

DATA BASE DOCUMENT

NEW YORK STATE EDUCATION DEPARTMENT

**OFFICE OF THE EXECUTIVE SECRETARY
NEW YORK STATE BOARD FOR MEDICINE
89 WASHINGTON AVENUE
WEST WING- SECOND FLOOR
EMPIRE STATE PLAZA
ALBANY, NY 12234**

DATA BASE DOCUMENT

New York State Education Department

INSTRUCTIONS

Respond to all items as completely as possible. Questions may be adapted to relate to specific circumstances in the institution provided the original question is also stated.

- 2. Use additional sheets wherever necessary.**
- 3. Replies must be in English. Fiscal items are to be reported in U.S. dollars.**
- 4. Materials such as catalogs, brochures, and policy statements considered useful for understanding of the program should be appended. The current catalog must be provided. (Such materials should be English versions, when available.)**

This document and all attachments must be supplied in seven copies to:

**Executive Secretary
New York State Board for Medicine
Room 3023, Cultural Education Center
Empire State Plaza
Albany, NY 12230**

NAME OF SCHOOL: Saba University School of Medicine

ADDRESS: PO Box 1000
The Bottom
Saba, Netherlands-Antilles

CHIEF EXECUTIVE OFFICER:

NAME & TITLE: David L. Fredrick, Ph.D.

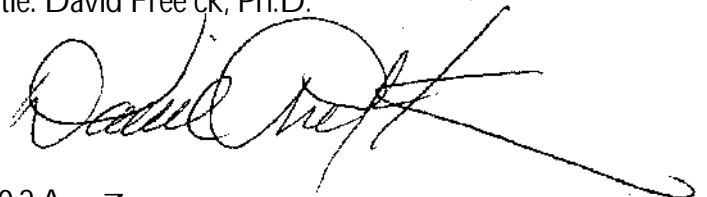
ADDRESS: PO Box 386
Gardner, MA 01440

TELEPHONE NUMBER: 978-630-5122
(AREA CODE) (NUMBER)

NAME, ADDRESS AND TELEPHONE NUMBER OF REPRESENTATIVE OF THE SCHOOL IN THE U. S.:

SAME AS ABOVE

Name & Title: David Free ck, Ph.D.
Signature



Date c02A z-

COMMUNICATIONS RELATING TO THIS REVIEW PROCEDURE SHOULD BE ADDRESSED TO:

THIS DATA BASE DOCUMENT IS SUBMITTED BY:

Name: Patricia Hough, MD, PhD, or
Sandra Murphy

Address & Telephone number if not provided above

PO Box 386
Gardner, MA 01440
978-630-5122, Ext. 105

CHARTER ISSUED, DATE: October 29, 1992

AUTHORITY GRANTING THE CHARTER:

NAME: Government of Saba

ADDRESS: The Bottom
Saba, Netherlands-Antilles

TITLE: Minister of Health

(ATTACH A COPY OF THE CHARTER) **Charter in Attachments, "Official Documents"**)

II. THE OWNERSHIP OF THE SCHOOL IS VESTED IN:

TRUSTEES/REGENTS: X

SHARE HOLDERS:

OTHER (EXPLAIN):

III. NAMES AND ADDRESSES OF TRUSTEES:

1. Name: Paul Dalbec, MD
Address: 475 Seaview Ave.
Staten Island, NY 10303

Academic Degrees: MD

Occupation: Physician

2. Name: Deborah Edgerton, Ph.D
Address: 43 Plumb Point Loop
Aberdeen, MD 21005

Academic Degrees: MA, Ph.D

Occupation: MA, Ph.D

3. Name: Educator and Diversity Consultant
Address: Kathryn Warr, BS, CPA

926 Baker Street
Academic Degrees: Augusta, GA 30904

Occupation: BS, CPA

Accountant/Foundation Law Specialist

III. NAMES AND ADDRESSES OF TRUSTEES: (continued)

4. Name: Pankaj Desai, MD
Address: 7204 Cara Cara Ct.
Sykesville, MC 21784

Academic Degrees: MD

Occupation: Physician, Adjunct Professor of Internal Medicine, Univ. of Maryland

Name: William DiGiacomo, MD
Address: 25 Coniston Ave.
Short Hills, NJ 07078

Academic Degrees: MD

Occupation: Physician/ Member of Saba Univ. Parents Association/Associate Professor of Medicine, Seton Hall University

6, Name: David L. Fredrick, Ph.D.
if Address: 63 Walnut Street
Gardner, MA 01440

Academic Degrees: Ph.D.

Occupation: Educator and School Administrator

7. Name: Eddison Peterson
Address: The Level
Saba, Netherlands-Antilles

Academic Degrees: Dutch Certificates

Occupation: Businessman, Saba Community Representative

(ATTACH CURRICULUM VITAE OF EACH OWNER/TRUSTEE)

(ADD ADDITIONAL PAGES, IF NEED) *c.v.'s of member so the Board of Trustees in Attachment labeled "Board of

LEGAL AUTHORITY TO OPERATE THE SCHOOL OF MEDICINE:

Trustees"

IV. HISTORY OF OPERATION:

- A. Medical students were first enrolled in September 1993
Month/Year
- B. Instruction has been given in the current site since September 1993
Month/Year
Prior to that Date, Instruction took place in: N/A
- C. Attach a brief history of the school including identification of all sites in which the school currently operates for any phases of program. * See Attachment labeled "History"

V. ENROLLMENT OF STUDENTS:

Current Year, 2002 - 2002:

- A. Final Year Students (number) 120 (Give date these students are to be graduated: 6/4/02 .
- B. Clinical Students (other than final year students) (number) 45
- C. Basic Science Students: 242
Second Year (number) 109
Beginning Year (number) 137

NOTE: IF THE PROGRAM EXTENDS MORE OR LESS THAN FOUR YEARS. SHOW NUMBER OF STUDENTS IN EACH YEAR OF THE PROGRAM.*

Not applicable to Saba University School of Medicine

TOTAL STUDENTS 512

% NATIONALS OF COUNTRY IN WHICH SCHOOL IS LOCATED 4%

% U.S. NATIONALS 71%

% OTHERS - 25 % (11 °A) from Canada 8 % from India-Pakistan and 6% other)

ENROLLMENT PRIOR FIVE YEARS:

<u>SCHOOL YEAR</u>	<u>TOTAL</u>	<u>1ST YEAR STUDENTS</u>	<u>2ND YEAR STUDENTS</u>	<u>3RD YEAR STUDENTS</u>	<u>4TH YEAR STUDENTS</u>	<u>GRADUATES OTHERS</u>
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2002-2003	512 /	137	109	146	120	
2001-2002	480	120	107	146	107	
2000-2001	494	117	151	124	102	
1999-2000	464	151	132	102	79	
1998-1999	361	132	102	91	36	
1997-1998	273	102	91	36	44	

*First year includes Semester 1,2,3; Second year Semester s 4,5; Third year: 42 weeks of core rotations; Fourth year: 30 weeks of elective rotations.

1. Are graduates of your school eligible for licensure in your country?

Yes No (circle one)

The Minister of Health of the Netherlands Antilles certifies that graduates of the Saba University School of Medicine, upon successful completion of their course of studies, and upon presentation of their diploma, will be considered as eligible for licensure to practice medicine in the Netherlands-Antilles.

