

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

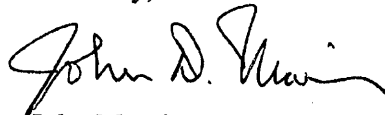
Dear Mr. Elkins:

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

St. Matthew's University School of Medicine

**Annual Report to the New York State Board of Medicine**

**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.

<b>Key Features of the Report</b>	
<b>Student Recruitment/ Admissions</b>	<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>
<b>Faculty Development</b>	<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 5<sup>th</sup> planned for October 2007. Key conference topics have included</p> <ol style="list-style-type: none"> <li>1. <i>Case-Based Teaching Methods,</i></li> <li>2. <i>Competency Instruction and Evaluation Throughout the Medical Education Continuum,</i></li> <li>3. <i>Patient Focused Medical Education;</i> and</li> <li>4. <i>Innovative Curricula to Improve Continuity of Patient Care</i></li> </ol>
<b>Facilities</b>	<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>
<b>Curriculum</b>	<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"> <li>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.</li> <li>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.</li> </ol> <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>
<b>Student Services</b>	<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>
<b>Clinical Education Programs</b>	<p>Key developments in the clinical education programs include:</p> <ol style="list-style-type: none"> <li>1. Mandating passage of USMLE Step 1 prior to embarking on clinical training in years 3 &amp; 4;</li> <li>2. Expanded mentorship, guidance and supervisory roles for the Clinical Chiefs;</li> <li>3. Increases in ACGME/AOA rotations for SMU students to more than double those in 2006; and</li> <li>4. Significant progress towards consolidating students into <i>Comprehensive Clinical Education Centers.</i></li> </ol>
<b>New Key Personnel</b>	<p>SMU is pleased to add the following leaders to its administrative team:</p> <ol style="list-style-type: none"> <li>1. Dr. Vincent Knight as the Executive Dean; and</li> <li>2. Dr. John Dietrich as the Vice President of Admissions &amp; Marketing</li> </ol>

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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 Mann<sup>1</sup>, Mr. Bruce Carlson<sup>2</sup> 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)***

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<sup>1</sup> Professor of Medical Education, Dalhousie University School of Medicine, Halifax, Nova Scotia, Canada

<sup>2</sup> 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 Pugnaire<sup>3</sup>, Sue Farrell<sup>4</sup>, 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

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

<sup>4</sup> 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.