



American University of the Caribbean
School of Medicine

December 23, 2008

Walter Ramos, R.N.
NYS Board for Medicine
NYS Education Department
89 Washington Avenue
3rd Floor
Albany, NY 12234

Dear Mr. Ramos,

Please find enclosed the 2007 Interim Report of the New York State Education Department for American University of the Caribbean.

If you have any questions, please do not hesitate to contact me at (305) 446-0600 ext. 1037 or by email at rbroussard@meas.aucmed.edu.

Kindest regards,

Rebecca Broussard
Legal/Academic Assistant

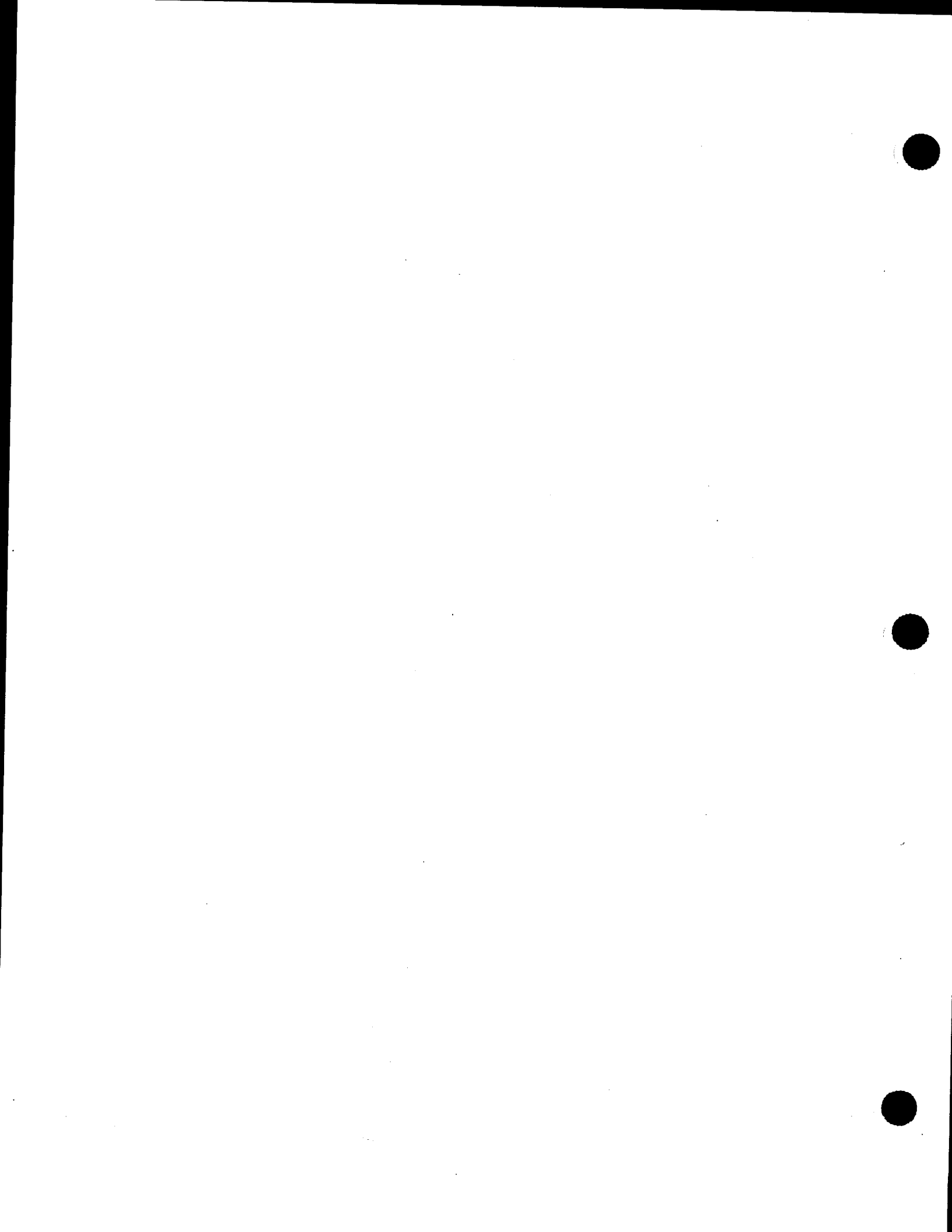
Enclosure

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POSITIVE DEVELOPMENTS ON THE BASIC SCIENCE CAMPUS

Expansion of Basic Science Campus Administration and Governance

- 1.1 Dr. Bernard "Buz" Salafsky was undertook the position of Dean of the Basic Medical Science program on 1 July 2005. Since then, the academic administration and faculty on the St. Maarten campus has been greatly expanded. Dr. Salafsky is assisted by four Associate Deans, two for Academic Affairs (Drs. Yoshida, Blevins), one for Medical Education (Dr. Gray) and one for Student Affairs (Dr. Testa). The Basic Science Dean reports to the Chief Academic Officer. The following is his summary of recent developments.
- 1.2 The Basic Medical Sciences on St. Maarten is currently divided into eight academic departments, with full time Chairs or Interim Chairs. Faculty size range from 2-8 professors per department. Dean's meetings are held weekly on a regular basis, and on a monthly basis these include Chairman of the academic departments. Problem solving, policy review and policy setting form the basis of these meetings.
