survey Platforms*

There are a variety of survey platforms available for you to create and distribute your survey. Noteworthy, Canadian federal and provincial laws request data to be collected and stored on servers located in Canada. Students should verify with their school that their intended survey platform conforms to the legislation.

### *Effective Surveying*

At the core for a robust and reflective Independent Student Analysis is a **high response rate**. It is absolutely essential that you have a high response rate from all medical student years and across all medical school campuses. Site visit teams interpret the recommendations of the

ISA in the context of the response rate, and thus, your recommendations will be more impactful if they are based on a survey that achieved a very high response rate. A robust response rate would include >90% for pre-clerkship students and >80% for clerkship. Achieving such a high response rate may not be possible at your school for many reasons, but they remain laudable goals to aspire towards.

To achieve a high response rate, targeted efforts need to be implemented to ensure effective surveying and high respondent turnout. The following lists a few ideas for surveying students effectively; please note that this list is not exhaustive and we strongly recommend you brainstorm ideas for implementation at your school.

### Advertising

The accreditation process is a very big deal and will involve many members of the student body. As such, your Faculty and Student Accreditation Taskforce may choose to provide specific information about the process, through mediums such as e-mails or town halls. You can use these communication avenues to advertise the upcoming survey and the importance of completing the survey.

### Survey students electronically

Online services are sufficiently powerful for surveying your class, but some (such as SurveyMonkey.com or Google forms) may collect and store their data on servers located outside of Canada. Ensure whichever service you choose to use complies with the appropriate data collection laws<sup>1</sup> by consulting with your faculty. Your Faculty may also provide you with their internal survey software. The faculty should provide administrative support for digitizing the survey if you so desire.

### Dedicated curriculum time

Ask your Faculty for dedicated curriculum time to administer the survey. This should be scheduled time that appears on the students' schedule during regular business hours and in place of other mandatory curriculum elements. This strategy may dramatically increase your response rate, especially among pre-clerkship students. It may be useful to negotiate this time with your Deanery in advance.

### Incentives

Provide incentives to student to complete the surveys. Some student groups have administered the survey over lunch, and gave free lunch to students who came and completed the survey. Some student groups have held prize draws for students who submit completed surveys. Your Faculty may be able to help pay for incentives. We note however the suitability of these strategies are currently being discussed at this time of publication of this toolkit. Please check

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<sup>1</sup> [https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/02\\_05\\_d\\_15/](https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/02_05_d_15/)

with the CACMS Secretariat if this strategy is appropriate at your school.

### Administrative support

Your administration should provide you with support for surveying students. This often includes access to a statistician to help with survey design and analysis (but of course, **not interpretation!**)

### Timing

Choosing an appropriate time is essential for ensuring a successful response rate. Thus, the time of administration of the survey may be different for each student year. For example, administering the survey after a midterm is effective for pre-clerkship students, while administering the survey during a classroom-based consolidation block would be effective for clerkship students. In addition, putting an appropriate deadline for survey completion (e.g. 2-4 weeks), as well as weekly reminders should boost response rates.

## **2.4 FOCUS GROUPS**

While all schools must implement a school-wide survey to collect data for the ISA, Focus Groups can also be an incredibly useful but under-utilized tool for data collection. While there is no specific format for a focus group, they are generally semi-structured discussions facilitated by the Student Accreditation Taskforce leads with students across all medical years. Note, however, you truly can make the focus group whatever you feel is most appropriate (e.g. you may conduct separate class meetings to discuss year-specific concerns). We must stress though that focus groups are an optional strategy in the greater data collection process and it is totally appropriate to refrain from implementing this strategy if time does not permit.

Should you choose to use focus groups, they can be conducted at any point (and multiple points) during the accreditation process. For example, you may choose to run a focus group prior to survey development to determine key aspects of the school performance that should be examined with additional survey questions. Alternatively, you may run a focus group after survey results have been collected and analyzed to obtain further qualitative data on very positive or very negative areas of school performance. Really, focus groups are a great way to get a broader pulse on student experience at your school and it may be helpful to dedicate time to conduct these groups.

