

St. Matthew's University

August 30, 2007

Douglas P. Elkins
Assistant to Executive Secretary
State Board for Medicine
Office of the Professions
New York State Education Department
89 Washington Avenue
Albany, New York 12234

RE: St. Matthew's University Interim Report

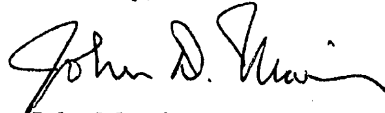
Dear Mr. Elkins:

Enclosed please find the St. Matthew's University School of Medicine Interim Report, which the New York State Education Department requested subsequent to its 2006 review of our program of medical education. This report has been divided into three sections for ease of use:

1. **Key Features:** This section highlights prominent aspects of the report for easy review;
2. **Developments in the Medical Education Program:** As requested by the New York State Education Department, this section provides updates on the key functional areas and activities of the institution;
3. **Recommendations from the 2006 Site-Visit Report:** This section specifically addresses the observations, findings, and recommendations of the site-visit team.

We would like to thank the site-visit team for their thoughtful and helpful review of our program. We look forward to maintaining a mutually effective relationship with the New York State Education Department.

Sincerely,



John Marvin
Chancellor

cc: Ms. Johanna Duncan-Poitier

Attachment

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INTRODUCTION

This report has been divided into three sections for ease of use:

1. **Key Features:** This section highlights prominent aspects of the report for easy review;
2. **Developments in the Medical Education Program:** As requested by the NY State Board of Medicine, this section provides updates on the key functional areas and activities of the institution;
3. **Recommendations from the 2006 New York State Board of Medicine Report:** This section specifically addresses the recommendations offered in the most recent NY State Board's report.

Key Features of the Report	
Student Recruitment/ Admissions	<p>Expansion of staff and the appointment of a new Vice President have bolstered an increasingly successful recruitment and enrollment process</p> <p>While the number of applications to SMU has risen significantly improved protocols for applicant analysis have sharply reduced the percentage of applicants accepted to SMU.</p>
Faculty Development	<p>SMU's affiliation with <i>Harvard Medical International</i> continues to develop cutting edge faculty development opportunities. Four conferences have been held with a 5th planned for October 2007. Key conference topics have included</p> <ol style="list-style-type: none"> 1. <i>Case-Based Teaching Methods,</i> 2. <i>Competency Instruction and Evaluation Throughout the Medical Education Continuum,</i> 3. <i>Patient Focused Medical Education;</i> and 4. <i>Innovative Curricula to Improve Continuity of Patient Care</i>
Facilities	<p>The Basic Science facilities on Grand Cayman continue to expand with a considerable increase to take place in October 2007 (from 25,000 to more than 42,000 sq. ft.)</p>
Curriculum	<p>Significant effort has gone into improvement of the curriculum to better match a growing understanding of student learning styles.</p> <ol style="list-style-type: none"> 1. <i>Basic Sciences:</i> Developments continue to advance towards a "Double Helix" curriculum that incorporates both <i>horizontal</i> and <i>vertical</i> integration. 2. <i>Clinical Sciences:</i> Curricular revision is underway to expand the continuity of patient care, clinical instruction and supervision/mentorship of our students, through a longitudinal approach. <p>A <i>Clinical Curriculum Committee</i> has been formed to review clinical rotations, student performance in their clinical training, ease the transition of students from the basic to clinical science years and integrate the basic and clinical science curriculum</p> <p>The increased use of <i>SMUCourses.com</i> (Angel) continues to expand and equilibrate the learning opportunities that are available to all SMU students regardless of rotation, locations, or season.</p>
Student Services	<p>Additions have been made to the <i>Student Services Team</i> to improve the information, services and support SMU students receive throughout their training.</p>
Clinical Education Programs	<p>Key developments in the clinical education programs include:</p> <ol style="list-style-type: none"> 1. Mandating passage of USMLE Step 1 prior to embarking on clinical training in years 3 & 4; 2. Expanded mentorship, guidance and supervisory roles for the Clinical Chiefs; 3. Increases in ACGME/AOA rotations for SMU students to more than double those in 2006; and 4. Significant progress towards consolidating students into <i>Comprehensive Clinical Education Centers.</i>
New Key Personnel	<p>SMU is pleased to add the following leaders to its administrative team:</p> <ol style="list-style-type: none"> 1. Dr. Vincent Knight as the Executive Dean; and 2. Dr. John Dietrich as the Vice President of Admissions & Marketing

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Appendices	1	Dr. Vincent Knight Curriculum Vitae
	2	Dr. John Dietrich Curriculum Vitae
	3	Growth in ACGME/AOA Rotations and Comprehensive Clinical Education Centers: 2006-2007

I. DEVELOPMENTS IN THE MEDICAL EDUCATION PROGRAM

A. STUDENT RECRUITMENT/ADMISSIONS

Admissions has taken significant steps to improve the admissions process from both quality and efficiency standpoints.

1. Recruiting:

- a. St. Matthew's is focused on attracting the highest quality applicants possible and has placed considerably more emphasis, effort and expense in the recruitment efforts.
 - i. There is greater participation and presence at recruiting fairs, graduate fairs, and previews targeting both the states and schools that provide the largest base of students and others with greatest potential.
 - ii. The recruitment budget has more than doubled since 2006.

2. Personnel:

- a. St. Matthew's is pleased to add *Dr. John Dietrich* to the recruitment and admissions team as the Vice President of Admissions and Marketing. Dr. Dietrich has a long and successful history in student recruitment and enrollment at a number of post-graduate institutions including the University of Central Florida and the University System of Georgia, (more details regarding Dr. Dietrich's experience and achievements can be found in his Curriculum Vitae, appendix 2)
- b. The admissions team has also added a full time enrollment specialist and two temporary workers to move applicant files forward. The strength of the department now stands at 5 permanent and 2 temporary personnel.

3. Branding:

- a. The University is in the midst of an effort to "rebrand" SMU. New website, school slogan, logo, and colors are all part of a program to increase visibility and emphasize the professional nature of our institution.

B. STUDENT ENROLLMENT

- 1. Despite a 25% increase in applications in 2006, a tightening of admissions policies led to a considerably lower acceptance rate in 2006, resulting in a stable number of matriculating students (438 v. 444 in 2005).
- 2. As a result, the percentage of newly enrolled students with a GPA greater than 3.0 rose more than 25% (from 55% to 69%).