- 1.3 Faculty meetings are generally held once a month, with minutes being taken. An open discussion agenda item is included. A small ad hoc committee has been formed to explore the creation of a basic science senate for this faculty, within the broader AUC Faculty Senate.
- 1.4 An Academic Skills Specialist has been hired to assist students in academic difficulty, and a Wellness Counselor has been hired to assist students with psychological questions and issues.

Increase of Basic Medical Sciences Faculty

- 2.1 As stated above, the number of faculty delivering the basic science curriculum has increased significantly in the past two years. Additional new faculty are being hired as the new curriculum is implemented. A current faculty list, as well as cv's of new faculty, are attached as Exhibits in tab 1. The following are new faculty appointments since the last NYSED review:

New faculty appointments in 2005:

- Vivian Braciale, Ph.D., Professor of Microbiology – Ex. 1 b
- Steven M. Eiger, Ph.D., Professor of Cell Biology – Ex. 1 c
- Wendy Ellermeier, LMIS, Director of Library Services – Ex. 1 d

- Richard Conrad Garrison, M.D., Professor of Pathology – Ex. 1 e
- Eugene Grochowski, M.D., Ph.D., Professor of Clinical Medicine – Ex. 1 f
- Kimberly Ann Kirkland, Psy. D., Assistant Professor of Med. Psyche – Ex. 1 g
- Frances B. Lefcort, Ph.D., Professor of Neuroscience – Ex. 1 h
- Michael D. Liebowitz, M.D., Wellness Counselor (interim) – Ex. 1 i
- Iain McIntosh, Ph.D., Professor of Genetics – Ex. 1 j
- Jodi Marie Paar, Ph.D., Assistant Professor of Biochemistry – Ex. 1 k
- Bernard (Buz) Salafsky, Ph.D., Dean of Basic Medical Sciences and Professor of Pharmacology – Ex. 1 l
- Ronald J. Testa, Ph.D., Associate Dean of Student Affairs / Director of Student Services, Professor of Medical Psychology – Ex. 1 m
- Bernard A. van Oost, Ph.D., Professor of Molecular Biology – Ex. 1 n

New faculty appointments in 2006:

- Ravindra Beedimani, M.D., Associate Professor of Pharmacology – Ex. 1 o
- Thackery S. Gray, Ph.D., Associate Dean of Medical Education – Ex. 1 p
- Peter Jennen, M.D., Assistant Professor of Anatomy – Ex. 1 q
- Gary A. Mitchell, M.D., Professor of Clinical Medicine – Ex. 1 r
- Loes Nauta, PT, Standardized Patient / Trainer – Ex. 1 s
- David M. Paton, Ph.D., Professor of Pharmacology – Ex. 1 t
- Gregory Plochocki, M.D., Assistant Professor of Clinical Medicine – Ex. 1 u
- Marilyn Salafsky, Ed.D., Academic Skills Counselor – Ex. 1 v
- Cindy Stroschein, Ph.D., Wellness Counselor – Ex. 1 w

Faculty Leaving in 2005:

- Marios Loukas, M.D., Ph.D. – resigned
- Maya Menon, Ph.D. – retired
- Gerald Putnam, Ph.D. – retired
- Margit Trotz, Ph.D. – resigned

Faculty Leaving in 2006:

- Rafal Chmielewski, M.D., returned to Poland in August 2006 to resume his career as an ENT surgeon.
- James D. Regan, Ph.D. retired as Professor of Genetics in August 2006; this was anticipated and Dr. McIntosh was recruited prior to that time to replace him.
- Michael Liebowitz, M.D. interim Wellness Counsellor was replaced by a permanent appointment, Dr. Cindy Stroschein.
- Roxanne Tovrea, MLS, Director of Library Services and BBCM instructor, did not renew her contract because she wanted to rejoin her husband in Florida. Her replacement, Wendy Ellermeyer was appointed prior to her departure.
- Andrew Thurman, J.D., a visiting professor of Medical Ethics, was replaced by Dr. Grochowski (a full-time Professor of Clinical Medicine), as ethics is now part of the ICM course.

2.2 AUC is committed to providing faculty members with opportunities for off-island personal and professional development. Faculty contracts allow all faculty one off-island conference of their choice/year. This policy is provides annual leave each

year so that faculty may attend workshops, national and international conferences particularly those dealing with issues in medical education. The basic science dean has a discretionary fund that he has used to send faculty to 2nd meetings/year. These range from conferences in the faculty members discipline, to medical education, to IT meetings. Attached as Ex. 1 x is the current Faculty Manual, which sets out these policies and also as Ex. 1 y, a printout that shows the Professional / Scholarly Activity undertaken by faculty in 2006.

- 2.3 The Dean also invites speakers down to the island. He recently had Dr. A. Butler from NBME down for a session on developing and using USMLE-type questions in examinations.
- 2.4 Job descriptions already exist for basic science department chairs and faculty. Reviews of chairs has begun to be implemented via the Associate Dean for Medical Education, and these will be conducted annually as we begin to introduce the new curriculum.
- 2.5 There is an on-going faculty evaluation program for basic science faculty that largely involves student evaluations on a semester-by-semester basis. The faculty is essentially too small to conduct peer-to-peer reviews. A comprehensive instrument has been designed and initially used, with good results. These data are reviewed by the Dean for Basic Medical Sciences, the Associate Dean for Medical Education together with chairs of departments and individual faculty, primarily with a 'constructive eye'. External discipline examiners have spent 1-2 weeks reviewing each discipline. This involves sitting in on lectures, reviewing syllabi, exams, talking to faculty and students, etc., and furnishing a report to the Dean.
- 2.6 Promotional criteria for faculty are being formalized by the Committee on Faculty Appointments and Promotions. The latest draft is attached as Ex. 1 z.

