

Conceptualizing accreditation through the humanities: what is the bigger picture of medical education?

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Abstract

Accreditation in Canadian undergraduate medical education is often viewed as a procedural mechanism for verifying compliance with national standards. Yet, the standards and elements of the Committee on Accreditation of Canadian Medical Schools (CACMS) articulate a deeper ethical framework, one that embeds dignity, equity and relational responsibility within the foundations of medical education, which literature has yet to capture. This study analyzes CACMS elements through a humanistic lens to illuminate how accreditation functions as an expression of sustaining humanity within medical training. All CACMS elements were examined using qualitative thematic analysis and organized into three themes: (1) Individual humanity and institutional integrity; (2) Humanity in medical knowledge and competence; and (3) Broader humanity in medicine. This approach enabled interpretation of accreditation standards as ethical texts rather than solely

regulatory directives. Findings show that CACMS standards do far more than codify technical requirements. Elements addressing learner wellness, mistreatment, diversity, cultural safety, ethics, social accountability and curricular responsiveness explicitly embed humanistic values into accreditation expectations. Across domains, standards affirm that medical education is a moral and relational enterprise grounded in respect for persons and social justice. Governance, resources, assessment and feedback are positioned not only as administrative obligations but as ethical responsibilities essential to supporting human dignity. By framing accreditation as both a technical and moral instrument, this analysis argues that accrediting a medical school is an affirmation of its duty to cultivate physicians who are clinically competent and socially responsive stewards of humanity.

Keywords: accreditation, undergraduate, medical education, humanities, social accountability

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Introduction

Accreditation within the context of undergraduate medical education in Canada is a rigorous and resource-intensive evaluative exercise;¹ a cyclical process occurring every eight years (unless otherwise specified) designed to ensure compliance with national standards and to evaluate institutional accountability. Yet, within the 12 standards set by Canada's accrediting body, the Committee on Accreditation of Canadian Medical Schools (CACMS), it can be argued that a deeper narrative becomes increasingly visible, one that goes beyond regulatory oversight, to articulate the very values

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and ethos of medicine itself. This is the argument that CACMS' accreditation elements do not simply codify medical school requirements;² rather, they convey a vision of medical education in which humanity is the central theme.

Humanity refers to the shared condition and moral capacity of being human, encompassing dignity, vulnerability and the ethical obligation to treat others with compassion and respect.³ The humanities, as an academic field, comprises disciplines devoted to understanding human culture, values, thought, experience and meaning through

critical, interpretive and reflective inquiry.⁴ Within medical education, the medical humanities draw on disciplines such as philosophy, ethics and history to examine how medicine responds to human vulnerability and how professional values are cultivated within educational institutions. When applied to medical education, the humanities promote critical thinking, cultural awareness and ethical reasoning, qualities that are essential for clinical decision-making and patient care,⁵ and are increasingly reflected within accreditation standards guiding medical training.

This interpretation is informed by scholarship in the medical humanities, particularly the philosophy of medicine developed by Pellegrino.⁵ Pellegrino argued that medicine is a science of humanity, emphasizing how clinical practice cannot be understood solely through technical or scientific frameworks, but must also account for human vulnerability, ethical responsibility and the moral nature of the physician–patient relationship. In Pellegrino’s⁵ account, medicine is fundamentally structured around three interrelated realities: the fact of illness, the act of profession, and the act of medicine.⁶ *The fact of illness* refers to the lived experience of vulnerability that accompanies disease, which disrupts autonomy and compels individuals to seek help from those with specialized knowledge. *The act of profession* represents the public commitment physicians make to use that knowledge in service of those living with illness. Finally, the *act of medicine* describes the physician’s responsibility to integrate scientific knowledge or evidence with ethical judgment to determine best outcomes for the patient’s well-being.⁷