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C. DEVELOPMENT IN FACULTY AND ADMINISTRATION

1. Faculty Development

a. SMU continues its affiliation with *Harvard Medical International* and has held four faculty development conferences since the last visit by the New York State Board of Medicine survey team.

i. ***Program for Educators in the Health Sciences (December, 2005)***

1) The focus for this conference was to examine different methods of teaching with the goal of shifting the emphasis from *what is taught* to *what is learned*. A theme for this conference was to examine the advantages that *Cased-Based* teaching had in basic science instruction in order to emphasize the importance of integrating learning in the basic and clinical science years. Understanding how information from the basic sciences relates to clinical medicine from the perspective of the patient helps students maintain that knowledge base into the clinical years and beyond. It also helps keep their focus on the patient, rather than the science, all the while understanding how essential comprehensive science knowledge is in quality patient care. In essence, integrating basic and clinical science learning.

2) This was the first opportunity for basic and clinical science faculty to work side-by-side in learning new methods and develop new programs that they could implement with their students.

3) **Key faculty** included Dr. Karen Mann¹, Mr. Bruce Carlson² and Dr. Elizabeth Armstrong from HMI.

4) A follow-up workshop was held with Dr. Armstrong in May 2006 to review progress on faculty-led programs that had resulted from the December conference.

ii. ***Competencies Throughout the Medical Education Spectrum (February, 2007)***

1) In February 2007 SMU faculty from the basic and clinical sciences gathered to learn about how the six core competencies established by the ACGME and AOA (with an additional one) could be used to design, implement, evaluate and reform learning in medicine. The emphasis was to view this learning as a continuum to involve not just the basic and clinical sciences, but graduate and continuing medical education as well.

2) **Key faculty** included Dr. Steve Miller, the President of the American Board of Medical Specialists, Dr. Dale Dauphinee, the Past Executive Director of the Medical Council of Canada, in addition to Drs. Lynn Eckert and Elizabeth Armstrong from HMI.

iii. ***Patient-Focused Medical Education (May 2007)***

¹ Professor of Medical Education, Dalhousie University School of Medicine, Halifax, Nova Scotia, Canada

² Chief Executive Officer, Grid International Inc.

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- 1) Innovative and effective learning methods were returned to in this short workshop. The theme again returned to *cased-based* methods, but the emphasis this time was on a practical approach with participants bringing projects and examples with them to work on throughout the workshop.
- iv. Innovative Curricula to Improve Continuity of Patient Care (August, 2007)**
- 1) Curricular innovation has largely spared the core clinical rotations in the clinical years of medical school. Recently, *longitudinal curricula* have gained greater acceptance as a method of improving the focus on comprehensive patient care, emphasizing the need to maximize the continuity of care. While a true *longitudinal* model would be impractical for SMU given the number of its clinical affiliations, a hybrid longitudinal model that fit within the traditional *rotational* structure was developed.
 - 2) Key faculty for this conference included Drs. Michele Pugnaire³, Sue Farrell⁴, in addition to Drs. Lynn Eckhert and Elizabeth Armstrong from Harvard Medical International.
- v. Planned: Expanding Educational Methods to Maximize Learning & Evaluation (Portland, Maine: October, 2007)**
- 1) *Expanding the Educational Platform (Angel)*
 - (a) While the focus of the October conference sponsored by SMU and HMI will again be on innovative educational methods, the scope will be broadened to include *all* SMU students (and alumni) at all levels of training and in all locations.
 - (b) A major concern for all medical training programs through the ages has been how you ensure that all students receive the *same* exposure to clinical medicine through their training. When all training is received at the same institution/hospital this is difficult enough given the random presentations of disease from day-to-day and month-to-month and the more predictable variation from season-to-season (croup in the winter and pediatric fractures in the summer for example). When you add in a number of training sites for each specialty (as most medical programs have today), the potential problem of variable exposure expands.
 - (c) When first introduced, web-based educational platforms had the initial benefit of being a *stop-gap* solution for this concern, i.e. providing a basis from which all students could learn the same material. The usefulness of these platforms in medical education has increased exponentially however with the advent of web-based video, examination, resource links, forum/chat areas and more

³ Vice Dean for Undergraduate Medical Education and Associate Professor of Family Medicine and Community Health, University of Massachusetts, Worcester

⁴ Assistant Professor, Harvard Medical School and Director of Emergency Medicine, Brigham and Women's Hospital, Boston.

recently to web-based portfolios that can be accessed by both students and faculty from any location.

- (d) SMU has been using *SMUCourses.com* (an *Angel* application) for over two years and has experienced many of the benefits. The interest is now to expand the use of *SMUCourses.com* more into the clinical years such that the continuum of education is augmented. Suggested areas of further benefit include:

- a. **Peer-to-Peer Communication:** Students from the basic sciences should be able to communicate with their colleagues in clinical sciences on issues such as *how best to prepare for the USMLE, where to live when coming to a particular clinical rotation site, how to prepare for residency application, etc.*
- b. **Faculty-to-Student Communication:** Often times basic science faculty like to follow-up with past students. This improves the longitudinal possibilities of our mentorship program and also allow basic science students to contact clinical faculty, helping both parties better prepare for their future together.
- c. **Improved Academic Information Provision to Students:** Using online exams/quizzes, the *gradebook* option and the *ePortfolio* available, student remain instantly up-to-date on their progress in a course or rotation. Since course/rotation faculty will be overseeing all of their students' progress, it will be easier to identify those having difficulty and provide support and remediation.
- d. **Student Portfolios:** This option allows students to accumulate evidence of their competence through the collection of grades, papers, research projects, letters from clinician, residents and patients, commendations from health service organizations, etc. Using this as a form of evaluation (formative and summative) more closely resemble the competency evaluations that are being required by the major medical education accrediting bodies.

2) *Improving Clinical Oversight*

- (a) Methods for improving the oversight of SMU students during their clinical rotations will be explored with the help of the HMI faculty.
- (b) Ensuring that the proper patient mix is available for SMU students during their clinical rotations and then making sure that these students are getting the most out of the patient experience will be key outcomes for this conference.