Reformed Basic Medical Science Curriculum

- 3.1 During much of 2006 and through the first three months of 2007, the faculty undertook through its ad hoc Committee on Curricular Reform to re-examine the total curriculum. Beginning with the student cohort matriculating in May 2007 a 'reformed' basic science curriculum will begin to be introduced. This has been approved by the entire faculty and consists of the following elements:

- 3.1.1 Amalgamation of some of the basic science departments, and better communication among all basic science departments with respect to

- material being taught. Decompression of courses such that only three basic science courses are taught in any given morning. See the scheduling chart for the New / Reformed Curriculum, attached as Exhibit 2 a.
- 3.1.2 A substantially enhanced series of courses on the Introduction to Clinical Medicine being expanded from the current seven weeks in the 5th semester to four 15-week courses offered for four semesters, beginning in the 2nd semester.
- 3.1.3 Course content has increased to better include, or include for the first time topics of professionalism, doctor-patient relationships, ethics, public health and epidemiology, history-taking and physical diagnosis, use of standardized patients, a hospital experience, presentation of 60 common cases, and more pathophysiology. Additionally, pharmacology has gone from four to six credit hours.
- 3.1.4 The Ethics course has been expanded under the 'reformed' curriculum in ICM. In addition to a trained ethicist who serves as a visiting faculty member, two full-time MD faculty who teach in ICM hold certification in ethics from the University of Chicago. Much of this material is being incorporated into case studies.
- 3.1.5 AUC also intends to provide students with a community experience through the hiring a specialist in Health Systems Research who will work with students and professionals in the St. Maarten health department. Both research opportunities in Health Systems Research, and bench/clinical research should be available later in 2007 or 2008.
- 3.1.6 Clinical guest lecturers are being utilized in the morning basic science courses for purposes of better integration.
- 3.2 Evaluation of the new curriculum will be conducted as it is being implemented. In addition to student assessment, we intend to continue to utilize external examiners a number of which have already been brought down to assess the complete teaching that goes on in all courses. NBME Shelf Exams will be required under the new curricular reform in all disciplines, either as stand-alone examinations, or in context with course final examinations. Additionally, student performance on USMLE Step I and later examinations will all play a role in this evaluation.
- 3.3 Syllabi applicable to courses being taught in the May 2007 semester are attached as Ex. 2 b – 2 f.

Improvement in Equipment Necessary to Deliver Basic Science Curriculum

- 4.1 In 2006 the computer network for the Basic Science campus on St. Maarten was completely upgraded to the latest wireless specifications for the purpose of supporting a new software platform (Angel) on the campus local area network to facilitate e-learning. AUC is a partner institution in the International Virtual Medical School ("TVIMEDS") and the content repository that has been developed is a resource to the basic science faculty for integrating online content into their course curricula. Currently all lecture notes are available to students online prior to live lecture presentations so that students are able to prepare for and more actively learn from their didactic sessions.
- 4.2 A laptop computer with wireless modem is required equipment for all students. Therefore, students only need to utilize the computer lab when accessing copyrights protected content stored on a library drive. The entire campus, including dormitory has broadband wireless Internet connection. All faculty possess up-to-date computers. All lecture halls contain AV equipment, which is currently undergoing an upgrade. Electronic 'tablets' are being explored by some faculty, and lecture hall electronic feedback systems are also under study. Most laboratories have been replaced by PowerPoint presentations, save Anatomy, which is considered state of the art, having both cadavers and virtual anatomy.
- 4.3 Dr. Salafsky and the Dr. Gaffin, chair of the Research Committee, have also just completed equipping a research laboratory that can accommodate a variety of research protocols for a number a faculty who now wish to pursue projects. Seed funds are available, and students will be encouraged to become involved.
- 4.4 In addition to improved equipment, AUC has provide faculty with personnel to assist in using such resources. The faculty have an assistant, who is trained to use Angel and can help them prepare lecture material that integrating e-learning resources.

Library Resources

- 5.1 These are generally adequately meets the needs of the students and faculty, but in order to further improve this facility, which we believe is essential to life-long

learning of a physician, an audit of the library is currently underway, and if shortfalls exist they will be corrected.