Within this framework, illness and disease expose a fundamental dimension of the human condition: vulnerability. Patient experiences with disease and illness compromise their personal autonomy and create a dependence on professional expertise.^{6,7,8} Pellegrino *et al.*⁶ described this state as a form of wounded humanity, in which illness or disease destabilizes an individual’s physical, psychological and social equilibrium and requires the assistance of others to restore well-being. Because the physician–patient relationship is characterized by asymmetries of knowledge, power and vulnerability, physicians

assume a distinct moral obligation to act in the patient’s best interests and to exercise prudence, compassion and professional integrity in clinical decision-making.⁷

Through this humanistic framework, accreditation standards represent more than technical instruments for regulatory compliance. Rather, they function as institutional expressions of the profession’s ethical considerations to patients, learners and society. By structuring expectations related to learning environments, professional conduct, social accountability and educational governance, accreditation systems have the potential to shape how medical schools cultivate professional identity and institutional responsibility. These considerations also align with the concept of social accountability in medical education, where medical schools are responsible for aligning education, research and service activities to the priority health needs of the communities they serve.⁹

As such, social accountability becomes a vehicle for altruism focusing on society’s well-being.⁹ In this sense, accreditation standards can be understood as governance mechanisms through which the profession expresses its ethical obligations to society, while sustaining trust in the medical profession. As Reynolds¹⁰ argued, medicine must remain attentive to the ambiguities and human realities that define clinical practice, recognizing that the human condition frames medicine rather than the other way around.

This paper analyzes CACMS accreditation elements within each standard through a humanistic and philosophical lens to explore how accreditation standards reflect the moral considerations of the medical profession. Using Pellegrino’s⁵ framework as our theoretical foundation, we interpret CACMS elements as institutional mechanisms through which medical education seeks to safeguard dignity, equity and social accountability. In doing so, we argue that accreditation standards are not merely bureaucratic requirements, but ethical expressions embedded within the governance of medical education, shaping how institutions prepare physicians to respond to human vulnerability with competence, compassion and integrity.

Methods

Data Source

All 12 CACMS standards, or data collection instrument documents, containing the 96 element descriptors published for institutions undergoing review in 2026–2027 were included as data sources. These elements comprise the foundational framework guiding Canadian undergraduate medical education, outlining the expected structures, processes and outcomes across various domains such as institutional governance and accountability, curriculum design, oversight and management, student support, faculty development and assessment, among others. Each element specifies measurable expectations intended to ensure academic quality, promote learner well-being, uphold equity and safety and foster responsiveness to evolving health system needs. Collectively, the CACMS standards and elements articulate both the structural and humanistic imperatives of Canadian medical education, providing a framework through which schools demonstrate not only accreditation compliance, but also expressions of social accountability and the preparation of compassionate, competent physicians.

Data Analysis

The analysis for this paper was conceptual and document-based, using qualitative thematic analysis¹¹ to examine all 96 CACMS accreditation element descriptors. Our analysis was interpretive and conceptually informed primarily by Pellegrino's⁵ humanistic philosophical framework, as it emphasizes the ethical obligations arising from human vulnerability, the moral commitments embedded in the act of profession, and the institutional structures that support ethical medical practice.

Our analytical process occurred in several stages. First, all CACMS standards and element descriptors were read repeatedly to achieve familiarity with the dataset and to identify preliminary impressions of humanistic content. During this phase, particular attention was given to language reflecting core humanistic concepts described by Pellegrino.⁵ Second, initial descriptive codes were assigned to each element to capture key concepts reflected in the text. Coding was conducted independently by

two authors (B.M. and K.L.) and represented humanistic dimensions of medical education, such as equity, cultural safety, learner support, curriculum design, professional development, and social accountability. Coding occurred at the element level to preserve analytic granularity and to ensure that each accreditation element was interpreted according to its primary emphasis within the CACMS framework.

Third, coded elements were reviewed and grouped into broader thematic categories reflecting how accreditation standards operationalize humanistic values within undergraduate medical education. The development of themes was guided conceptually by Pellegrino's⁵ principles, namely, the protection of human dignity and vulnerability, the ethical responsibilities associated with the professional role of physicians, and the broader social obligations of medical institutions. Through iterative comparison across coded elements, three overarching themes were identified representing different domains in which accreditation standards embed humanistic expressions within undergraduate medical education.