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D. CURRICULUM

1. Fifth Semester Advances

a. Challenge in Transition

- i. St. Matthew's has clearly recognized the importance of the 5th semester in the preparation of students for the transition from the basic sciences to the wards and has put forth considerable effort and expense at further developing programs that are already ahead of many US based medical programs.
- ii. Despite the clinical and patient experience that occurs prior to their 3rd year, medical students traditionally have had difficulty making the jump to the clinical years where their patient responsibilities and direct patient contact increase significantly. SMU is intent on easing this transition through better preparation.

b. Key Objectives for the 5th semester are:

- i. 1) To help students achieve the highest grades possible on the *USMLE Step 1 examination* (of which passing is now mandatory before embarking upon the clinical training years); and
- ii. 2) To ensure *basic clinical competencies* in patient related care so that they can *hit the wards running*.

c. USMLE Step 1 Preparation

i. Longitudinal Offering of Text, Video and Online Test Support:

- 1) St. Matthew's University was one of the first medical institutions to make available to all its' students from the first day of classes the comprehensive text, exam and video lecture series offered by Kaplan Medical Inc. This provides students up-to-date allows review material *while* participating in their basic science courses.
 - 2) The online Kaplan examination program offers students the opportunity to test themselves at every step of the way to ensure they are on track for a successful Step 1 score.
- ii. **Live Lectures:** To further aid students, SMU introduced the full 6 week live lecture series offered by Kaplan faculty at our campuses in Maine and Miami in the Fall 2006. This program has been both highly successful and greatly appreciated by students. When combined with an earnest effort using the text and video material throughout the basic sciences, SMU students are well prepared for both the content and the process of the USMLE Step 1 examination.

d. Surpassing Clinical Competence

- i. St. Matthew's continues to be a leader in the use of Standardized Patients and OSCE-based training and testing. In a recent article in the Journal of the American Medical Association⁵ only less than 50% of US based medical school had begun using OSCE's and SP based testing to determine the

⁵ Barazansky B and Etzel S. *Medical Schools in the United States, 2006-2007*, JAMA, Sept 6, 2006 – Vol. 296, No.9 pp1147-1152
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competence (grading) of their students. SMU has been using this method of competency assessment since 2003.

- ii. SMU students have also had a progressive real patient experience in the basic sciences, necessary to prepare them for their clinical years.
- iii. The 5th semester has a comprehensive approach to developing patient-centered clinical competence with the use of OSCE's, SP scenarios, *Virtual Clinics*, the clinical shadowing at physician's offices, on the wards and in the emergency room. In an effort to continue improving the quality of this program, SMU developed a campus in Miami solely dedicated to educating 5th semester students.

2. Double helix curriculum

a. For the past two years the faculty and administration at SMU have been moving towards a basic science curriculum that involves both horizontal and vertical integration.

b. Horizontal Integration:

- i. Integration in a horizontal manner involves coordinating instruction and learning in different courses in the same semester such that the students have the benefit of a number of perspectives on the same material, in the same time-frame.
- ii. A patient case of *community acquired pneumonia* examined in *microbiology*, *pharmacology* and *pathology* in a coordinated manner, for example, creates a greater opportunity for integration and alignment of this information in a more holistic and practically applicable manner than if studied separately.
- iii. By orienting this instruction around clinical cases, the students gain the perspective of how each part is essential and how each interacts with others in health, pathogenesis, diagnosis and treatment of disease.

c. Vertical Integration

- i. When the learning from one semester transitions smoothly into the learning in the following semester, vertical integration is complete. Medical instruction becomes a continuum rather than a series of discreet and at times seemingly unrelated courses. This continuum, when correctly applied can carry over into the clinical years.
- ii. Medical students start by learning the basics and use this new-found knowledge to build upon with increasing complexity. Again, focus on clinical cases helps to keep things real and aids in the continued incorporation of the basic sciences throughout the clinical years.

3. Case-based teaching

a. As mentioned above, exploration of clinical cases can begin very early in medical education and they can serve to focus and motivate students to integrate their learning such that a practical understanding of medicine results.

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4. Evidence-based Medicine

- a. While up-to-date information and knowledge is used in each course, specific attention is paid to the understanding and use of evidence based medicine in the Epidemiology course.

5. Continuity of Care in Core Clinical Rotations

- a. Providing greater contact for students with patients at all stages of disease and health and expanding the continuity of this relationship allows students to reflect upon not only the disease process, but more importantly, the human elements that are key in providing high-quality, patient-centered care.
- b. This was the topic for the recently held SMU/HMI Conference in Boston (see section I.C.1.a.iv, above).

6. Clinical Curriculum Committee

a. Formation

- i. Recognizing the importance of the clinical curriculum, the Dean of Clinical Sciences formed a Clinical Curriculum Committee to work separately, but in conjunction with the Basic Sciences Curriculum Committee.

b. Composition:

- i. Dean of Clinical Sciences
- ii. Dean of Basic Sciences
- iii. Chair of the Basic Sciences Curriculum Committee
- iv. Dean of Clinical Students and Executive Director of Clinical Services
- v. Chief Academic Officer
- vi. Clinical Chiefs
- vii. Invited guests to include Dean of Basic Science Students, Director of Clinical Site Development, Clinical Coordinators and others depending on agenda.

c. Objectives

- i. Review student performance and recommend advancement of students in clinical science rotations;
- ii. Facilitate transition of students from basic and pre-clinical sciences to clinical sciences;
- iii. Further integrate the basic, pre-clinical and clinical curricula to meet the objectives and mission of the school.

- d. **Meetings** are held twice yearly at alternating sites.

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E. FACILITIES

1. With the continual expansion of space and services through the aggressive renovations each semester break, St. Matthew's continues to meet the needs of the growing student population.
2. As of August 2007, the Grand Cayman campus comprises more than 25,000 sq/ft of academic area. This aligned with the announcement that the University has acquired an adjacent building that will be available October 2007, will allow the University to expand into an additional 17,500 sq. ft..
3. Though critical issues like study space and lecture hall space are well in hand at present, this expansion will allow for the creation of specialized areas to better serve the student body.
4. At this point, facilities do not constrain any educational activities nor is any such constraint likely in the foreseeable future.
5. Our Miami campus, dedicated to training 5th semester students consists of over 5,200 square feet of teaching, clinical skill laboratory and library space.