***Please see Attachment "Official Documents" for Foundation Agreement, Charter and Letter Certifying Eligibility for Licensure**

2. Pass rate on ECFMG (USMLE/FMGEMS) by June graduating classes for past five years*

UNITED STATES MEDICAL LICENSING EXAMINATION (USMLE)

YEAR	STEP 1	STEP II	CSA
2002	95%	87%	87%
2001	94%	86%	87%
2000	93%	87%	90%
1999	95%	92%	93%
1998	90%	82%	N/A

(If more than one class is admitted in one calendar year, adapt the table to identify each class and indicate date(s) of admission.) Adapted to include all students eligible to attend the June graduation who complete Doctor of Medicine Degree requirements in January, June or August of that year.

VI. OTHER EDUCATIONAL PROGRAMS OF THE SCHOOL:

	CURRENT ENROLLMENT	DEGREE AWARDED
Hyperbaric Medicine	26	Master of Science
Master of Health Care Administration (In conjunction with Fielding Institute)	40	Master of Science

(See catalog and Attachment, "Educational Programs and Curriculum for full description")

VII. STUDENT EXPENSES IN U.S. (DOLLARS FOR A TYPICAL SCHOOL YEAR)

* See attachment, Student Estimated Expenses"

VIII. EDUCATIONAL PROGRAM LEADING TO M.D. DEGREE OR EQUIVALENT:

A. TOTAL DURATION OF THE PROGRAM IN WEEKS: 147

WEEKS IN FIRST YEAR: 45 (Semesters 1,2,3)

WEEKS IN SECOND YEAR: 30 (Semesters 4,5)

WEEKS IN THIRD YEAR: 42 (Core Clerkships)

WEEKS IN FOURTH YEAR: 30 (Elective Clerkships)

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B. CONTENT OF THE EDUCATIONAL PROGRAM: REQUIRED OF ALL STUDENTS

SUBJECT	YEAR				LOCATION	CLOCK HOURS LAB	LECTURE
	1	2	3	4			
ANATOMY							
Microscopic	X					60	116
Gross	X					128	80
Neuro	X					40	115
Embryology	X					43	15
BIOCHEMISTRY	X					15	135
*NUTRITION	X						
PHYSIOLOGY	X					30	125
*BIOPHYSICS		X					
EPIDEMIOLOGY	X					N/A	64
*BIostatISTICS	X	X				*	*
BEHAVIORAL SCIENCE	X					30	130
PATHOLOGY		X				120	280
*PATHOPHYSIOLOGY		X				*	*
MICROBIOLOGY	X					60	170
PHARMACOLOGY		X				N/A	170
*TOXICOLOGY		X				*	*
*PUBLIC HEALTH	X	X					*
*PREVENTIVE MEDICINE	X	X				*	*
MEDICAL JURISPRUDENCE	X					N/A	60
*HUMAN SEXUALITY	X						*
*ALCOHOLISM	X					*	*
*DRUG ABUSE	X					*	*
*COST CONTAINMENT		X				*	*
*ENVIRONMENTAL MEDICINE	X	X				*	*
INTRO. TO CLINICAL MEDICINE		X				60	120
*INTRO. TO PSYCHIATRY	X					*	*
PHYSICAL DIAGNOSIS		X				60	120
*CLINICAL DIAGNOSIS		X					**
*CLINICAL CORRELATION		X				*60	*
CLINICAL PATHOLOGY CONFERENCES		X				*	
)THER: INTRO TO INFOMEDICINE	X					30	30

- Nutrition is part of Biochemistry
- Biophysics is part of an introduction to radiology in Anatomy and Introduction to Clinical Medicine
- Biostatistics is part of Intro .to Infomedicine, Medical Psychology, and Epidemiology and Public Health
- Pathophysiology is part of Pathology I and II and Introduction to Clinical Medicine
- Toxicology is part of Pharmacology and Introduction to Clinical Medicine
- Public health is part of Epidemiology and Public Health
- Preventive Medicine is part of Epidemiology and Public Health, Intro Clinical Medicine and Pathology
- Toxicology is part of Preventative Medicine, Pharmacology and Pathology
- Human Sexuality is part of Medical Psychology
- Drug Abuse is part of Medical Psychology and IntroL To Clinical Medicine
- Alcoholism and Smoking are part of Epidemiology and Public Health, Pathology and Medical Psychology
- Cost Management is covered in Epidemiology as Medicaid and Medicare programs and in Introduction to Clinical Medicine as part of the A.M. Edwards Hospital experience
- Environmental Medicine is part of Epidemiology and Public Health and Pathology
- Introduction to Psychiatry Lectures are part of Medical Psycholog (approximately
- Clinical Diagnosis is part of Introducation to Clinical Medicine and Integrative Study of the Basis Sciences
- Domestic Violence and Child Abuse are part of Medical Psychology and Epidemiology and Public Health
- Clinical Pathology conferences are with gross specimens in Pathology II
- Clinical Correlation is introduced in Physiology and part of Introduction to Clinical Medicine and ISBS

CLINICAL INSTRUCTION INVOLVING PATIENTS	* CLK HRS OF LECTURE	LOCATION OF INSTRUCTION	DURATION IN WEEKS
INTERNAL MEDICINE	120	Affiliated Hospital	12
NEUROLOGY		Affiliated Hospital	04-08
DERMATOLOGY		Affiliated Hospital	04-08
RADIOLOGY		Affiliated Hospital	04-08
FAMILY MEDICINE	50	Affiliated Hospital	04-08
COMMUNITY MEDICINE	20	Affiliated Hospital	04-08
PEDIATRICS	40	Affiliated Hospital	06-08
PSYCHIATRY	68	Affiliated Hospital	06-08
OBSTETRICS	30	Affiliated Hospital	06-08
GYNECOLOGY	20	Affiliated Hospital	06-08
PHYSICAL MEDICINE		Affiliated Hospital	04-08
REHABILITATION		Affiliated Hospital	04-08
GERIATRICS		Affiliated Hospital	04-08
GENERAL SURGERY	60	Affiliated Hospital	12
ANESTHESIOLOGY		Affiliated Hospital	04-08
OPHTHAMOLOGY		Affiliated Hospital	04-08
UROLOGY		Affiliated Hospital	04-08
PLASTIC SURGERY		Affiliated Hospital	04-08
NEUROSURGERY		Affiliated Hospital	04-08
ORTHOPEDIC SURGERY		Affiliated Hospital	04-08
EMERGENCY MEDICINE		Affiliated Hospital	04-08
PRECEPTORSHIP		Affiliated Hospital	
AMBULATORY MED.	20	Affiliated Hospital	04-08

* Hours listed are only for core rotations or required electives.