Discrepancies between the two coders were resolved through discussion and consensus. When disagreements arose, the authors revisited the language of the CACMS element descriptors and the preliminary coding rationale until agreement was reached. This iterative process ensured that thematic classifications were grounded in the text of the accreditation elements while remaining consistent with the framework guiding our analysis.

Because document-based qualitative analysis involves interpretive judgment, reflexivity was incorporated throughout the analytical process. Three members of the research team (B.M., K.J.C., and A.N.) have professional experience in undergraduate medical education curriculum development, accreditation, and medical humanities. While this experience supported contextual interpretation of accreditation standards and elements, it also required awareness of potential interpretive bias. To mitigate this, coding was conducted independently prior to discussion, classifications were anchored explicitly to CACMS descriptor language, and thematic decisions were

revisited collectively to ensure consistency and transparency in interpretation.

The final stage of analysis involved reviewing all coded elements and thematic groupings to ensure internal coherence across themes and reduce redundancy. This iterative process resulted in the final thematic structure presented in the results, which illustrates how CACMS accreditation standards embed humanistic commitments within the governance and practice of undergraduate medical education.

Results

Three themes emerged from our analysis to illustrate how CACMS elements embed humanistic

components (see Table 1, Appendix A for the full analysis). Theme 1 represents Individual Humanity and Institutional Integrity, which captures how accreditation safeguards the dignity, safety and fairness of learners, and ties institutional credibility to ethical governance. CACMS elements position both individual well-being and institutional stewardship as foundational to medical education. Theme 2 represents Humanity in Medical Knowledge and Competence. This theme emphasizes how medical education must blend scientific rigor with ethical, cultural and social awareness. CACMS requires that knowledge acquisition and assessment be rooted in humanistic values, shaping physicians as both competent clinicians and moral agents. Theme 3 represents

Table 1: CACMS elements classified by theme and subtheme

Subtheme	CACMS Elements	Excerpt example from CACMS Elements
Theme 1: Individual humanity and institutional integrity		
Safe, Supportive and Respectful Learning Environments	3.4-3.6, 5.7, 5.11, 9.10, 11.1-11.3, 11.5, 11.6, 12.1-12.8	“A medical school has a policy that defines mistreatment, has effective processes in place for reporting and responding to any complaints, and supports activities aimed at preventing mistreatment and retaliation. The mistreatment policy must specifically address all forms of discrimination including racism. Mechanisms for reporting mistreatment are understood by medical students and visiting medical students.” (3.6)
Institutional Justice & Stewardship	1.1-1.5, 2.1., 2.2, 2.4, 2.5, 3.4, 4.1, 4.4-4.6, 5.1-5.10	“A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program’s compliance with accreditation standards.” (1.1)
Theme 2: Humanity in medical knowledge and competence		
Humanistic and Social Foundations of Medical Knowledge	6.2-6.5, 7.1, 7.3-7.10, 10.1, 10.6, 10.7, 10.9, 10.11	“The curriculum includes content from the biomedical, behavioral, and social sciences to support medical students’ application of contemporary science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.” (7.1)
Curriculum and Assessment as Ethical Responsibilities	7.2, 8.1-8.8, 9.1-9.8	“A medical school ensures that each medical student is assessed and provided with formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for improvement.” (9.7)
Theme 3: Broader humanity in medicine		
Social Accountability, Diversity, and Global Health	1.1.1, 3.3, 6.1, 6.6, 7.5, 7.6, 7.9, 10.1-10.5	“A medical school develops and publishes core competencies for the admission of applicants. These entrance core competencies support the retention, promotion, and graduation of medical students.” (10.5)

Note. A complete mapping with additional excerpts is provided in Appendix A .

Broader Humanity in Medicine which reflects medicine's responsibility to communities and broader populations. CACMS embeds diversity, cultural safety and social accountability into accreditation, ensuring physicians are prepared to engage equitably with diverse populations and communities and local and global health needs.

