

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

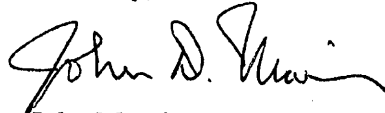
Dear Mr. Elkins:

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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