C. CLINICAL CLERKSHIP LOCATIONS

Hospital	Address	# Wks	# Students	Subjects covered
Ridgeview Institute	Smyrna, GA	6	2	Psychiatry
Brentwood Behavioral Hospital	Shreveport, LA	6	2	Psychiatry
Bridgeport Hospital	Bridgeport, CT	12	2	Internal Medicine
Brookdale Hospital	Brooklyn, NY	6	2	Pediatrics
Cape Cod Hospital	Hyannis, MA	12	1	Surgery
Cherry Hospital	Goldsboro, NC	6	6-8	Psychiatry
Columbus County Hospital	Goldsboro, NC	6-12	1 in each service	Int Med Pediatrics Surgery
Fort Wayne Medical Education Program	Fort Wayne, IN	4-6	1-2	OBGYN Pediatrics Family Med
Greater Southeast Hospital	Washington, DC	12	1 4	Int Med Surgery
Harbor Hospital	Baltimore, MD	12	4-6	Internal Medicine
Holy Cross Hospital	Silver Spring, MD	6-12	2	Int Med OBGYN
Spring Grove Hospital	Catonsville, MD	6	2	Psychiatry
Union Memorial Hospital	Baltimore, MD	12	4-6	Surgery
Jackson Park Hospital	Chicago, IL	6-12	10	All Cores
Michael Reese Hospital	Chicago, IL	6-12	2-4	Int Med OBGYN
St. Anthony's Hospital	Chicago, IL	6-12	4-6	Int. Med OGYN Peds
Kansas City VA Med Center	Kansas City, MO	6-12	2-4	Psychiatry Surgery
St. Lukes of Kansas City	Kansas City, MO	6-12	6-8	All Cores

St Mary's Health Center	St. Louis, MO	12	2	Int Med
Lafayette General Hospital	Lafayette, LA	12	1-2	Int Med
Leonard Chabert Med Center	Houma, LA	6-12	6-8	All Cores
/ Memorial Regional Hospital	Hollywood, FL	12	2	Surgery
North Colorado Med Center	Greeley, NC	6-12	4	Peds Surgery
Northwest Mississippi Regional	Clarksdale, MS	6	1-2	OBGYN
Peninsula Hospital	Far Rockaway, NY	4-12	1	Surgery Family Med
Provena St. Joseph	Elgin, IL	6-12	2-4	All Cores
Rockwood Pediatric Clinic/Holy Family Hospital	Spokane, WA	6	2	Pediatrics
Valley Regional Hospital	Kentville, Nova Scotia	6-12	2	All Cores
Winding Roads Consortium	Spencer, WV	6-12	2	Int Med Peds

* Contracts for New York Hospitals are included as attachment, "New York Hospital Contracts"

**elective rotations can be between 4-8 weeks at the majority of the above hospitals.

ORGANIZATION AND SUPERVISION OF CLINICAL CLERKSHIP PROGRAM

The Clinical Department maintains the "SCR" database (SABA Clinical Rotation) that is custom designed to organize and track students in clinical rotations. This database keeps track of the students, what rotations they need, grades received in past rotations, step scores, leave of absences, temporary addresses, and hospital facts including preceptors, insurance and billing information. The Medical School supervises its clinical training programs by communicating by telephone, fax, E-mail and face to face with individual preceptors at each hospital. The Associate Dean of Clinical Medicine at Saba University, Patricia Hough, M.D., Ph.D. is in charge of the overall clinical clerkship program. The Executive Dean monitors the overall organization and integrity of the clinical medicine program.

The University will ensure that students assigned to the Hospital will be of an academic standard consonant with the demands of the clinical program provided by the rotation. The Dean of the University and/or designated field representatives will visit the Hospital at regular intervals to maintain active liaison between the University and the Hospital. The University will have the sole and final right to evaluate the student's total academic accomplishments and make all determinations as to whether or not to advance a student to the next level within the medical school or to grant the individual the Doctor of Medicine degree. The University will provide professional liability insurance to cover all its students assigned to the Hospital. The University publishes Clinical Clerkship Grading Guidelines in its Clinical Medicine Program Handbook that is distributed to each preceptor. It clearly explains the numerical grading guidelines by category. The categories include Pathophysiology, Diagnosis, Therapeutics, Interviewing, Data Gathering, Chart Work, Treatment and Implementation, Rapport, Responsibility and Interest, and Adherence to Hospital rules and Policies.

PRECLINICAL PREPARATION

Saba University students receive preparation for clerkships during basic science training. At the end of the fourth semester students participate in an orientation to the A.M. Edwards Hospital and their duties as a fifth semester student. In the fourth term they are paired with a fifth semester student and introduced to their home health care patient. Initial visits are made under supervision by the visiting nurse from the A.M. Edwards Hospital. All students keep logs of their visits and are supervised by the local physicians as well as the M.D. level staff at Saba University.

As part of their requirements for the Introduction to Clinical Medicine course, Saba University students are assigned in pairs to attend the outpatient clinic each morning under the supervision of Dr. Anita Radix and Dr. Kees in't Veld. Approximately 40 patients are seen each morning in clinic. Student also have an opportunity to make rounds with the hospital physicians in the inpatient unit and the adjacent nursing home. fifth term student receive a call schedule at the beginning of the term and are required to be on call at the hospital with the local physicians evenings and on weekends. They also rotate through the laboratory, physical therapy Department and hospital pharmacy. Students may also accompany the Home Health Care Nurse on routine visits. All students enrolled in the Introduction to Clinical Medicine course must pass an oral examination administered by two faculty members as well as a practical mock Clinical Skills Assessment examination on a standardized patient observed by two M.D. level faculty members.

There is a close liaison between the Office of Clinical Medicine and the Basic Science campus. Students in the fourth and fifth semesters are monitored closely and rated for the acquisition of physical diagnosis skills, quality of written work, clinical problem solving abilities and personal traits such as maturity, professionalism and ability to work as a member of a team. At the end of each term a representative from the Office of

Clinical Medicine travels to Saba to conduct an orientation of fifth term students to clerkships. Prior to that time, a file on each student including immunization records, a curriculum vitae, faculty comments and a

record of academic performance is prepared. Students in the fifth term attend a mandatory orientation where they receive clinical packets with the handbook and other valuable information to help make the transition to the third year. They are given a clinical preference form that allows each student to view clerkship locations and select a geographical preference. A personal interview is schedule with each student during the orientation week to allow the clinical coordinator to become personally acquainted with the student. During the interview the student can discuss his/her plan for taking Step I, determine an initial starting date and discuss geographical preferences as well as any special needs. Every effort is made to allow students with children to remain in a stable location.

CRITERIA FOR SELECTION OF HOSPITAL CLERKSHIP TRAINING SITES

The Clinical Medicine program at Saba University consists of the third and fourth years of medical training (sixth through tenth semesters). The clinical clerkships are provided at numerous hospitals and specialized clinical facilities in the United States where Saba University has established formal affiliations. Whenever possible, students will be placed in medical centers which provide services in major clinical departments and subspecialties. First, the hospital or medical center must be identified as willing to assume responsibility for training and supervision of international medical students. Special care is taken at each site to assure that there is a residency training program or a major affiliation with a medical school and sufficient preceptors with teaching experience to provide structured, adequate supervision. The following criteria are used to select a clinical training site:

- A structured orientation to the hospital is provided
- There is a structured process for teaching students either as part of a traditional teaching team with attending/resident input or a structured 1:1 mechanism with an individual preceptor holding a faculty appointment at a U.S. medical school.
- Preceptors are interested in teaching and student progress
- Didactic sessions are regularly available
- The library holdings are sufficient for the preparations of presentations and projects
- Regular reading assignments and structured presentations are required
- Student work load is reasonable and adequate, hospital patient census is adequate for teaching purposes in core and elective areas
- Service(s) provide an adequate mix of clinical experiences, including outpatient exposure
- Service and call hours provide a rigorous experience
- H&P's are regularly reviewed by attending/resident
- There is a structured set of oral or written exams; preferably a written exam at the end of the clerkship.
- The clerkships site agrees to periodic evaluation by students and staff/faculty from Saba University.