F. STUDENT SERVICES

1. Student Affairs Success Story:
 - a. The Office of Student Affairs has gone through some restructuring to the benefit of the students. Dr. Heller, former Dear of Students, informed higher management of his desire to move on to other opportunities but he did so with sufficient lead time to allow us to hire Dr. Alice-Anne Brunn as assistant professor to teach Dr. Heller's Psychiatry and Ethics courses. Additionally, Dr. Brunn has joined with Mr. Jan Michael Maw to build a strong student counseling team when those skills are needed.
 - b. The Chancellor, the Executive Dean and the Dean of Basic Sciences chose Dr. Sreenathan to become the new **Dean of Basic Science Students** primarily for his tough but fair reputation and his ability to connect with students and faculty.
 - c. Mr. Jan Michael Maw has been with the University for one year as Director of Student Services and he is involved heavily in providing services to students. Mr. Maw has been a leader in student mentors, support counseling, housing referral, sports clubs and activities, Rotary service club, Phone-A-Thon to accepted students, student greeters at the airport, and general service to the university community.
2. Roles and Responsibilities – Student Affairs
 - a. Dr. Brunn – Student Counselor
 - i. Short-term personal and crisis counseling
 - ii. Academic exam accommodations
 - iii. Peer counselor training and program development
 - iv. Community referrals for students in need

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- b. Dr. Sreenathan – Dean of Student Affairs
 - i. Non-academic grievances
 - ii. Liaison between the student body and administration
 - iii. Serve ex officio on the discipline committees
 - iv. Responsible for gathering and overseeing shelf examinations
 - v. Ensures the preparation of course syllabi and course materials following university regulations
 - vi. Coordinates faculty evaluations by students
 - vii. All interactions which strengthen the ties between SMU and the Cayman community
 - viii. Supervising all mentoring programs
 - ix. Supervising tutorial services
 - x. Supervision of clinical shadowing
- c. Mr. Jan-Michael Maw – Director of Student Services
 - i. Academic skill development (remedial)
 - ii. Student-to-student mentoring program
 - iii. Faculty-to-student mentoring program
 - iv. Group & individual tutorial services
 - v. Student government association advisor
 - vi. Student life activities
 - vii. Off-campus housing (Cayman & Miami campus)
 - viii. Medical & veterinarian school White Coat committee liaison
 - ix. Campus tours (shared)
 - x. Clinical shadowing program coordinator

G. CLINICAL EDUCATION PROGRAMS

1. Mandating USMLE Step 1 Passage

- a. In its dedication to ensuring the competence of its students at every stage, SMU now requires students to pass the USMLE Step 1 examination before advancing to their core clinical rotations. Data from the 2005-06 LCME Annual Medical School Questionnaire as reported in Barzansky and Etzel, 2006 (please see section I.D.1.e) revealed that *only 88% of US medical schools* required their students to pass the USMLE Step 1 examination.
- b. As the effect of this requirement spreads to new and existing students, SMU is reducing the use of institutions that did not require the USMLE for participation in their clinical programs;
- c. In addition, SMU is migrating from programs that don't require the USMLE to programs that not only require the USMLE passage but also have ACGME/AOA residency programs in each of the clinical programs that SMU students participate in (please see *appendix 3*).

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- d. This has helped to clarify the need for remediation for current SMU students to ensure passage of the USMLE.
- 2. **Online Educational Platform**
 - a. *SMUCourses.com*⁶ (Angel) has greatly enhanced the ability of the Office of the Dean of Clinical Sciences to ensure that SMU students receive a comparable clinical experience regardless of season or institution where their clinical rotations take place.
- 3. **Inspection of Clinical Sites**
 - a. The Dean of Clinical Sciences has now inspected every clinical site where core rotations are offered over the past 18 months;
 - b. *Departmental* inspections have now been initiated such that the Clinical Chiefs will visit each site where SMU students are participating in rotations in their specialty.
- 4. **Increased Attention to Fourth Year**
 - a. The type and quality of 4th year electives is coming under greater scrutiny by the Office of the Dean of Clinical Sciences.
 - b. The Clinical Chiefs are now playing a greater role in preparation of SMU students for the Residency Match and Scramble that follows.
- 5. **Comprehensive Clinical Education Centers (CCEC)**
 - a. SMU continues to consolidate students into CCEC's, where students can complete their entire 3rd year of core rotations and often all or the majority of their 4th year electives at one site or in one region without having to move (see appendix 3).
 - b. This also allows SMU to have greater direct supervision over students, to enhance their performance and to help better prepare them for their future careers in medicine.

II. RECOMMENDATIONS FROM THE 2006 NEW YORK STATE BOARD OF MEDICINE REPORT

A. TRANSFER OF OWNERSHIP

- 1. The transfer of ownership that occurred in January 2006 has provided a stable resource base for the institution, a simplified organizational structure and has resulted in increased morale, as reported in the 2007 Accreditation Report by the Accreditation Commission of Colleges of Medicine (ACCM).
- 2. A great deal of effort was put in to ensure that this transition would be seamless from a faculty and student perspective and it appears this effort was successful.
 - a. In their summation, the ACCM report that:
 - i. *"The change of ownership has... continued to be beneficial as judged by the ACCM";*

⁶ For more information on *SMUCourses.com*, please see section I.C.1.a.v
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- ii. *"Funding made available by the new ownership has been beneficial throughout the medical school course. This has improved the morale of the faculty";*
- iii. *"Administrative changes during 2006 have improved and simplified the organization of the school";* and
- iv. *"The determination of the management to improve the standards of the clinical rotations in the hospitals with ACGME approved residency programs, as witnessed by extra funding, is acknowledged and approved by the ACCM."*