## 3.0 Data Analysis & Write-up

### 3.1 INTRODUCTION

Congratulations! You've distributed the ISA survey to the student body, collected the results, and maybe held a few focus group sessions to solicit additional feedback. However, the question remains: What to do now? Well, that's where this document comes in. Here we'll be providing details on how to analyze all the data you have collected and how to appropriately write-up the ISA.

In the past, ISA leads have run into difficulty when reporting results, as students felt guidelines for the write-up remain hazy and unclear. In addition, the particular methods for interpreting the data were not firmly established nor standardized, leading to further confusion. In this document we hope to provide a very clear approach to analyzing and reporting your data. The approach provided in this document has been refined from methodology implemented by previous ISA student leads.

We would immediately like to note that analyzing the data and writing the report will not be fast. In the past, students have taken several months to complete the report. We recommend you get started on your write-up as soon as possible, ensuring you have enough time to complete the ISA while keeping up with your studies. Please ask your school's Deanery for sufficient paid administrative support and ask the CACMS Secretariat for strategies to advocate for local support or ways of making the data analysis more efficient.

### 3.2 DATA TABLES

Once you have collected the results from the survey, **we suggest you immediately input the information into the "Data Tables" template** provided in this Toolkit. These Data Tables were created in order to a) provide clear organization to the surveyed data and b) ensure the reporting structure matches the requirements of the Faculty Data Collection Instrument (DCI). The DCI is a document provided to the faculties by CACMS to assist the faculties in formatting their report. For every school's accreditation, the Faculty requires quantitative information generated from the ISA in order to populate certain components of the DCI. However, the entirety of the information required by the Faculty is contained within the required fields we have provided in the Data Tables template. Thus, while analyzing and writing up your data may take several months, **you can immediately provide the data tables to your Faculty right at the beginning** and that will be sufficient to have their DCI completed. Our hope is that providing this assistance in formatting will: i) ensure that your ISA report smoothly integrates with the DCI, and ii) allow you to spend more of your time developing narrative text that put your data into context. As with any peer-reviewed research report, the interpretation and discussion of the data is more important than the results!

### 3.3 ANALYZING THE DATA

#### *Getting started*

As noted previously, analyzing (and subsequently writing up) the ISA can take several

months to complete, so be sure to plan accordingly. While both CACMS and the CFMS repeatedly stress that the ISA must be developed free of Faculty influence, it is still possible the Faculty be involved without influencing the outcome. One such role is by providing a designated administrator or hired employee to analyze the data collected from the ISA survey. We must stress though, this administrator may only play a role in the **analysis**, but not in the **interpretation**. If you are concerned coercion or undue influence may be possible, we would recommend conducting the analysis on your own / with your accreditation team. If at any time you feel undue pressure from your administration, please do not hesitate to contact the CFMS VP Education ([vpeducation@cfms.org](mailto:vpeducation@cfms.org)) and/or the CACMS Secretariat ([cacms@afmc.ca](mailto:cacms@afmc.ca)) and rest assure that your concern will be treated with discretion.

In the CACMS “Guide to the ISA” document and in the Survey template provided in this Toolkit, only **required** questions are provided (i.e. questions that are linked to specific elements and stipulated as mandatory to include in the ISA by CACMS). If you elected to include additional questions in your survey and have successfully linked these questions to specific CACMS Elements/Standards, then you should certainly include this data in your analysis and write-up. However, if you’ve elicited feedback by questions that are not specifically linked to a CACMS elements but you believe are pertinent to school improvement, we recommend you consider analyzing this data separately and include it in **separate report to your school** (e.g. School Improvement Report). For example, if your student body believes there is a lack of affordable parking spaces near your school, that is certainly worthwhile to notify the Faculty of, but since it is not connected to any CACMS element, it likely should not be reported in the ISA. Including such information will only dilute core messages; instead, this information may be best included in a separate report to the schools. Please note, however, if you feel information you’ve collected should be- but is not currently- connected to an accreditation element, we suggest you submit that feedback directly to the CACMS Secretariat.