Theme 1: Individual Humanity and Institutional Integrity

Safe, Supportive and Respectful Learning Environments.

CACMS elements position learner well-being and dignity as foundational responsibilities of medical schools, rather than discretionary institutional supports. Several elements require medical schools to establish policies addressing non-discrimination, prevention of mistreatment, and mechanisms for confidential reporting and response to learner concerns. Additional requirements mandate access to health services, counseling resources and confidential academic advising. Through these provisions, accreditation requirements acknowledge that the formation of physicians occurs within complex educational environments where power asymmetries, stress and professional hierarchies may expose learners to vulnerability.

Importantly, the structure of these elements reflects varying levels of institutional accountability. Some elements require the existence of policies addressing mistreatment, discrimination and learner support, while others require demonstrable processes for monitoring, reporting and responding to these concerns. For example, elements mandate that learners understand reporting mechanisms and that institutions maintain systems capable of addressing complaints while protecting students from retaliation. By requiring both policy frameworks and operational procedures, CACMS requirements establish oversight mechanisms that seek to safeguard learner dignity and psychological safety within the learning environment.

Institutional Justice and Stewardship.

CACMS elements also emphasize institutional governance and stewardship as essential components of ethical medical education. Several elements require medical schools to demonstrate strategic planning, continuous quality improvement

processes, adequate financial and human resources and inclusive governance structures. These provisions link institutional leadership and resource allocation directly to the integrity and sustainability of the educational program.

Beyond administrative oversight, these elements frame governance as a moral responsibility associated with stewarding the educational mission of the profession. CACMS requirements related to non-discrimination policies, equitable resource allocation and transparent decision-making position institutional leadership as accountable not only for operational effectiveness but also for maintaining fairness and ethical integrity within the educational system. Similarly, elements addressing financial sustainability and program evaluation require schools to demonstrate that resources and governance structures support the long-term stability and quality of medical education.

Through these mechanisms, CACMS accreditation requirements reinforce the expectation that medical schools function as ethical institutions responsible for cultivating professional environments grounded in fairness, transparency and accountability. Accreditation therefore establishes governance structures that link institutional credibility to ethical stewardship, ensuring that the systems supporting medical education reflect the professional values the institution seeks to cultivate in future physicians.

Theme 2: Humanity in Medical Knowledge and Competence

Humanistic and Social Foundations of Medical Knowledge.

CACMS elements position medical knowledge not solely as a technical or biomedical endeavor but as a multidimensional domain integrating scientific, ethical and social understanding. Several elements require admissions processes that recognize diverse academic preparation, including exposure to the humanities and social sciences. These provisions acknowledge that effective clinical reasoning requires the ability to interpret human experience, communicate across cultural contexts, and understand the broader social determinants influencing health.

Curricular requirements further reinforce this integration by mandating instruction in biomedical sciences alongside behavioral sciences, ethics, communication and population health. Through these elements, accreditation frameworks recognize that competent physicians must possess both scientific expertise and the capacity to interpret the human dimensions of illness and care. The inclusion of cultural safety, social determinants of health and patient-centered communication within the curriculum demonstrates how humanistic knowledge is embedded within the educational foundation of medical training.

Curriculum and Assessment as Ethical Responsibilities.

CACMS elements also frame curriculum design and learner assessment as ethical responsibilities within medical education. Several elements require medical schools to maintain coherent curricular structures, ensure faculty oversight of educational content and implement assessment systems that are transparent, equitable and comparable across training sites. These provisions emphasize that evaluation processes must support both learner development and fairness within the educational system.

Specific requirements mandate formative feedback early within learning experiences, narrative evaluation processes and mechanisms to ensure comparability in assessment across distributed training sites. Such provisions acknowledge that assessment practices influence both learner progression and the professional values communicated within medical education. Accreditation therefore positions evaluation not merely as an academic measurement tool, but as a process that shapes professional formation and institutional trust.