A structured teaching experience and curriculum are already in place in a majority of the Saba University affiliate hospitals providing core clerkships. To achieve a broad-based experience in medical practice, students may also be assigned to clerkships in community hospitals with established educational programs. The quality of the clerkship program is monitored by regular visits to the teaching site by Saba University Clinical Field Staff as well as faculty appointed for each of the core areas and Family Medicine. Feedback from students is

solicited during site visits and by written, formal evaluations at the end of rotation blocks.

Students are placed in clinical rotations and hospitals taking into consideration their geographic, career and academic preferences, plus lodging, family considerations and other personal needs identified in the exit interview on Saba. There is no rigidly established schedule or sequence of clinical medicine rotations for the third year. Each student will be notified in writing of their entry into a given core hospital rotation by the Clinical Rotation Coordinators. During the last quarter of the third year, an information packet is sent to all students with lists and guidelines for elective clerkships in a variety of specialty areas throughout the United States. For example, many sites require a formal application with strict time guidelines. The elective packet serves to notify the student that should he/she want a highly competitive rotation at the Center for Disease Control, for example, the application should be submitted by May for the next academic year's rotation. A Primary Care elective is required for all fourth year Saba University students as is an elective in at least one medical subspecialty. It is recommended that no elective rotation be scheduled for less than four weeks, although occasionally two-week blocks are accepted in areas such as Ophthalmology.

The office of clinical medicine and the clinical clerk rotation coordinator also assume a "Gatekeeper effect" on preventing students from taking rotations if they are not in good standing with the clinical medicine rotation department's standards and procedures. All relevant paperwork including liability insurance, letters of good standing, immunization records and other data are sent to the participating hospital only after the clerkship has been approved. Initial contacts for new clerkship sites are evaluated by the Associate Dean of Clinical Medicine, Dr. Hough or the regional coordinators by undertaking a site visit. Dr. Hough is aided by the regional coordinators, namely John Nekic MD, and Larry Eastburn, MD. In addition, Dr. Hough is guided by each hospital's affiliate representative to Saba University SOM: based on observations, comments and policies that take place through each affiliate hospital's education committee. New affiliations or termination of training agreements are given to the Dean for approval.

EVALUATION OF CLERKSHIP TRAINING

- Clinical clerkship training programs are evaluated in three ways. The first method of evaluation is by senior administrative level physicians who conduct hospital visits at sites in the United States, Canada, and Europe. Presently, these physicians are Dr. Patricia Hough, Dr. John Nekic, Dr. Larry Eastburn, Dr. Robert Gunn (Canada), and Dr. Ole Martin Rordam (Europe). They evaluate the overall quality of each teaching hospital program, using forms developed by SABA University (attached). Hospitals are evaluated on such criteria as contractual arrangements, existence of a sufficient patient load for the specific hospital rotation, adequate library and study facilities, quality of hospital preceptors, and the quality overall physical plant to include availability of food services, call rooms and lockers for the students.

The second method of evaluation is conducted by the Core Clinical Evaluators, who are board certified physicians with experience in medical education. These Core Clinical Evaluators are responsible for visiting each hospital with an identified core clerkship program, and evaluating the quality of specific curriculum in core rotations to include Internal Medicine, Surgery, Obstetrics and Gynecology, Pediatrics and Psychiatry. The evaluation focuses on such areas as: (a) core clerkship objectives, (b) hospital management and staff procedures, (c) teaching modalities (i.e., lectures, case presentations, morning reports, journal clubs, core video conferences, exposure to procedures, H & P opportunities with feedback, patient co-management experience, opportunities to work within a team setting to include nursing, allied health care services and social services). The Core Clinical Evaluators also meet with students individually or in small groups during the site visit to solicit feedback and produce a narrative report.

The third method of evaluation is derived from Student Evaluations that provide feedback on the quality of the teaching experience. Medical students are provided a clerkship evaluation form to be returned at the end of each core rotation. Although they are assured that the content will remain confidential, some medical

students are lax about completing these forms. Therefore, students that do not return questionnaires are requested to complete evaluations during the exit conferences at the June graduation ceremony.

S In conclusion, SABA University uses a variety of factors to arrive at a decision as to the merits of rotation sites. Data is tallied and compared in terms of mean scores to help in making formal recommendations to the Associate Dean and Executive Dean as to continued affiliation with a clinical teaching site. SABA University will also provide assistance to hospital sites to make corrective improvements in the clerkship experience.

Clinical Core Evaluators are as follows:

Internal Medicine

Surgery

Obstetrics and Gynecology

Pediatrics

Psychiatry

Thomas Ferguson, M.D.

Sewell H. Dixon Jr., M.D.

Carl C. Pearman, M.D.

Arthur Maron, M.D., M.P.A.

Patricia L. Hough, M.D., Ph.D. and

Martin Williams, M.D.

COORDINATION BETWEEN PRECEPTORS AND THE BASIC SCIENCE CAMPUS

The split campus model creates some unique problems for maintaining continuity between basic science teaching and student performance during the clerkships years. Preceptors have been a valuable source of suggestions for improving clinical preparation of students in the Basic Sciences. A budget is established to bring medical education directors, hospital clerkship coordinators and interested preceptors to the basic science campus for a visit and lectures. Visiting clinical faculty lecture to the Introduction to Clinical

● Medicine class and interact with the faculty teaching this course as well as other Basic Science courses. They are requested to hold a "Brown Bag" conference with the entire student body to discuss their training program and why they have chosen a particular specialty. This type of meeting helps inform the students about clerkship requirements and also helps them to begin thinking about a medical specialty and postgraduate training.

IX. ADMINISTRATION:

(INCLUDE CURRICULUM VITAE) *c.v's and job descriptions are found in attachment labeled, "Administrative Structure"

CHIEF ADMINISTRATIVE OFFICER NAME:

David L. Fredrick, Ph.D

EXECUTIVE DEAN

NAME: Arthur Maron, MD, MPA

ASSOCIATE DEAN, BASIC SCIENCES

NAME: Igor Aksenov, MD, Ph.D

ASSOCIATE DEAN FOR CLINICAL AFFAIRS

NAME: Patricia L. Hough, MD, Ph.D

ASSOCIATE DEAN FOR STUDENT AFFAIRS

NAME: Anne M. White, MD, FRCP

OTHER MAJOR OFFICERS

NAME: William A. Cornell, II, JD, MS, Chief Operations Officer

REGISTRAR: (PERSON WHO MAINTAINS STUDENT RECORDS) (TITLE?)

NAME: Bernice M. Ouellet, AS

CHIEF FISCAL OFFICER (TITLE?)

NAME: Gied Mommers, Accountant (Saba) Vennings and Jacques, (USA)

FIELD REPRESENTATIVES (LIST NAMES AND LOCATIONS)

Saba University maintains no additional recruitment offices for the purpose of recruitment outside of the main office in Massachusetts.