### *Methods*

We describe here a recommended approach to analyzing the data elicited by the ISA survey, focus groups, and all other forms of data collection you wish to include. Note that it is not absolutely necessary you analyze your data exactly mirroring the approach outlined below, but rather utilize the key sentiments to help you develop an approach most suitable to your data and your school’s particular circumstance.

#### A. Quantitative Data Analysis

##### ***Statistics***

We suggest you first approach your data via statistical analysis. However, we don’t mean anything too fancy; descriptive statistics are sufficient. Truly, you just need to calculate mean proportions and SD/SEM for all response groups, and be prepared to communicate your data via figures (e.g. bar graphs, histograms, pie charts, etc.). While more complex statistical models may be applied, such as proportional odds, that is certainly not necessary for the ISA.

##### ***Noting Variation***

Next, we suggest you identify questions that showed marked variation in responses, thus flagging these questions for consideration during your report write-up. In particular, we recommend you parse through your data making note of the following:

1. **Wide-distribution responses.** This includes questions that showed large variation in participant responses. In particular, questions that show a bimodal distribution should be flagged.
2. **Inter-year & inter-campus differences.** This includes questions where the agreed upon consensus differed between cohorts. If your medical school has more than one campus location, this is especially important to flag. Generally, when proportions between years/sites is >10%, this should be noted.
3. **Previously identified areas of interest.** Spend some extra time examining data on sections that would be considered areas of interest based on your accreditation team's knowledge of previous accreditation data and the student body's opinions and experience. You may use external resources to guide what would be deemed an "area of interest," such as relevant literature or past data of your school (e.g. previous ISA, other school-wide surveys, the AFMC Graduate Questionnaire, etc.)

### ***Determining Area of Strength/Improvement***

We suggest you next comb through question-by-question and categorize responses as indicative of an "area of strength," a "borderline area", or an "area for improvement." The purpose of this classification is to simplify analysis and reporting in a descriptive and illustrative manner. ***In particular, in your report write-up you will want to focus on areas of strength and areas for improvement- borderline areas are less noteworthy and examining them in detail may dilute the core strengths and pitfalls of the program.*** We also note this classification should be exclusively based on the **percentages averaged across all years & campus locations.**

While methods groupings into strengths/improvement areas have varied, there has been a consistent structure implemented by McGill, Alberta, and Calgary, which we outline below as the new recommendation:

***Area of strength:***  $\geq 70\%$  "agree"/ "satisfied" OR "strongly agree"/ "very satisfied"

***Borderline area:*** 60-70% "agree"/ "satisfied" OR "strongly agree"/ "very satisfied"

***Area for improvement:***  $\leq 60\%$  "agree"/ "satisfied" OR "strongly agree"/ "very satisfied"

At times, you may see marked variation between the different cohorts, as identified when following instructions for the previous section; we encourage you to make note of these differences in the discussion component of your report. In general, when the difference between the average and the individual year or site is greater or equal to 10% and this difference resulted in the year or site falling into a different category (i.e., 'area of strength' vs. 'borderline area' vs. 'area of weakness'), it should be noted in the relevant sections of the report.

Of note, this classification cannot be applied to Yes/No questions. In order to categorize these responses, judgment must be exercised to assess the what would be a suitable threshold for each individual question. For example, questions surrounding harassment should have a more stringent threshold compared to questions surrounding knowledge of school policies. Thus, we

have no specific rule for categorizing these responses but recommend interpretation on a case-by-case basis, with absolute clarity in your write-up as to how areas of strengths/improvements were determined.

Please also note that as of March 2018, CACMS now requires the ISA to use a 4-point Likert scale (“Very dissatisfied”/ “strongly disagree”, “dissatisfied”/ “disagree”, “satisfied”/ “agree”, and “very satisfied”/ “strongly agree”) as opposed to the 5-point Likert scale used previously (which included a neutral category). “Not applicable” has been replaced with more specific terms (such as “did not use” or “don’t know”) to avoid confusion in survey responses. Finally, questions related to ‘quality’ which were scored using phrases like “poor”, “fair”, “good”, “very good”, and “excellent” have been removed from the current ISA guidelines. Sample ISAs from previous years may have used the 5-point Likert scale and quality-based questions at the time of their survey – please keep these changes in mind as you move forward!