St. Maarten Campus Physical Plant

- 6.1 The physical plant on the St. Maarten campus continues to be upgraded, with older laboratories being converted into modern lecture halls, with power points at all seats, and wireless internet connectivity. The power plant and core operating systems are continually being monitored and where necessary, upgraded or replaced. The shortfall of offices given the increase in faculty (21 in mid-2005 to 42 today) is being accommodated by the creation of new offices within the existing physical plant. A gym has been put in place for both students and faculty, located between the academic building and dormitory. Extra study hall space and small break out rooms have or are being created. Lastly, three outdoor gazebos as additional separate relaxing areas for students have been built.

POSITIVE DEVELOPMENTS IN CLINICAL SCIENCES

Expanded Advisory Services by the Office of Clinical Student Affairs (“OSCA”)

- 7.1 In the past two years the length and frequency of advisory trips to the basic science campus, and number of OSCA staff members participating therein, have increased significantly. Six Orientation trips are made to campus annually (two per semester). These trips last three days or more depending on the size of the 5th semester class, which is divided into small groups for discussion purposes. At least two OSCA staff members are in attendance for Orientations, and often the Chief Academic Officer is on campus as well. Sometimes OSCA visits coincide with Financial Aid advisory visits, which facilitates the process of disseminating information.
- 7.2 Attached as Ex. 3 a is a memorandum from the Clinical Dept Manager highlighting the OSCA Student Orientation Programs and also copies of the extensive supporting information provided to students regarding the clinical portion of their medical education, which are:

- Ex. 3 b - Sample Agenda for Basic Science Orientation
- Ex. 3 c - 5th Semester Clinical Orientation Presentation
- Ex. 3 d - Clerkship Timeline – Different for each Semester
- Ex. 3 e - Financial Aid Information
- Ex. 3 f - Semesters 1 – 4 Clinical Orientation Presentation
- Ex. 3 g - Core Clerkship Site PowerPoint Presentation
- Ex. 3 h - Core Site Information Packet – Student Handout
- Ex. 3 i - Clinical Student Health Statement
- Ex. 3 j - OCSA Student Clinical Checklist & Orientation Packet
- Ex. 3 k - Request for an Official Leave from Clinical Sciences
- Ex. 3 l - ECFMG Certification & Special Graduation Dates
- Ex. 3 m - Core Subject Examination Procedures
- Ex. 3 n - US Clinical Electives Guide
- Ex. 3 o - Criteria for Graduation Requirements
- Ex. 3 p - Guideline for MSPE Letters, Transcripts and Licensure

- 7.3 The OCSA staff has been enlarged and now numbers 6.5 FTE's. In addition to the department manager, Mrs. Oni Adler (whose resume is attached as Ex. 3 q), there are two full-time core coordinators, an elective coordinator, a graduation coordinator, a student status officer, and a part-time student clerk.

NBME Subject Exams = Core Exams

- 8.1 AUC students all now take the NBME exams at various approved testing sites as their core exams. This allows AUC to assess their clinical competence in comparison with US medical students.
- 8.2 Dr. Paul Lessem, AUC's Associate Dean for Clinical Student Affairs is also designated the school's the Assistant Chief Proctor with the NBME, and as such he oversees administration of the clinical shelf exams and the Step 2 comprehensive exams.

New Clinical Curriculum

- 9.1 As a result of the collaboration between clinical faculty at the 2006 Faculty Symposium, an updated Clinical Curriculum Guide & Core Syllabus was developed. A copy of this is inserted in the front binder pocket as Ex 3 r.

IMPROVING KEY INDICATORS OF SUCCESS

Admissions

- 10.1 Students matriculating to AUC in 2006 had higher average cumulative GPA (3.237), science GPA (3.095) and MCAT scores (23.31) than any prior years. This bodes well for the institution's continued improvement in student retention, USMLE performance, graduation and residency placement.
- 10.2 The number of applications to AUC has increased by 50% over the past three years, due to an increased emphasis on marketing and recruitment. This larger applicant pool has allowed AUC to become more selective in filling its relatively small classes.