Clinical Field Representatives are as follows:

Patricia Hough, MD, Ph.D., John Nekia, MD, and Larry Eastburn, MD, have primary supervising and evaluation responsibilities for the overall educational program, structure and contracts at affiliate hospitals in designated geographic areas. These above field representatives are an integral link between the clinical sciences program, the clerkships coordinators and the basic science faculty. In Canada, this duty has been assumed by Robert Gunn, M.D. For the U.K. and Europe, Ole Martin Rordam is the field representative.

HOSPITAL COORDINATORS (LIST NAME, NAME OF HOSPITAL AND LOCATIONS)

• Bridgeport Hospital	Bridgeport, CT	Dr. D. Baker
Ridgeview Institute	Atlanta, GA	John E. Gronewald, C.O.O.
• Brookdale Hospital	Brooklyn, NY	Dr. M. Sokol
• Cape Cod Hospital	Hyannis, MA	Dr. Herbert O. Matthewson
• Brentwood Behavioral Health	Shreveport, LA	Paul Smith, CEO
• Cherry Hospital	Goldsboro, NC	Dr. C. Murthy
• Columbus County Hospital	Whiteville, NC	Dr. R. Berry
• Greater Southeast Hospital	Washington, DC	Ana Raley, CEO
• Harbor Hospital	Baltimore, MD	Barney Johnson, President
• Holy Cross Hospital	Silver Springs, MD	Kevin J. Sexton, President
• Jackson Park Hospital	Chicago, IL	Dr. Peter Friedell
• Kansas City VA Medical Ctr.	Kansas City, MO	Mr. Hugh Doran
• Lafayette General Hospital	Lafayette, LA	Dr. Maximo LaMarche
• Leonard J. Chabert Hospital	Houma, LA	Dr. Thomas Ferguson
• Memorial Regional Hospital	Hollywood, FL	Dr. Stanley Marks
• Northwest Mississippi Regional	Clarksdale, MS	Dr. Charles Cesar
• Provena St. Joseph Hospital	Elgin, IL	Dr. Charles Cavallo
• Michael Reese Hospital	Chicago, IL	Steven Weinstein
• Spring Grove Hospital	Catonsville, MD	Dr. David Helsel
• St. Anthony's Hospital	Chicago, IL	Dr. Sheldon Slodki
• St. Luke's Hospital	Kansas City, MO	Dr. James McPhee
• St. Mary's Hospital	St. Louis, MO	Michael Zilm, President
• Northern Colorado Med Ctr.	Greeley, CO	Dr. Michael Peetz
Union Memorial Hospital	Baltimore, MD	Dr. Karim F. Rashad
• Winding Roads Consortium	Spencer, W.VA	Mr. Chuck Connor
• Peninsula General Hospital	Brooklyn, NY	Dr. Gerald Teplitz
• Valley Regional Hospital	Kentville, NS	Dr. Robert Gunn
• Ft. Wayne Medical Education	Ft. Wayne, IN	Dr. David Pepple
Holy Family Hospital/Rockwood Clinic	Spokane, WA	Dr. David Freneau

DEPARTMENTS OF FACULTY:

Name of Division

Person in Charge

Academic Title

ANATOMICAL *Dewan Raja, MD., Assoc Prof & Chair*

<i>Embryology</i>	<i>Peter Rogers, Ph.D.</i>	<i>Associate Professor</i>
<i>Anatomy</i>	<i>Dewan Raja, MD</i>	<i>Associate Professor</i>
<i>Neuroscience</i>	<i>William Keller, Ph.D.</i>	<i>Associate Professor</i>
<i>Histology</i>	<i>A.G. Pillay, Ph.D.</i>	<i>Professor</i>

MOLECULAR *Andreas Lueck, D.Sc. ,Assoc Prof and Chair*

<i>Biochemistry</i>	<i>Andreas Lueck, D.Sc.</i>	<i>Associate Professor</i>
<i>Genetics</i>	<i>Peter Rogers, Ph.D.</i>	<i>Assistant Professor</i>
<i>Microbiology</i>	<i>Mark Dykstra, Ph. D</i>	<i>Professor</i>
<i>Immunology</i>	<i>Ned Snyder, MD</i>	<i>Assistant Professor</i>

BEHAVIORAL *Anita Radix, MD., MPH, Assoc Prof & Chair*

<i>Epidemiology</i>	<i>Anita Radix, MD, MPH</i>	<i>Associate Professor</i>
<i>Medical Infomatics</i>	<i>Pam White/Cathy Edelman, MLS</i>	<i>Assistant Professor</i>
	<i>George Jones</i>	<i>IT Specialist</i>
	<i>Igor Aksenov, MD</i>	<i>Associate Dean</i>
<i>Legal Ethics</i>	<i>William A Cornell, II, JD</i> <i>Richard Hardy, JD</i>	<i>Assistant Professor</i> <i>Adjunct Professor</i>

PATHOLOGY/

PHYSIOLOGY *Roger Schinella, MD., Professor & Chair*

<i>Pathology I</i>	<i>Nick Macri, Ph.D.</i>	<i>Associate Professor</i>
<i>Pathology H</i>	<i>R. Koteeswaran, MD</i>	<i>Associate Professor</i>
<i>Physiology</i>	<i>Angel Kurtev, MD Ph.D.</i>	<i>Professor</i>
<i>Neuro Physiology</i>	<i>William Keller, Ph.D.</i>	<i>Associate Professor</i>

PRE-CLINICAL *Naira Chobanyon, MD., Ph.D., Prof & Chair*

<i>Intro to Clinical Medicine</i>	<i>Naira Chobanyon, MD, Ph.D.</i>	<i>Professor</i>
<i>Pharmacology</i>	<i>Abdul Bukhari, MBBS, Ph.D</i>	<i>Professor</i>
<i>Physical Diagnosis</i>	<i>Ella France MD</i>	<i>Assistant Professor</i>
<i>Integrative Study of the Basic Sciences</i>	<i>Anne M. White, MD</i>	<i>Professor</i>

CLINICAL MEDICINE CORE CHAIRPERSONS

<i>Pediatrics</i>	<i>Arthur Maron, MD, MPA</i>	<i>Professor</i>
<i>Internal Medicine</i>	<i>Thomas Ferguson, MD</i>	<i>Associate Professor</i>
<i>Surgery</i>	<i>Sewell Dixon, MD</i>	<i>Professor</i>
<i>OB-GYN</i>	<i>Carl Pearman, MD</i>	<i>Associate Professor</i>
<i>Psychiatry</i>	<i>Patricia L. Hough,, MD, Ph.D</i>	<i>Associate Professor</i>

**LIST OF ALL STANDING COMMITTEES OF THE FACULTY:
NAME OF CHAIRPERSON MEMBERS:**

COMMITTEE

Admissions Committee
Curriculum Committee
Dean's Advisory Committee
Faculty Senate Relations
Hurricane, Evacuation and Safety Committee
Library, Computers and Archives Committee
Promotion and Academic Policies
Research Committee
Conduct and Discipline Committee
Student Council Committee (SGA)

NAME OF CHAIRPERSON

Drs. John Nekic & Lucille Collins
Dr. Dewan Raja
Dr. Igor Aksenov
Dr. Mark Dykstra
Mr. Marcello Azocar
Cathy Edelman MLS
Dr. William J. Keller
Dr. Andreas Lueck
Dr. William Cornell
Dr. Anne White

X. CHARACTERISTICS OF STUDENTS

MEDICAL STUDENT ATTRITION. IF MORE THAN ONE CLASS IS ADMITTED IN ONE CALENDAR YEAR, ADAPT THIS TABLE TO IDENTIFY EACH CLASS; SHOW STUDENTS WHO WERE ENROLLED DURING ANY PART OF THE YEAR BUT WHO WITHDREW OR WERE DISMISSED DURING THE CLASS YEAR REPORTED.