B. APPOINTMENT OF A NEW DEAN

1. Dean of Clinical Sciences: Dr. John Randall

- a. The key objectives for the Dean of Clinical Sciences, Dr. John Randall when he began this role are indicated below. Achievements to date are italicized.
 - i. **Advancing the Number of ACGME/AOA Accredited Rotations**
 - 1) *The number of ACGME/AOA accredited rotations more than doubled from 2006 to 2007 (see appendix 3).*
 - ii. **Improving the Number Residency Matches**
 - 1) *The number of students accepted into US based residency program more than doubled from 2006 to 2007.*
 - iii. **Consolidating Clinical Training Activities into Quality Comprehensive Clinical Education Centers (CCEC's)**
 - 1) *The percentage of students receiving their core clinical training in CCEC's increased from 64% in 2006 to 73% in 2007.*
 - iv. **Developing a Continuity of Mentorship Experience**
 - 1) *A recent faculty development program held in conjunction with Harvard Medical International⁷ outlined plans to expand the longitudinal nature of the SMU clinical curriculum. The goals of this change are to increase the continuity of student-patient relations, the continuity of direct oversight and teaching by middle to senior faculty members and the continuity of mentorship.*
 - 2) *The activities of the Clinical Chiefs has expanded with them now playing a larger role in helping guide clinical students in their elective choices and helping them prepare for residency and the match process. They will also be directly interacting with the clinical preceptors at each clinical site allowing them to better support the mentorship role that these preceptors play for SMU students.*
 - 3) *SMU has develop a Visiting Faculty Program where the Clinical Chiefs and clinical preceptors from US based training sites have the opportunity*

⁷ Please see section I.C.1.a.v
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to teach students in the basic science (in close collaboration with SMU basic science faculty). This will help lessen the gap between the basic and clinical sciences and develop faculty-students relationships that can continue into the clinical years.

v. Increasing collaboration with US based medical schools in terms of clinical education and research activities.

- 1) *SMU has collaborated with Synergy Medical Education Alliance in the development of a Simulation Center. In addition, SMU students have actively participated in clinical research at Synergy.*
- 2) *SMU is partnering with Access Community Health Network and Wyckoff Heights Medical Center in creating longitudinal core curricula that will allow SMU students to increase their experience with direct patient issues and care.*
- 3) *Other collaborative activities are in the planning stages.*

vi. Improving the interaction of students with the Clinical Education Office.

- 1) *SMU is pleased that Dr. Gary McCutcheon has accepted the position of **Dean of Clinical Students and Executive Director of Clinical Services**. Dr. McCutcheon's background, experience and previous roles at SMU uniquely qualify him for his new position, working with the Dean of Clinical Sciences to further advance the clinical programs offered to SMU students.*

2. Executive Dean: Vincent Knight

- a. In 2007, it was decided to separate the positions of Executive Dean from that of the Chief Academic Officer, with the former concentrating on the administrative functioning and growth of the institution and the latter focusing on the academic mission.
- b. Dr. Vincent Knight is the newly appointed **Executive Dean**, while Dr. Gordon Green remains in the position of **Chief Academic Officer**. Dr. Knight brings to SMU both breadth and depth in academic administration and a world perspective on the medical education, having taught and led programs in the Caribbean, South Africa, New Zealand, Saudi Arabia and elsewhere (for more details on Dr. Knight's experience and achievements, please see his c.v. in appendix 1).

C. CURRICULUM REVIEW

1. Specific Learning Objectives for Courses/Rotations

- a. Each basic science and pre-clinical course and clinical science rotation have specific objectives that are presented to the students at the start of the course/rotation.
- b. Weekly quizzes held in each core rotations are tied to these specific objectives as are the institutional exams develop in the basic and pre-clinical sciences.

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- c. These objectives are revisited by the course director at the completion of the program for each student to ensure that the objectives were met. If they have not been for a significant number of students a review of the course content and delivery is established.
- d. The Curriculum Committees regularly review the curricula of each course/rotation; examine any proposed changes and make suggestions if concerns regarding content or delivery arise.

2. Alignment of Educational Objectives with Competencies

- a. With the transition to the new ownership team the opportunity to reflect upon the institution's mission arose. While the elements of the mission statement remain vital within the structure of the educational program at SMU, it was felt that these elements needed to be more closely aligned to the practical nature of the competencies that have been identified by the **Accreditation Council of Graduate Medical Education (ACGME)**⁸. These competencies have been mirrored by those of the **American Osteopathic Association (AOA)**⁹ and the **CanMEDS (Canada)**¹⁰.
- b. While SMU's primary interest is in helping students acquire *practical* knowledge, it is also essential that students develop the technical and personal skills necessary for safe medical practice. The focus then is on the development of skills that are clearly aligned with the competencies that our graduates will face in their residency programs. The correlation below uses the six competencies required by the ACGME:
 - i. **Patient Care:** SMU emphasizes a balanced approach (knowledge, skills and attitude) throughout the curriculum as the basis of competent care. The emphasis is not just on the delivery of care, but on helping our students develop a *partnership-in-care* with their patients.
 - ii. **Medical Knowledge:** SMU seeks to develop the skills of students in not only gaining sufficient knowledge, but also in applying that knowledge appropriately and in constantly refining their knowledge and skills through a process of life-long-learning.
 - iii. **Practice-Based Learning and Improvement:** The educational challenges faced by SMU students are similar to their colleagues at US and Canadian medical schools. With every challenge comes an opportunity, however. SMU students will study clinical cases in the classroom, the clinical skills lab, in the office and on the wards. Many of the same diseases will present in different fashions and the treatment and follow-up programs may also vary from patient to patient. This spectrum of disease management allows students to reflect upon the basic pathophysiological mechanisms and the impact that differences

⁸ <http://www.acgme.org/outcome/comp/compFull.asp>

⁹ <http://www.com.msu.edu/scs/cc/docs/AOATaskForceReport.pdf>

¹⁰ <http://rcpsc.medical.org/canmeds/index.php>

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in comorbid conditions and socioeconomic factors play in the provision of the best treatment for each patient, uniquely.

- iv. **Interpersonal and Communication Skills:** Communication is an essential skill for the competent practitioner as it not only improves the quality of information exchanged between patient and physician, but more importantly it helps establish a therapeutic alliance that is necessary for highly effective care. Communication is emphasized throughout the Basics Sciences, especially in the Patient-Doctor series, ICM and CT. It continues to be highlighted and evaluated throughout our clinical rotations.
- v. **Professionalism:** Professionalism in the practice of medicine is a theme throughout the curriculum and is conveyed through focusing on student development in the areas of judgment, compassion, ethics and integrity. While this is part of the culture on the campuses, it is covered more specifically and emphasized in Psychiatric and Ethics, the Patient-Doctor series of courses, the pre-clinical courses and in the clinical rotations.
- vi. **Systems-Based Practice:** SMU's emphasis is in creating an environment where students interact with medical colleagues, other healthcare professionals and the community. This starts on Cayman in the Basic Sciences and continues throughout pre-clinical and clinical training. SMU's emphasis on leading-edge technology (Phoenix, *SMUCourses*, online library services, wireless internet access, etc.) provides students up-to-date methods for a comprehensive approach to patient care.