As with other themes, these elements demonstrate varying levels of accountability. While some elements require the establishment of formal assessment policies and curricular oversight structures, others require schools to demonstrate that these systems function effectively through documented feedback processes and program evaluation mechanisms. Through these requirements, accreditation embeds ethical

expectations within the governance of curriculum and assessment, ensuring that educational systems support learner growth while maintaining fairness and transparency.

Theme 3: Broader Humanity in Medicine *Social Accountability, Diversity and Global Health.*

CACMS elements position medical schools as institutions accountable to the health needs of the communities they serve. Several elements require schools to identify priority populations, address community health needs and demonstrate progress toward diversity within the learner body. In doing so, accreditation moves beyond aspirational language toward governance mechanisms that link institutional policies to societal obligations. For example, requirements related to admissions competencies, diversity outcomes and curricular inclusion of cultural safety, including Indigenous health and human rights, require medical schools to provide documented evidence that these priorities are embedded within admissions processes, curricula and institutional planning.

Importantly, the structure of these elements reflects varying levels of accountability. Some elements require procedural evidence, such as the existence of policies addressing diversity or community engagement, while others require demonstration of measurable outcomes, including tracking diversity metrics or documenting curricular integration of social determinants of health and community-oriented learning. Service-learning initiatives, competency-based admissions frameworks and curricular requirements addressing population health further institutionalize these expectations. Through these mechanisms, accreditation does not simply encourage social accountability but establishes oversight structures through which schools must demonstrate alignment between institutional priorities and societal health needs.

Discussion

Prior work has highlighted how engagement with the humanities fosters critical thinking, empathy and trust in clinical encounters.¹²⁻¹⁴ This analysis demonstrates how CACMS accreditation elements articulate humanistic principles across learning environments, curricula and institutional

governance. Rather than examining how accreditation operates in practice, this study analyzed the normative framework expressed within accreditation requirements themselves. Viewed through the philosophical lens articulated by Pellegrino,⁵ CACMS elements can be interpreted as institutional expressions of the moral commitments embedded within the practice of medicine. Pellegrino⁵ argued that medicine is fundamentally a science of humanity, rooted in the vulnerability of the patient and the ethical obligations that arise within the physician–patient relationship. Within this framework, the professional responsibilities of physicians, and by extension the institutions responsible for their education, emerge from the moral demands created by the fact of illness, the act of profession, and the act of medicine.^{6,7}

From this perspective, the themes identified in this study can be understood as institutional reflections of these philosophical foundations. For instance, individual humanity and institutional integrity (Theme 1), emphasizing safe learning environments and institutional stewardship, reflects Pellegrino’s recognition that vulnerability is not limited to patients alone, but may also characterize those undergoing professional formation. The hierarchical and high-pressure nature of medical training can expose learners to forms of dependency and vulnerability analogous, though not equivalent to, those experienced in disease and illness. Accreditation standards that require mechanisms to address mistreatment, discrimination, and learner well-being can therefore be interpreted as institutional efforts to acknowledge and mitigate these vulnerabilities within educational systems. In this sense, CACMS elements reflect an effort to align institutional structures with the ethical obligation to respect human dignity that lies at the core of Pellegrino’s philosophy of medicine.^{5–7}

Humanity in medical knowledge and competence (Theme 2) similarly resonates with Pellegrino’s⁵ conception of the act of medicine, in which clinical decision-making requires the integration of scientific knowledge with ethical judgment in service of the patient’s good.⁷ CACMS curricular- and assessment-related elements reflect this integration by requiring programs to incorporate

biomedical sciences alongside behavioral sciences, ethics, communication and social determinants of health.² These requirements suggest that medical competence is not defined solely by technical proficiency but by the physician’s capacity to interpret the human dimensions of disease and illness and to exercise prudence in clinical judgment. At the same time, accreditation elements governing assessment and curricular oversight highlight how institutions structure the educational conditions through which such professional judgment is cultivated.