Reason for Withdrawal or Dismissal	Current year 1 year ago 2 years ago 3 years ago 4 years ago				
	2002	2001	2000	1999	1998
<i>Poor Academic Standing</i>	<i>1</i>	<i>4</i>	<i>6</i>	<i>6</i>	<i>3</i>
<i>Financial reasons</i>	<i>1</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>3</i>
<i>Transfer to medical school</i>	<i>1</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>2</i>
<i>Leave of Absence or other disciplinary reasons</i>		<i>7</i>	<i>5</i>	<i>2</i>	<i>0</i>
<i>Transferred to another International Medical School</i>	<i>2</i>	<i>9</i>	<i>7</i>	<i>6</i>	<i>3</i>
<i>All other personal and health reasons</i>	<i>1</i>	<i>3</i>	<i>3</i>	<i>5</i>	<i>3</i>
<i>Withdraw/Dismissed</i> TOTAL	<i>6</i>	<i>30</i>	<i>28</i>	<i>26</i>	<i>14</i>

Listed below all schools to which your students have transferred in the past two years and the number of transfers to each school.

School Name	Location	# of Transfers
Hahnemann University	US PA	2
University of Louisville	US KY	1
Marshall University	US WVA	2
Medical University of the Americas	Nevis	4
NEOUCOM	US Ohio	2
St. George's University	Grenada	1
St. Matthew's University	Belize	2
University of Sint Eustatius	Sint Eustatius	9
University of Buffalo	US NY	1
Finch/Chicago Medical School	US Illinois	3
University of Wisconsin	US WI	1

SELECTION OF MEDICAL STUDENTS

- A. (1). Chairperson of Admissions Committee: John Nekic, MD & Lucille Collins, Ph.D.
- (2). Administrative Officers for admissions program: David Fredrick, Ph.D.; Patricia Hough, MD, Ph.D.; Bernice Ouellet; Igor Aksenov, MD, Anne White, MD and William Keller, Ph.D

Outline and briefly describe the process of selection of entering medical students beginning with receipt of the application forms and ending with enrollment of the class. Cite all criteria for selection, (noting major ones)

- A including cognitive, noncognitive, personal health and other information about the applicant.

Prospective students may apply for admission to Saba University at any time throughout the year. Documents required for admission are as follows: a completed application form, application fee of US currency \$50.00, Birth certificate (copy), Health certificate/proof of Immunization to include rubella, diphtheria, tetanus, polio, tuberculin test within past year, Official transcripts from each college/university or professional school attended, MCAT scores, (official report), (optional-however the admission committee at their discretion may require MCAT or Dental Aptitude results.), TOEFL scores, (official report, if applicable), Two letters of recommendation from college professors or physicians well acquainted with their character and abilities, and two color, passport size photos. Once a student's application packet is complete, and the student is deemed to meet the admission criteria, the Admissions Committee will schedule a telephone conference call or personal interview.

The selection of students is based upon academic qualifications as well as personal maturity and motivation to become a responsible compassionate physician. Academically, students need to have a minimum of three years of coursework in an accredited college or university. This would include a minimum of 90 semester hours or 135-quarter hours. Preference is given to applicants who have completed a baccalaureate degree or higher.

Premedical studies should normally include: once academic year of general biology or zoology, once academic year of general inorganic and one year of advanced chemistry, one semester of physics is recommended, one academic year of English, and a broad background in humanities/social sciences is recommended. Degrees from non-U.S. or Canadian programs are evaluated by the World Education Services, Inc., P.O. Box 745, Old Chelsea Station, New York, NY. The decision regarding admission is normally made with one to two weeks. Formal acceptance letters are sent to all students indicating the starting semester, including a statement of acknowledgment to be returned within thirty days after the letter of acceptance is received. A tuition deposit of \$500 (nonrefundable) must be sent with the signed letter of acceptance. . The remainder of the tuition and fees are due forty-five days prior to the beginning of the admission semester.

- C. Are all selection criteria established by official faculty/university authority? Describe. Are all criteria published in a formal manner? How?

The Admissions Committee and the University Registrar established the selection criteria. The Board of Trustees approved it and it is published in the Medical School Catalog under the Admissions section.

The Admissions Committee uses a formal "Admissions Interview Rating Form" to keep the for each applicant uniform. See Exhibit F2i. All students are asked questions regarding their personal qualities, academic qualities, clinically related issues, and financial concerns.

- D. Is the ability of an applicant to finance his/her medical education considered as one of the for final selection? Explain.

The Admissions Committee does not consider finances a criterion for admission. (Note: Our tuition is considered to be the most reasonable when compared with other International Medical Graduate Schools.) The committee asks a prospective student how they plan on financing their education to make sure that the student has a plan. That is the opportunity for the committee to apprise the student about the loan option offered by the medical school. It also allows the student to ask questions about tuition, payment plans and room and board. Even if a student claims on their application that they are 100% self pay, the question is asked in their interview..."how do you plan on supporting your education?"

(Note: At present, there are financial student loan officers to help students make decisions about applying for, CANHELP, Teri Loans and Med Achiever Loans.)

Describe the process of selection of transfer students.

Depending upon space availability, consideration is given to applications for transfer in advanced standing from students at other medical schools. Transfer students must meet all documentation requirements of a new student. Transfer is accepted only from students attending schools listed by the World Health Organization who are in good academic standing. The following requirements must be met in making application:

- Credentials from the proper officer of the medical college attended must be presented showing that the applicant was a registered medical student and was in residence at the time for which credit is sought and that he or she met all financial and scholastic obligations
- . An original transcript of the record where work was completed or in progress.
- All transfers to advanced standing are considered individually and their acceptance is contingent upon the recommendation of the Admissions Committee, the recommendation of the Promotion Committee, the approval of the Chief Academic Dean, and the spaces available within the class to which admission is requested.
- Students with unsatisfactory records, or dismissal for any reason from other medical schools are not considered for admission to advanced standing
- Students wishing to transfer directly to the clinical sciences will stand a better chance of acceptance if they have passed the USMLE part I.
- In most cases a personal interview is required for transfer students.

Transfer credits are only accepted from students attending schools listed by the World Health Organization who are in good academic standing. Credentials from the proper officer of the medical college attended must be presented showing that the applicant was a registered medical student and 1) in residence at the time for which credit is sought and 2) that he or she met all financial and scholastic obligations. An original official transcript of the record where the work was completed must also be submitted. The Admissions Committee is asked to review the transfer application and makes its recommendation to the Dean.