3. Uniformity in Educational Experience

It is a key focus of the medical program at SMU to ensure that all students receive the best possible education regardless of season or clinical location. Variability of patient mix in any medical program is inevitable in the best of circumstances based on season, geography and simply chance. That said SMU is pursuing a multifaceted program that will help eliminate such variability to the greatest extent possible.

a. Rotation Syllabi

- i. All SMU clinical preceptors receive a comprehensive syllabus for their core rotation that contains not only information regarding texts and evaluation/examination information, but also a detailed account of the topic areas that the students are expected to learn about and will be held accountable for.

b. Clinical Site Visits

- i. The Dean of Clinical Sciences, Clinical Chiefs and/or their representatives make regular visits to each clinical site to explore the patient mix available for SMU students and explore methods of clinical instruction employed.

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c. SMUCourses, Patient Logs and the Development of a Portfolio System.

- i. To make up for the inescapable variability that exists between rotations, the *SMUCourses.com* educational platform is being utilized to ensure that students have some opportunity to cover essential material, even if not in the context of a live patient encounter.
- ii. Each SMU student is expected to gain knowledge and experience in key topic areas for each core clinical rotation. If they do not see patients with a certain key disease state, they will be expected to research the topic and report this to their preceptors.
- iii. As the use of *SMUCourses.com* for this purpose expands, students will need to record both live patient encounters and researched topics on their log books and will be held accountable for this understanding in examinations.
 - 1) Their log books are reviewed regularly to ensure that the majority of their learning is gained through live-patient cases, with only a few of the key topics being left for individual research.
 - 2) They will be given weekly patient cases that will emphasize these topics and help them discern both finer aspect of the disease and methods for approaching common conditions.
 - 3) They will also be given weekly quizzes and mid-rotation examinations that will ensure that adequate learning & experience has taken place.
 - 4) Should there be a paucity of live patient encounters in these key topic areas, the Clinical Chiefs will be called upon to explore with the student and the institution where he/she is studying where the discrepancy exists and how to remedy it.

d. Student Patient Logs/Portfolios

- i. Student developed portfolios that include both learning objectives and key learning from direct patient experience will allow the Clinical Chiefs to evaluate both the breadth and depth of clinical exposure.
- ii. More importantly however, it provides a vehicle for *students* to begin their own review; developing reflective skills that will be essential in their future clinical practices.
- iii. Plans for expanding student logs to student portfolios will be a main topic at the upcoming HMI conference¹¹.

4. Objective Evaluations

a. Examination Content and Timing

- i. When exams are given in the same subject at more than one institution, every effort is made to ensure that the exam content is the same and that the timing of the examinations is simultaneous.
- ii. Please note that NBME shelf exams are not available each subject but for the majority of subjects.

¹¹ Please see section I.C.1.a.v.1.d

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b. Basic Sciences

- i. All students undergo numerous objective evaluations throughout their training in the basic sciences. SMU-based examinations are held four times for each course. In addition, students must take NBME *Shelf Exams* in every available subject area.

c. Fifth Semester

- i. Students in the 5th semester at SMU undergo a number of examinations including standardized tests (Kaplan and NBME) and practical tests (OSCE's).
- ii. Students must pass standardized exams to qualify to sit for the USMLE Step 1 examination.
- iii. Students are evaluated by practicing physicians based on their clinical experiences with real patients at physician's offices and clinics.

d. Core Clinical Rotations

- i. All students in their clinical rotations must now complete a set of 5 weekly questions through *SMUCourses.com*. The questions are put on at the beginning of the week and students can work on them throughout the week when their clinical schedule permits. As this is an 'open' format, discussion between students regarding these questions is encouraged as this will not only aid in the understanding of the question material but more over, establish a regular forum for the discussion of other clinical problems and issues.

2. Integration Between Basic and Clinical Sciences

A great deal of effort and emphasis had been placed on integration throughout the medical education continuum at SMU. Many of these efforts are mentioned in other sections of this document and are referenced below:

- a. Double helix curriculum (please see section I.D.2)
- b. Case-based teaching (please see sections I.C.1.a.i, I. C. 1.a.iii, I.D.2.b.ii, and I.D.3)
- c. Faculty meetings (please see sections I.C.1.a and I.D.6.)
- d. *SMUCourses* (please see sections I.C.1.a.v, I.G.2, II.C.3.d and II.E.3 (below))

D. CLINICAL TEACHING SITES

1. Develop Comprehensive Clinical Education Centers (CCEC's)¹²

- a. SMU is focusing on developing CCEC's at key locations in the U.S. These sites include New York, Chicago, Washington/Baltimore, Saginaw and Denver.
- b. As reported in appendix 3, there was a 14% increase from 2006 to 2007 in the number of SMU students taking their core clinical training at these sites (64% to 73%).

¹² Please see section II.B.1.a.iii for more information on CCEC's

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2. Recruit Additional (Quality) Clinical Sites

- a. The Office of the Dean of Clinical Medicine is concentrating on significantly increasing the number of ACGME/AOA based core clinical training positions.
- b. Also reported in appendix 3, the number of ACGME/AOA positions for SMU students that has more than doubled in the past year.
- c. This has been the result of new affiliations with quality institutions and the expansion of key institutions that are part of the CCEC's.

3. Increase Student Support and Oversight at Each Site.

- a. Each clinical training site has a Director of Medical Education (DME) and a Program Coordinator, dedicated to ensuring SMU students receive a high quality clinical educational experience.
- b. Oversight by the Clinical Chiefs is increasing through increased direct interaction with students at the various training sites and through improved communication with Program Coordinators and DME's.
- c. The Office of the Dean of Clinical Sciences has expanded its support staff to better coordinate and monitor activities and better support the students on clinical rotations.
- d. Clinical Coordinators meet weekly to share concerns that arise regarding students and institutional training programs. When appropriate student coordinators also participate in the Clinical Curriculum Committee meetings¹³.

E. CLINICAL CHIEFS

The Clinical Chiefs are an essential component and asset to SMU and the Dean of Clinical Sciences has expanded their role to provide further benefit from their experience and insight.