Student Retention

- 11.1 With an average student registration of 807 in 2006, the loss of 75 students during the year constitutes an overall attrition rate of 9%; 70 students lost out of 439 on average registered in the basic sciences campus is 16%. AUC's student retention has increased significantly over the past five years. The annual enrollment has remained steady at just under 300 students per year.

USMLE performance

- 12.1 In 2006 the first time pass rate for AUC students was 80% on Step 1; 247 AUC students passed USMLE in 2006.
- 12.2 AUC students achieved a 95% first time pass rate for Step 2. Students matriculating in May 2006 or thereafter are required to pass Step 2 to graduate.

Graduation & Residency

- 13.1 In 2006 AUC graduated 196 students and in the same year 171 AUC graduates reported a residency. A copy of the 2006 residency list is attached as Ex 4 a. The Alumni Department is still compiling the 2007 Residency List.

- 13.2 AUC is continuing to develop in the area of Alumni Affairs. In April 2006 it sponsored its first Alumni Reunion, held in Boca Raton, and Alumni were also able to attend a continuing medical education co-sponsored by the University of Miami. The latest issue of AUC Connections, the Alumni biannual journal, is inserted into the front pocket of this binder as Ex. 4 b.

EXPANDED AUC ADMINISTRATION

Current List of Administration

- 14.1 MEAS has just moved into new offices at 901 Ponce de Leon Blvd, occupying the entire 7th floor. This move will more fully integrate and improve interaction and communication between the various administrative departments. Resumes for administrative appointees within the past two years are attached hereto as indicated.
- 14.2 As set out above, Dr. Buz Salafsky has appointed four new Associate Deans – two for Academic Affairs, one for Student Affairs and one for Medical Education. This has freed him up to perform on a more strategic level, including developing a public health research laboratory on campus, updating the basic science curriculum, recruiting qualified and well-respected new faculty, raising AUC's profile regionally by hosting relevant professional events on St. Maarten, encouraging faculty and administrators to participate in international / professional organizations relevant to medical education, such as the Association for Medical Education in Europe ("AMEE"), the International Virtual Medical School ("IVIMEDS"), Pan American Health Organization ("PAHO"), and the International Health Medical Education Consortium ("IHMEC"), and sponsoring publications (such as "The Network").

Chancellor

St. Maarten, N.A

PAUL S. TIEN, PH.D.

Chief Executive Officer

Coral Gables, FL

YIFE TIEN, B.S.

Chief Academic Officer	Southfield, MI
<u>PAUL T. SCHNATZ, M.D.</u>	
Dean of Basic Medical Sciences	St. Maarten, N.A.
<u>BERNARD "BUZ" SALAFSKY, PH.D. - resume attached as Ex 1 l</u>	
Associate Dean of Academic Affairs	St. Maarten, N.A.
<u>STEPHEN S. BLEVINS, PH.D.</u>	
Associate Dean of Academic Affairs & Director of Student Services	St. Maarten, N.A.
<u>HIROKO YOSHIDA, PH.D. - resume attached as Ex 5 a</u>	
Associate Dean of Student Affairs	St. Maarten, N.A.
<u>RONALD J. TESTA, PH.D. - resume attached as Ex 1 m</u>	
Associate Dean of Medical Education	St. Maarten, N.A.
<u>THACKERY S. GRAY, PH.D. - resume attached as Ex 1p</u>	
Dean of Clinical Sciences – U.S.A.	Southfield, MI
<u>BRUCE KAPLAN, D.O.</u>	
Dean of Clinical Sciences – Europe	London, UK
<u>DOUGLAS MODEL, MB.BS.</u>	
Associate Clinical Dean – Europe	London, UK
<u>SAEED MOALYPOUR, M.D. - resume attached as Ex 5 b</u>	
Associate Dean of Clinical Student Affairs	Southfield, MI.
<u>PAUL LESSEM, M.D.</u>	
Assistant Dean of Clinical Sciences - Europe	Waterford, Ireland
<u>KEVIN WARD, M.D.</u>	
Chief Financial Officer	Coral Gables, FL
<u>PAUL R. SUID, C.P.A</u>	
Legal Counsel	Coral Gables, FL
<u>CYNTHIA A. HOLDEN, J.D.</u>	

Director of External Affairs & Community Services St. Maarten, N.A.