INDICATE THE NUMBER OF STUDENTS IN THIS CLASS FOR EACH OF THE FOLLOWING CATEGORIES: Note: a minimum of 90 semester hours is required to enter Saba University

A. ENTERING CLASS 2002

<u>Premedical grade average</u>		<u>Years in college</u>		<u>Highest earned degree</u>	
1. Superior (A or 3.6-4.0)	20	1.2 years or less	N/A	1. Baccalaureate	104
2. Good (B or 3.0-3.5)	83		N/A	2. Masters	9
3. Fair (C or 2.5-2.9)	32	2. 3 years	123	3. Doctorate	5
4. Poor (Less than 2.5)	2	3. 4 years or more		5. Other	14
				6. Foreign School	3
Total	137	Total	123	Total	137

B. ENTERING CLASS 2001

<u>Premedical grade average</u>		<u>Years in college</u>		<u>Highest earned degree</u>	
1. Superior (A or 3.6-4.0)	39	1.2 years or less	—	1. Baccalaureate	98
2. Good (B or 3.0-3.5)	54			3. Masters	4
3. Fair (C or 2.5-2.9)	31	2. 3 years	121	3. Doctorate	6
4. Poor (Less than 2.5)	3	3. 4 years or more		4. Other	6
				5. Foreign School	3
Total	127	Total	121	Total	127

C. ENTERING CLASS 2000

<u>Premedical grade average</u>		<u>Years in college</u>		<u>Highest earned degree</u>	
1. Superior (A or 3.6-4.0)	36	1.2 years or less		1. Baccalaureate	66
2. Good (B or 3.0-3.5)	53	2. 3 years		2. Masters	8
3. Fair (C or 2.5-2.9)	316		90	3. Doctorate	5
4. Poor (Less than 2.5)	3	3.4 years or more		4. Other	17
				5. Foreign School	11
Total	107	Total	90	Total	107

D. Entering Class 1999

<u>Premedical grade average</u>		<u>Years in college</u>		<u>Highest earned degree</u>	
1. Superior (A or 3.6-4.0)	41	1. 2 years or less		1. Baccalaureate	106
2. Good (B or 3.0-3.5)	84	2. 3 years		2. Masters	17
3. Fair (C or 2.5-2.9)	21	3. 4 years or more	135	3. Doctorate	9
4. Poor (Less than 2.5)	2			4. Other	16
				5. Foreign School	3
Total	151	Total	135	Total	151

E. Entering Class 1998

1.		Superior (A or 3.6-4.0)	42	1. 2 years or less	1. Baccalaureate	93
2.		Good (B or 3.0-3.5)	67	2. 3 years	2. Masters	5
3.		Fair (C or 2.5-2.9)	20	3. 4 years or more	3. Doctorate	9
4.		Poor (Less than 2.5)	3	4. Other	4. Other	9
5.				5. Foreign School	5. Foreign School	63
Total	132	Total	132	Total	Total	132

*****NOTE: Above GPA's include Canadian students. In Canada, the average grade is a C and a GPA of 3.0 or above qualifies for a BSc with honors.**

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XII. STUDENT AFFAIRS: PERSONAL COUNSELING, FINANCIAL AID, HEALTH

- 1. Who is in charge of student affairs?

Name Anne Margaret White, MD

Title Assistant Dean

Academic degree(s) M.D., F.R.C.P.

Date of Appointment: April 2002

- 2. Student Records:

- a. Is there a central file within the medical school (e.g. Dean's office, medical school registrar's office, etc.) containing student records?

Yes No Where?

- b. If YES, indicate which records:

Premedical credentials (transcripts, letter of recommendation, interview resume, MCAT scores,
 Academic record of medical school performance

Faculty comments on performance

Counselor's comments or recommendations

Other (please specify)

1. Are all these records available to each student for feedback on performance and/or correction of errors?
- Explain below:

In accordance with the Family Education Rights and Privacy Act of 1974, Saba University School of Medicine students have the rights to review, inspect, and challenge the accuracy of information kept in the cumulative file by the institution. Records that may be released to the student for review include: grade and evaluation reports and transcripts which relate to student progress. Student progress notes held by individual faculty which are not part of the student's official file cannot be released. Students are encouraged to call in, fax or e-mail the Clinical Medicine Department to go over their records individually. The medical school asks that students keep in close contact with that department to assure the utmost accuracy with their information. Once investigated, the information is changed in their record and the database, if it is deemed appropriate to do so. Prior to graduation, students receive a copy of their grade report. They are asked to go through it, checking it for accuracy. If preceptors' names are not correct, or grades, dates, step scores or hospital names are incorrect, staff research the situation and amend it. (Note: Upon the end of the medical school program and upon receipt of their MD degree, a student may receive a copy set of all their grades and evaluations.)

2. Describe the situation for housing of students; (b) at clinical locations. Does the school operate any housing facilities?

Home and community settings

Mathew Dorm is a privately owned facility that was built in 1995, exclusively for SABA University medical students. The dorm is located in The Bottom within walking distance from the main campus. The Mathew Dorm can accommodate thirty-eight students based on double occupancy. Based on availability, single occupancy may be provided. Each room is fully equipped with a private bath, 2 locked walk-in closets, ceiling fan, air conditioning, refrigerator, microwave, twin beds, desks, chairs and lamps. Laundry facilities are located on the bottom floor of the premises as is a snack bar. All new incoming unaccompanied students, single or married, are required to stay in the dorm during their first semester, thereafter, for subsequent semesters, students must live off campus. There is a housing coordinator to assist students with community housing. Residing in the dorm will give students an opportunity to meet classmates, become oriented with the island and the school, and form study groups that may lead to future roommates for off-campus housing. Its location next to the main campus allows easy after hour access to the anatomy lab and the library.

Clinical Locations

A few major hospitals offer the student room and board as part of their rotation.

Students are sent a confirmation sheet & packet of information upon scheduling of a rotation. The packet of information contains possible housing located in the geographic location of the hospital. Students are responsible for these arrangements. Students form email networks and often pass on housing as they rotate to new locations. Every attempt is made to place students according to geographic preference and to minimize mobility for families with children.

•XTV. FACULTY

MEDICAL SCHOOL FACULTY MEMBERS (include those salaried by affiliated hospitals)

Medical School Faculty Members — Residents and Fellows should not be included unless actually serving as faculty members. When joint appointments are held, include only once and in the department of major appointment. The total column should equal the total number, full-time positions. Data are for 20 to 20 . (Use most recent data available)

Basic Science	Full-Time					Total Full-Time	Part-Time (Paid)	Volunteer (Unpaid)
	Professor	Associate Professor	Assistant Professor	Instructor and other				
Anatomy	1	2				3	1	
Biochemistry		1				1	1	
Microbiology	1		1			2	1	
Pathology	1	2				3		
Pharmacology	1	1				2		
Physiology	1		1			2	1	
Hyperbaric		1				1	3	
Clinical Medicine	2					2	1	
Legal Issues in			M e d i c i n e			1	1	
Physical Diagnosis		1	1			2		
Medical Psychology			1			1	1	
Psychology/Neurosciences		1				1	1	
Healthcare Economics	1					1		
Epidemiology — Public Health		1				1	1	
Medical Infomatics			1			1	2	
Histology/Embriology	1		1			2		
Genetics & Cell Biology	1					1		

SCHOOL

Basic Science Totals	10	10	7		27	14	.
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XV. PHYSICAL PLANT