1. As mentioned, the Clinical Chiefs will be performing department specific reviews of each site where SMU students are participating in core clinical rotations in their specialties.
2. The Clinical Chiefs are in charge of the *SMUCourses.com* (Angel) programs for their specialties. Components of this program include:
 - a. Mandatory weekly questions and answers (with rationales) to students rotating in their disciplines;
 - b. A mid-term examination to help identify students in academic difficulty and provide an adequate period for remediation before the end of the rotation;
 - c. Responding to any specific questions students have about the weekly questions or answers/rationale
 - d. Monitoring the forums and chatrooms specific for their rotation/discipline;
 - e. Monitoring the gradebook for students in their discipline and contacting students where concern exists;

¹³ Please see section I.D.6 for more details on the Clinical Curriculum Committee.

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- f. Weekly cases with support material (labs, pictures, X-rays, CT's, pathology, etc.) are planned to begin before the end of 2007.
3. The Clinical Chiefs are more involved in the guidance of SMU students with regards to their residency interests. This involvement centers around:
 - a. Guidance regarding which 4th year electives are best suited to prepare the student for their chosen residency interest(s);
 - b. Guidance regarding the timing and location/institution of electives in their 4th year;
 - c. How to prepare for the residency match (applications, interviews, etc.);
 - d. How to effectively achieve a residency in the scramble process should they be unsuccessful in the matching process.
4. The Clinical Chiefs are actively involved in the development and implementation of innovative curricula, as evidenced by the recent HMI conference in Boston¹⁴.

F. CLINICAL FACULTY

1. **Improved System for the Recognition and Reward of Clinical Faculty**
 - a. Clinical faculty receive recognition and rewards from SMU in a variety of ways including:
 - i. Clinical faculty affiliation;
 - ii. Access to SMU's extensive online library programs and services;
 - iii. Participation in HMI sponsored faculty development program;
 - iv. Participation in Clinical Curriculum Committee meetings;
 - v. Participation in SMU's Visiting Faculty Program (*planned*);
 - vi. Financial remuneration in the form of a semester stipend.
 - b. The form that recognition and reward will take depends on the activity of the clinical preceptors and the interest level of participation in educating SMU students.

G. PROGRAM IN MAINE

1. **Concurrent Master's Program**
 - a. The campus in Maine was initially developed to allow SMU students who had enrolled in the concurrent Masters program through St. Joseph's College of Maine to continue their medical studies through their 4th and 5th semester.
 - b. The government of the State of Maine had granted the right to operate our medical school in the state under these conditions.
 - c. As the affiliation with St. Joseph's has now ended, the in-state residency requirement is no longer required or allowed.
 - d. The new Masters affiliation with Davenport University¹⁵ does not have an in-state residency requirement.

¹⁴ Please see section I.C.1.a.iv for more details on this conference.

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2. Cessation of Teaching Activities in Maine

- a. All teaching programs at the Maine campus ceased at the end of August 2007.

H. STUDENTS

1. Foster Dialogue Between Basics Science, Pre-Clinical & Clinical Students

- a. Web-Based Portal:
- i. Please see information on *SMUCourses.com* (section *I.C.1.a.v*, above).
- b. Direct Contact
- i. Periodically, SMU students in their clinical rotations visit with the students in the basic science years on the Grand Cayman campus.
 - ii. This direct exchange broadens the nature of the discussion that is available online and provides helpful, practical advice to students looking forward to their clinical years.

2. Expand IT to Enhance Record Keeping & Communication with Students

- a. *Phoenix*:
- i. Phoenix 2.0 was recently implemented with many more capabilities from an administration perspective. The creation of reports to answer almost any data based question is now possible.
 - ii. St. Matthew's administration is reviewing current and anticipated management systems that will allow for "cradle to grave" tracking of students and management of their educational experience.
- b. *SMUCourses.com*
- i. Please see information on *SMUCourses.com* (section *I.C.1.a.v*, *II.C.3.d* and *II.E.3*, above).

I. VETERINARY SCHOOL

1. Ensure that No Negative Impact on Medical Programs has Resulted

- a. **Introduction**
- i. From the earliest conception of the SMU School of Veterinary Medicine, the administration has been adamant that housing another program on the same campus not dilute the educational experience or resources of the medical school program.
- b. **ACCM Report**
- i. The *Accreditation Commission of Colleges of Medicine (ACCM)* were also interested in ensuring that the Medical and Veterinary Schools at SMU remain

¹⁵ For more details on the Davenport University MBA program please see http://stmatthews.edu/med_curriculum_concurrent-degree-program.html

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separate such that no dilution of the learning opportunities of one were caused by the presence of the other.

ii. In its 2007 Accreditation Report, the ACCM stated:

1) *"This School opened in September 2005 sited in a building close to that of the medical school. The premises were visited by the ACCM in 2006 and the School reviewed in its Report of the same year. An Accreditation Decision was taken: Continuing accreditation by the ACCM is dependent upon continuing evidence that (1) there should be no work sharing between the two faculties (2) the use of the Medical School library (by Veterinary students) does not impinge upon the needs of medical students (3) there is no sharing of lecture or laboratory rooms already designated for medical students... The April 5-6, 2007 ACCM visiting team were of the opinion that the items in its accreditation decision had not been infringed".*

c. Positive Impact

i. While concern regarding potential dilution of resources has been addressed (above), it is equally important to highlight the positive impact that the addition of the Veterinary program has had.

1) *Intellectual stimulation:*

(a) The Liaison Committee on Medical Education (LCME)¹⁶ suggests that educating medical students in a rich academic environment amongst other professional education programs is advantageous.

(b) SMU medical and veterinary faculty have the opportunity to share in academic discussions and professional development programs.

(c) A good example is the HMI programs (mentioned above) that have included both medical and veterinary faculty and each has benefited from the perspective of the other. With the underlying interest in maximizing the learning and understanding by students discussion and sharing of innovative methods can benefit both schools.

(d) Guest lectures from leaders in medicine and veterinary medicine are held regularly and all students and faculty in both schools are invited to attend

ii. *Veterinary Facilities*

1) The SMU School of Veterinary Medicine has just opened a multimillion dollar education and training facility on Grand Cayman.

2) This provides an additional resource for the medical school to use should there be a specific need.

iii. *Research*

1) Each school has an active research program involving many students and faculty. Research presentations are held regularly on each campus

¹⁶ <http://www.lcme.org/>

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with invitations open to students and faculty from both schools. Similarly, all students and faculty are invited to attend the Annual Research Day forums.