SUSAN V. ATCHLEY, PH.D.

Director of Library Services St. Maarten, N.A.

WENDY ELLERMEYER, LMIS

Director of Administrative Affairs St. Maarten, N.A.

MS. DIANA LIU

Director of Financial Aid Coral Gables, FL

MICHELE DE SOUZA, B. SC.

Director of Alumni Affairs Coral Gables, FL

MARIA GRACIA MAZZOTTI, M.S.

Admissions Manager Coral Gables, FL

MINDY GREENE – resume attached Ex 5 c

Marketing Manager Coral Gables, FL

HAYDEE AYALA - resume attached as Ex 5 d

Office of Clinical Student Affairs (“OSCA”) Manager Coral Gables, FL

ONI ADLER - resume attached as Ex 3 q

AREAS NEEDING IMPROVEMENT AS IDENTIFIED BY NYSED

1. **Development of a strategic planning process that involves all aspects and members of the campus community.**
 - 1.1 AUC engaged in a strategic planning process in 2003, which resulted in the major changes and development of the university since that time.
 - 1.2 A further strategic planning process was initiated last summer, with Mr. Alexander "Sandy" Williams being invited to the annual Board retreat on St. Maarten to facilitate the discussions. The Board at that time had the opportunity to mix with basic science and clinical faculty to ascertain their problems and priorities. As is usual, Deans and key administrators were invited to participate in the Board meetings and discussions. These sessions resulted in a draft revised mission / vision statement.
 - 1.3 In November the Board invited student and faculty representatives to attend its next meeting in Miami. The draft mission / vision statements were supplemented with an assessment of AUC's strengths and weaknesses.
 - 1.4 At the next meeting in January some discussion of the institutions objectives and action plan took place, but it was decided that it would be most expedient for a committee of deans and administrators to submit a draft strategic plan to the Board meeting in May, which is scheduled for May 25th and 26th, before the next Faculty Symposium. A new strategic plan is anticipated to be approved at its fall meeting, to be held in Cambridge, England in September, 2007.

2. **The strategic plan should include projected enrollment figures, and budget and facilities planning to support that enrollment.**
 - 2.1 Up to now, AUC's annual enrollment has remained static at just under 300 while the institution concentrated on raising the academic qualifications of its students. However having achieved this goal, AUC is planning to take the next step of expanding its basic science campus to support a larger body of highly qualified students. In the meantime, AUC has taken steps to expand its base of hospitals affiliated for clinical rotations. These have been necessary because, with better students, the retention rate is higher and thus there are more students entering the 3rd and 4th year of medical education.

3. **Methods and criteria for evaluation of the new curricular structure that will begin in September 2005, should, in conjunction with the faculty be established and widely disseminated.**
 - 3.1 When the new Basic Science Dean assumed his role in July 2005, he initiated a campus wide study of the existing curriculum to identify areas where the courses overlapped and content was duplicated, where the content needed to be updated, where old content could be deleted. Methods for evaluating the effectiveness of the New / Reformed Curriculum is described in detail in section 3, above.

4. **A formal job description for departmental chairs and a formal written program of evaluation of chair performance should be put into place. This is essential for proper oversight of the educational programs during clinical training. Effective quality control of student clinical programs must be a high priority item for the school.**
 - 4.1 The role and responsibilities of clinical department chairs, and their relationship to the rest of the clinical academic administration is set described in clause 16 of the Faculty Manual (Ex 1 x).
 - 4.2 The Chief Academic Officer is in close and regular contact with the department chairs and receives their reports directly. A copy of the site visits conducted by the clinical department chairs is attached as Ex 6 a. The CAO continues to visit each site regularly to confirm and follow up on the reports received by the department chairs.
 - 4.3 In the State of New York, the CAO also receives regular reports from the Northeast Regional Director, who regularly visits hospital sites and is a first point of contact for students who have any problems or complaints about their clerkship experience.