Theme 3, emphasizing broader humanity in medicine, addresses social accountability and community engagement, reflecting an additional extension of Pellegrino’s⁵ argument that medicine is a social practice grounded in public trust. Because the act of profession represents a public commitment to serve those who are ill, the legitimacy of the profession ultimately depends on its responsiveness to societal needs.⁵ Accreditation elements that require attention to diversity, cultural safety and population health therefore signal an expectation that medical schools align their educational missions with the health needs of the communities they serve. However, our analysis also highlights a tension within these standards between aspirational ethical expressions and the mechanisms used to evaluate them. For instance, some CACMS elements require demonstrable outcomes, such as tracking diversity metrics or documenting curricular integration of population health concepts, while others require only procedural evidence, such as the existence of policies addressing community engagement. This distinction reflects an important limitation. While accreditation requirements articulate the profession’s commitment to social accountability, document analyses alone cannot determine whether these expectations translate into measurable improvements in community health outcomes.

This tension reflects a broader concern raised within Pellegrino’s⁵ own critique of modern medicine. Pellegrino cautioned that bureaucratic and institutional structures can both support and distort the ethical foundations of medical practice if administrative priorities become detached from the moral purpose of medicine. Accreditation elements

therefore occupy an ambiguous position within this philosophical framework. On one hand, they represent efforts to translate medicine's ethical commitments such as respect for vulnerability, professional responsibility and service to society, into institutional expectations for medical education. On the other hand, the presence of such elements does not guarantee that these values are realized within institutional practice.

Furthermore, for institutional leadership, this framework offers a practical approach to structuring the accreditation self-study. Rather than organizing internal reviews strictly according to CACMS standard numbers, medical schools can map self-study committees, or working groups, to the humanistic themes identified in our analysis. Such an approach could shift accreditation preparation from a procedural compliance exercise towards a reflective institutional dialogue about culture, values and ethical responsibility. Deans and accreditation leads could use these themes to guide strategic discussions about how policies, curricula and governance structures collectively support the formation of compassionate physicians and equitable learning environments.

Evidence that such a humanistic orientation appears feasible, and can already be observed in the design of emerging medical schools. For example, the Alice L. Walton School of Medicine (AWSOM)¹⁵ explicitly grounds its institutional mission and values in empathy, humanism, community engagement, and learner well-being. Its mission emphasizes training physicians who will improve health outcomes through whole-health principles and partnerships promoting well-being at both the individual and population levels. The school's stated values prioritize understanding patient experiences, supporting the well-being of learners and faculty, and working alongside communities to address health needs. These considerations illustrate how humanistic principles like those identified in CACMS accreditation standards can inform institutional mission statements, organizational culture and educational design. Viewed in this way, accreditation does not simply regulate medical education but can also offer institutions a theme to

create environments that reinforce humanity as a foundational principle of medical training.

Limitations

This analysis was limited to the Canadian undergraduate medical education accreditation context and examined only the published CACMS standards and elements for 2026–2027. Thus, findings may not apply to other jurisdictions with different accreditation frameworks or regulatory cultures. In addition, this study relied solely on document analysis of accreditation standards and did not examine how these standards are interpreted by site visitors or implemented by medical schools in practice. While the analysis identifies humanistic components embedded in the descriptors of CACMS elements, the presence of a policy or requirement does not necessarily ensure its consistent enactment within institutional environments. Consequently, this study cannot determine whether standards function as effective safeguards for learner well-being, equity, or social accountability in practice. Future research should examine how accreditation standards are operationalized within institutions, including how site visitors evaluate them, and how medical schools translate them into policies, learning environments and outcomes for learners and patients.

Conclusion

When viewed through a humanities lens, CACMS accreditation elements articulate ethical expressions of dignity, equity and social accountability along with competence. This analysis suggests that accreditation is not only regulatory but also a policy framework for embedding humanism in medical education. By leveraging these elements, medical schools have the potential to strengthen learning environments and enhance institutional culture, align curricula with humanities-informed competencies and reinforce governance structures that model equity and accountability.

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