- 2) There is considerable opportunity for collaborative research to be undertaken. With the basic science laboratory space currently available and the new state-of-the-art laboratory space that will be available in the new SMU School of Veterinary Medicine campus, further collaborative effort will be encouraged.

J. ADMINISTRATION

1. In order to increase efficiency and effectiveness of the US-based administration, the SMU offices from Oviedo and Niceville were consolidated into new office space in Orlando in Spring '07.
2. Only two positions remain in Niceville, temporarily, with all other personnel and associated functions having moved to the Orlando office. These remaining positions will be relocated to Orlando prior to the end of 2007.

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Appendix 1

CURRICULUM VITAE

Vincent Andrew Knight

Nationality: British

Address: 50 Park Rd., Whitchurch, Cardiff, S. Wales. UK CF14 7BR
Tel 869 466 1283 Cell 869 662 7436. e-mail vincenta@knightv.com

Education: 1952-1960 Caerphilly Grammar Technical School. UK
1960-1966 University College of Wales, Aberystwyth, UK

Degrees: 1963 B.Sc. (Hons Class 2 div1) Cell Biology & Physiology
1966 Ph.D (Cell Physiology)

Experience Record:

2007 – Present Executive Dean, St. Matthew's University, Grand Cayman, Cayman Islands BWI

2006 – 2007 Associate Dean of Administration, IUON, St. Kitts, West Indies.

2002-2006 Associate Dean of Academic Affairs, Saba University School of Medicine.
Saba, Netherlands Antilles.

2001-2002 Sabbatical

1995-2001 Dean of Administration, Vice Dean, Physical Plant and Facilities & Professor Physiology, Ross University, Box 266, Roseau, Commonwealth of Dominica.

1992-1995 Dean of Basic Medical Sciences & Professor of Physiology, Ross University, Box 266, Roseau. Dominica

1991-1992 Visiting Research Professor, Department of Physiology, East Carolina University, Greenville, N.C. 27858. USA

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- 1985-1991** Professor and Head, Department of Physiology, Faculty of Medicine & Health Sciences, University of Transkei, Umtata, S.Africa.
- 1984-1986** Vice Dean of the Faculty of Medicine & Health Sciences. University of Transkei
- 1982-1983** Sub-Dean, Pre-clinical Sciences, University of Jos, Nigeria.
- 1982-1984** Associate Professor & Head, Department of Physiology, University of Jos, Nigeria
- 1979-1982** Associate Professor of Physiology, Faculty of Medicine & Health Sciences, King Faisal University, Dammam, Saudi Arabia.
- 1977-1979** Research Associate, Tenovus Cancer Research Institute, Heath Park Cardiff, UK
- 1976-1977** Research Fellow, Department of Medicine, the Auckland University Medical School, Auckland, New Zealand.
- 1974-1976** Lecturer, Department of Physiology, Victoria University, Wellington, New Zealand.
- 1970-1974** Lecturer, Department of Physiology, The Medical School, University of Cardiff, S. Wales, UK
- 1968-1970** Post Doctoral Fellow, Department of Physiology, University of Leicester England.
- 1966-1968** Post Doctoral Fellow, Department of Physiological Chemistry, Ohio State University, Columbus, Ohio, USA.

Summary of Experience: This has been wide and global. Teaching and research has been in the fields of Medical Physiology, Physiological Chemistry, Cell Biology and Biophysics. My teaching interests are mainly cardiovascular, respiratory, renal and exercise physiology, bioenergetics and basic biophysics. Career progression coupled this with comprehensive medical school responsibilities including liaising between medical faculty, university administration and personnel, funding agencies, architects, contractors, engineers and government departments.

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At IUON I reported to Dr. Robert Ross the Founder and Chairman and act on his behalf with matters that concern government, banking and all other community organizations as required. I oversaw all financial matters at the school and staff related issues. All visa and work permit requirements were the responsibility of my office. I was responsible for staffing and the day to day running of the campus.

At Saba University I was responsible for all affairs, academic and otherwise, on the Saba campus. I interacted with local Saba government officials and also officials of the Netherlands Antilles government in Curacao on matters related to the accreditation of the school and the licensing of Saba graduates in NA. I reported directly to the president of the School, Dr. Fredrick. I also strongly supported the investment in the hyperbaric research center that is now established on the Saba campus.

At Ross University during the substantial expansion that took place at this Private Medical School over the nine years I spent there my role included responsibilities in budget and finance, planning and management of Physical Plant and Personnel as I moved from Dean of Basic Medical Science to Dean of Administration and finally to vice Dean of Physical Plant.

At Ross I was responsible for the physical development of the campus during its period of rapid growth. State of the art Gross Anatomy laboratory was built and state of the art IT and campus network. Examination rooms were set up with two way audio visual links for academic physician examining the patient to communicate both ways with lecture halls holding more that 150 students. To meet all these needs good relationships and communication was set up with suppliers of high tech and diesel generators for campus power supply in the USA, the architect located in Oklahoma and local engineers and contractors. Restructuring of buildings was on-going as the needs of the school changed with growth. The changes had to meet the needs of the academic staff, be communicated to engineers, architect and contractors and meet the approval of the Board of Directors for final approval and funding.

For the day to day running of the campus a good relationship was established with campus maintenance crew of electricians, carpenters, masons etc. Good communication existed with a local engineering company and contractors which enabled the resolving of problems that arose from time to time. I dealt with engineers and marketing personnel of the local electricity, telephone and water and sewerage companies. Dealing with a major problem of sewage disposal required coordination of engineers reports and those of experts following the drilling of soil permeation test holes on and in the vicinity of the campus, before a sound plan of a drainage field and sewerage pumping was decided upon as an alternative to the problem experienced with multiple septic systems set in clay soil. The necessary reports were regularly sent to the Board of Directors in New York and the final plan decided upon and implemented.

A crematorium was set up on Ross University campus for the disposal of used cadavers and the collection of ashes. I was responsible for the coordination of this program which involved the importing of the equipment, its localisation on the campus and the installation of the gas supply and final commissioning. Previously, cadaver remains had to be shipped back to the United States. I was responsible for the effective resurfacing of a basketball court and tennis courts