IIME Survey of Medical Schools

Directions: Please type or print all answers. Completed forms may be faxed to (914) 253-6644 or mailed to the address on the right. Please use additional paper if necessary. If you have any questions, please e-mail us at survey@iime.org. Thank you very much.



106 Corporate Park Drive Suite 100 White Plains, NY 10604-3817 United States of America Tel: (914) 253-6633 Fax: (914) 253-6644 E-mail: institute@iime.org Web: http://www.iime.org

Full name of medical school						
In English or French						
In the language of the country (if not E	inglish or French)					
Address:	Telephone number	::				
	Fax number:					
	E-mail address:					
	Website:					
In which year did instruction begin in the medical education program? Title of first degree awarded Language of instruction						
Number of years of study required to g		CHOIT				
Number of students admitted to the first	st year of the course in 2000					
Are national certifying or licensing example and the second secon	minations used in your country? If y	yes, please specify				
Which body is (are) responsible for defapply)	fining curriculum emphases and pri	orities? (check all that				
☐ Ministry of Education	☐ Ministry of Health	☐ Faculty of Medicine				

To what extent is the curricu	ulum integrated?		
To what extent is problem-b	ased learning (PBL) ut	tilized in the curriculum?	
Does your medical school conternational organizations a		elating to medical education with nat ease explain.	ional and
Is your medical school subje	ect to periodic accredita	ation by an external body? If so, plea	se explain.
Admission requirements (at	tach materials if neces	sary)	
Mission statement or overal	l objectives (attach ma	terials if necessary)	
Disciplines taught separately hours.	y in the preclinical ph	ase (check all that apply). <i>Please spe</i>	ecify number o
☐ Anatomy	hours	☐ Biochemistry	hours
☐ Physiology	hours	☐ Pathology	hours
☐ Microbiology	hours	☐ Immunology	hours
☐ Pharmacology	hours	☐ Epidemiology & biostatistics	hours
☐ Community/soc. & preventative medicine	hours	☐ Other	hours
Total number of hours			

Disciplines taught separately in	the clinical phase (check all that apply). <i>Please spec</i>	ify number of
weeks.			
☐ Internal medicine	weeks	☐ Paediatrics	weeks
☐ Surgery	weeks	☐ Obstetrics & gynaecology	weeks
☐ Psychiatry	weeks	☐ General/family practice	weeks
☐ Epidemiology	weeks	☐ Emergency medicine	weeks
☐ Community medicine / public health	weeks	☐ Geriatrics	weeks
☐ Other	weeks		
Are students offered opportuniti	es to learn each of t	he following topics? (check all that	apply)
☐ Biomedical ethics		☐ Health information/informatics	
☐ Health economics		☐ Occupational health	
☐ Environmental health		☐ Management of health services	
☐ Critical appraisal of literature		☐ Quality assurance	
☐ History of medicine		☐ Other	
Please indicate how each of the Knowledge	following domains	of student competence are routine	ly assessed:
Technical skills			
Communication skills - interview	ving, counseling, ne	gotiating, etc	
Attitudes - empathy, caring, res	ponsibility, honesty,	tolerance, etc	
Whom can we contact at your n	nedical school if we	have any further questions?	