## ***Figures***

To support your quantitative data, we recommend you consider generating figures for the areas of critical interest in order to elucidate particular trends or differences. Figures can range from bar graphs, to pie charts, to response histogram, and beyond. You may choose to wait to make your figures until you’ve finished examining your qualitative data to ensure you are creating figures for the most relevant areas.

## **B. Qualitative Data Analysis**

After examining the quantitative data, you should examine the qualitative data included throughout your survey (as recorded by open-ended questions) and/or from your focus groups. The qualitative data should prove immensely useful, as it often provides rich descriptions of situations and opinions, and added details that would have otherwise been lost if only quantitative data was collected. If you or a member of your team has the appropriate background, we recommend analyzing the comments with an educational research lens utilizing qualitative research methods as outlined in Denzin & Lincoln (2008); Lingard, Albert, and Levinson (2008); or Watling (2012). However, do not burden yourself to become an educational research expert!

Most importantly, we recommend you read through the responses several times over to get a very holistic perspective of student opinion at your school, ensuring your subsequent report write-up reflects the diversity of opinions and consensus, while minimizing personal biases. We encourage you to make note of places where the narrative data does not seem to be consistent with global trends in the quantitative data, particularly where thoroughly described student experiences are included. Thus, even though a particular area may be listed as an “Area of strength,” if there are several severe negative student experiences noted in that realm, this would be worthwhile to indicate in your report discussion. Likewise, if a particular response was categorized as an “Area for improvement,” yet there are several very positive student experiences described, these should be indicated in the discussion.

Lastly, you may consider flagging free text responses that could be quoted later on to support data interpretation. However, this is completely optional and is not necessary to provide an appropriately contextualized analysis. If you choose to use direct quotes in your write-up, be sure to a) exercise discretion to preserve privacy and b) ensure there is a clear statement in your

survey indicated direct quotes may be used in the report. If you believe statement b) will prevent your students from elaborating in narrative response fields, we would recommend you do not use direct quotes and simply summarize general impressions.

### C. Comparing to External Sources

After examining your ISA survey data and/or focus group data, it is worthwhile to compare your key findings to external sources. These comparisons are to be noted for further discussion during your report write-up, providing for not only a snapshot of the school's performances but also a glimpse over time. These sources may include, but are not limited to:

- The AFMC Canadian Graduate Questionnaire
- The School's Previous Accreditation Data
- Previous Student Body-wide Surveys (e.g. National College Health Assessment)
- Pre-Survey (However, please note that it is not your responsibility to conduct a pre-survey. If the Dean or Associate Dean of your medical school would like to "take the pulse" of the student body ahead of the accreditation cycle and the ISA, it is the school's purview and the medical school would be expected to administer and analyze).

It would be worthwhile to identify noteworthy differences, whether improvements or setbacks. An examination of the narrative data may also provide context for why these differences are observed, and are worthwhile to note. Examination of the data should also be made with awareness of areas of concern or pride identified by various MSS committees.

## **3.4 WRITING THE REPORT**

Now that you've completed your analysis, it's time to write-up the report! In this section we provide the key highlights on successfully writing the ISA. Additionally within this Toolkit is a sample report structure you can refer to for more specific details. Although we hope this guide is complete, we strongly encourage you to also check out the past ISAs from other schools to garner a better idea of the general ebb and flow of reporting.

While we've described the analysis and write-up in silos here in this guide, it is important to remember that they are intertwined processes. Thus, you may find yourself bouncing back between analysis and write-up.

The most important parts of the ISA report can be divided up into four components: A. Executive Summary, B. Methodology, C. Results, D. Appendices.

### A. Executive Summary

The executive summary is intended to list the key takeaways from the ISA, including the school's key areas of strength, key areas for improvement, and your principal recommendations.