5. **The role of clinical chairs should be better developed and understood.**
 - 5.1 The role of the clinical chairs is to communicate with the program directors in their specialty every year or two to ensure that the curriculum meets the institution's requirements. At the Faculty Symposium the department chairs hold departmental meetings with a view to achieving horizontal integration and meetings with the basic science faculty to achieve vertical integration.

6. **There is no formal advisory program for clinical students.**
 - 6.1 This subject has been addressed with the description in section 7, above of extensive expansion in the OSCA and the advisory services rendered to students.

7. **Promotional criteria should be better communicated to faculty.**
 - 7.1 This subject is addressed in section 2.6, above, and Ex 1 z.

8. **It would be desirable to provide the responsible faculty, particularly the clinical chairs, more complete information on student performance across the multiple training sites.**
 - 8.1 Since the last NYSED site visit and report, all students rotating for clinical clerkships have passed USMLE Step 1. This ensures that may be assured that only students having demonstrated success and mastery of the basic science curriculum are allowed to enter the clinical portion of the program.
 - 8.2 AUC emphasizes during its annual Faculty Symposium that should any disciplinary problems arise with a student in clerkships the program director or his / her staff should contact the OSCA immediately.
 - 8.3 Also during the Faculty Symposium the key indicators for admissions, USMLE performance on Steps 1 and 2, graduation and residency information is discussed with clinical faculty.
 - 8.4 The Faculty Symposium also provides a venue for faculty to confirm that the student performance in their clerkship programs conform to the outcomes identified in the Clinical Curriculum Guide (Ex 3 r).

9. **The new curriculum may require increased numbers of faculty to appropriately deliver these programs. It is important to provide these resources as the number of students increase.**
 - 9.1 This subject is addressed in section 2, above, which details an approximately 50% increase in the number of faculty on the basic science campus over the past two years.

10. **Some faculty have expressed that additional education and information technology training for faculty would be useful and appreciated.**
 - 10.1 Basic Science faculty have a dedicated assistant who is trained in Angel (e-learning) functionality and whose primary responsibility is to assist faculty in using and integrating information technology in the delivery of their curricular content.

11. **An evidence-based practice approach to healthcare should be developed and introduced into the curriculum.**

- 11.1 Dr. Salafsky has indicated that an evidence-based approach to healthcare has begun to be integrated in the basic science curriculum, and in addition the Associate Dean for Medical Education has begun to explore the use of metrics in Outcome research as it applies to the curriculum.
12. **The University should continue to seek clinical training sites that offer the entire "core" clinical year at one location.**
- 12.1 AUC has recently affiliated with Caritas Health Care, Inc., which operates St. John Queens Hospital and Mary Immaculate Hospital. The NYSED has recently reviewed and approved the clerkships available at those sites. Together with Wyckoff Hospital, more than 100 AUC students at a time are able to take core rotations in the Brooklyn / Queens area. This is a significant expansion of the AUC ability to offer a full program of core rotations at each clinical training site.
13. **Students requested more information and data on the programs provided by the various clinical sites in order to make informed decisions concerning training site choices.**
- 13.1 See section 7, which summarizes the efforts of the OSCA to provide this information. Ex 3 g, the Clinical Power Point presentation, details exactly what clerkships are available at which hospitals, and Ex 3 h, the OCSA Regional and Hospital Information packet, provides this information along with the number of slots there are at each hospital and the start date for each. A printout of this comprehensive information is provided to each student in the 5th semester Orientation meeting.