The executive summary should be based upon the most noteworthy points in your ISA, and as such, should be written after you have completed the rest of your report. We recommend consulting past ISAs for more detailed information.

## B. Methodology

In this section, you should provide a concise overview of the ISA process, from the formation of the initial Student Accreditation Taskforce to the submission of the final document. Details should include how you developed and distributed your survey, your approach to data analysis, and so forth. Please see the ‘sample report structure’ included in this package for an example.

## C. Results

In this section, you must report the results of your data analysis. Your report should begin by indicating the number of survey respondents organized by year both overall and further organized by campus locations.

For those familiar with academic literature, this title heading may be misleading as the reporting here is not simply objectives and descriptive (that is the purpose of the data tables in the appendix). Here, the goal is to summarize the critical findings of your survey and interpret these findings through a student lens.

CACMS has recommended that the ISA be divided up into seven different sections: I. Student-Faculty Administrative Relationships; II. Learning Environment; III. Facilities; IV. Library and Information Technology Resources; V. Student Services; VI. Medical Education Program; and VII. Opportunities for Research and other Scholarly Activities and Service-Learning. For each section, you must list the a) areas of strength & b) areas of improvement (as defined by your methodology reported above) with an associated discussion of these results (i.e. an interpretation of these results using your student body knowledge and survey qualitative data), as well as c) your recommendations for the Faculty.

### *a) Areas of strength*

In this section, you should list the components that were identified as “areas of strength” based on the previous threshold criteria, with associated statistics. Remember, this threshold is based off the student-wide average, and differences between cohorts should be illustrated in the discussion. However, please note that not every single question classified as an “area of strength” must be remarked; we suggest you focus on highlighting particularly significant areas or areas of relevance to the student body.

### *b) Areas for improvement*

In this section, you should list the components that were identified as “areas for improvement” based on the previous threshold criteria, with associated statistics. Remember, this threshold is based off the student-wide average, and differences between cohorts should be illustrated in the discussion. However, please note that not every single question classified as an “area for improvement” must be remarked; we suggest you focus on highlighting particularly significant areas or areas of relevance to the student body.

*Discussion (folded under both a and b)*

This is your opportunity to incorporate qualitative data and more nuanced information regarding the specific component in question. In particular, you should draw on narrative responses to support previous quantitative conclusions or to provide evidence of conflicting experiences from the average. You can describe the variation in responses as previously noted (e.g. inter-campus and inter-year variation, responses with a wide response distribution, etc.). Additionally, you can make note of comparisons to external sources (e.g. past ISAs, previous school-wide surveys, AFMC GQ, etc.) to stress particular points or to indicate changes in general student opinion over time.

### *c) Recommendations*

After analyzing the data, you should propose a list of recommendations the school should consider implementing in order to address the concerns of the students. These recommendations may be routed in academic literature as identified strategies for remedying the type of concerns of your student body, or it may be based on your (and your team's) expert opinion of the needs of the students. If there are no areas for improvement identified within a given topic area, a recommendation for the school to continue its current trajectory would be suitable.

### D. Appendices

There are two major components you must include in your appendix: a sample of the survey distributed to students and the aggregated quantitative report data (i.e. the completed Data Tables). Narrative data should not be included unless it is general enough to represent a number of student opinions.

### **3.5 PEER REVIEW**

After completing your ISA, we strongly encourage you to circulate the report to members of your Student Accreditation Taskforce (if they were not already involved in the write-up process) for peer review. Revisions should examine both the analysis and interpretation of the data, as well as the final report. Several cycles of review and revision will be necessary before completion of the report

### **AND THAT'S IT!**

We wish you all the best success throughout the ISA process and hope everything runs smoothly. We would like to reiterate that the CFMS is here for you to support you throughout the process, so definitely stay in touch. Certainly feel free to contact the CFMS VP Education ([vpeducation@cfms.org](mailto:vpeducation@cfms.org)) at any time. Additionally, the CACMS Secretariat ([cacms@afmc.ca](mailto:cacms@afmc.ca)) is there to support you and your involvement in the accreditation process. Best wishes and good luck!