' General

<i>Building Name</i>	<i>Year Completed</i>	<i>Cost in US\$ & Local Currency</i>	<i>Square Ft. useable for Education</i>	<i>Location on Campus or other (specify)</i>	<i>Function</i>
Round Hill	2000	\$2,800,000	23,500sq'	Main, The Bottom	Classrooms, labs& admin
Johnson Library	2001	\$1,600,000	14,000 sq'	Main, The Bottom	library/computers
Library Annex	1986	Leased	2,500 sq'	Windward-side	computer lab
Peterson Bldg	1995	Leased	1,400sq'	Windward-side	Research/Group Study
Spec. Svcs Annex	1965	Leased from Govt	4,000 sq'	The Bottom	Physical Dx lab, Student Health. Study Hall, Storage
Storage Bldg	1997	\$55,000	800 sq'	Cove Bay	Storage

Classrooms (for lectures) Teaching Facilities: **Round Hill Campus**

<i>Classes</i>	<i>Building</i>	<i># Seats</i>	<i>Sq'</i>	<i>Audio/visual equipment per classroom</i>
'Classroom 1	Main	50	1221 sq'	LCD projector, slide projector, overhead projector, television monitors, computer
Classroom 2	Main	50	1206 sq'	as above
Classroom 3	Main	50	1075 sq'	as above
Classroom 4	Main	50	1224 sq'	as above
Anatomy	Main	8 tables	1730 sq'	as above with shower and sinks; dissection tables
Histology/Pathology	Main	50	1075 sq'	as above with microscopes: 5 trinocular camera ready; 4 dual teaching a 5- headed teaching microscope
Microbiology/Immunology	Main	50	1224 sq'	as above
Physio/Bochem lab	Johnson, third floor	50	1,200 sq'	as above plus lab equipment
Physical Diagnosis	Johnson, third floor	50	1000 sq''	Exam tables, CPR instruction, ECG, casting, blood drawing aids

- TEACHING FACILITIES

'STUDENT LABORATORIES: CHECK ONE

Anatomy: Dissecting Room	Yes	<input checked="" type="checkbox"/>	No
Anatomy: Microscopic Room	Yes	<input checked="" type="checkbox"/>	No
Biochemistry Lab	Yes	<input checked="" type="checkbox"/>	No
Microbiology Lab	Yes	<input checked="" type="checkbox"/>	No
Physiology Lab	Yes	<input checked="" type="checkbox"/>	No
Pathology Lab	Yes	<input checked="" type="checkbox"/>	No _____

Others: (list): Physical Diagnosis Lab

Number of Human Cadavers: Eight (8) cadavers per semester per class (avg. size 48)

Number of Students per Human cadaver per Lab period:

Depending upon the teaching assignment, there could be between five to seven medical students at each cadaver teaching station.

***Number of Human Cadavers used in a single anatomy course:**

∞At SUSOM, there are eight cadavers per semester per class. In addition, there is one (1) pro section cadaver. It is understood that the class/lab is divided into two teaching groups. At each session, half of the lab class goes to the following learning stations. Learning Station A starts with the pro section demonstration with bone lab accompanied by radiology instruction and then attends to Learning Station B which is the active dissection portion. There is a separate radiology viewing room in the back of the anatomy lab.

Are any Human Cadavers used in more than one Anatomy Course?

Yes _____ No

Do any students other than medical students use Human Cadavers used by the medical students?

Yes _____ No

Number of Cadaver Tables:

Average of eight student cadaver tables plus one instructor table at the pro section-demonstration table. The anatomy lab will accommodate up to 12 cadaver tables.

laNumber of Student Seats:

∞Six students can work comfortably at each work station.

Number of Microscopes:

SABA University maintains 125 compound microscopes and the following:

40 5-trinocular viewing microscopes/camera ready; 1-five headed teaching microscope; 2-biocular teaching microscopes; four video conferencing microscopes; Olympus Fluorescent Photomicroscope and digital camera.

Number of Student Chemical Bench Spaces:

For the courses in biochemistry and physiology, there exist six chemical bench area spaces for laboratory work. This allows for seven (7) students at a work space bench area in a laboratory measuring 40 feet by 30 feet. (Note: Each 1200 sq feet facility has audiovisual viewing resource capabilities.)

Number of Student Work Seats:

For the courses in histology/cell biology, microbiology/immunology, neuroscience and pathology, there are fifty seats which allow for microscope viewing activities as well as organ display areas. (Note: Facilities have audiovisual viewing resources.)

For the course in Introduction to Physical Diagnosis, the laboratory setting has 6 examining areas with office type examination furniture. Students are able to practice skills in small groups and examine community volunteers under supervision.

Special Resources

Aii Medical Photography and Illustration/ digital camera	Yes	X	No
Electronics Shop	Yes	X	No
Computer, Data Processing	Yes	X	No
Note: 60 computers in testing lab			
Printing, Duplicating & Reproduction Shop	Yes	X	No
Machine Shop	Yes	X	No
Audio Visual-multiple media viewing area	Yes	X	No _____

Space for **0** dogs Oguinea pigs
mice **0** cats _____
0 rats 0 other(List)

XV. LIBRARY

A. (1) Name of Librarian: Pamela White, M.L.S./Cathy Edelman, M.L.S.

(2) Year appointed: 2001(White) 2002 (Edelman) Professional Degree: M.L.S.
White: University of California 1990 and Medical Informatics from Oregon Health Sciences University;

Edelman: Florida State University

(3) To whom does the Librarian report?

Associate Dean of Basic Sciences and Chief Operations Officer

B. List Professional Schools that this Library serves:

SABA University School of Medicine

C. (1) How many hours per week is the Library open?

88 Hours

(2) Note: below the opening and closing hours of the Library for each day of the week.

Day *Opening Time* *Closing Time*

Sunday	9:00 a.m.	11:00 p.m.
Monday	11:00 a.m.	11:00 p.m.
Tuesday	11:00 a.m.	11:00 p.m.
Wednesday	11:00 a.m.	11:00 p.m.
Thursday	11:00 p.m.	11:00 p.m.
Friday	11:00 p.m.	11:00 p.m.
Saturday	9:00 a.m.	11:00 p.m.

***Hours are based on class schedules. All students for all 5 terms are in class until 11:00 a.m. when staggered breaks and lunch period begin.**

Students are only allowed access to the main library during the hours that the library is open. Under supervision of a faculty member or library staff member, special tutorials may be arranged in the Learning Resource Center or in the Conference Room.

D. (1) Holdings (indicate below):

# Volumes end of Vast year	# Volumes added this year	# Serial titles received end of year	Participates in interlibrary loans
Medical School or Health Center Library	3400 books currently with additions throughout the year	280 Periodicals- Saba University also subscribes to Medline and OVID Online	Yes
University Hospital Library	NA	NA	NA
*Affiliated Hospital Libraries (List all)	Please see exhibit		

**To be interpreted as any hospital in which any student is currently earning any credit toward the MD degree.*

2. List below the kinds of interlibrary loans in which each of the libraries above participate:

- *Netherlands Institute for Scientific Information Services (NIWI), Amsterdam, Netherlands*
- *PROSPERO Electronic Document Delivery System: Prior Health Sciences Library at The Ohio State University, Columbus, Ohio*
- *Regional Interlibrary loans are available through St. Elizabeth Hospital in Curacao, Netherlands- Antilles*
- *International Library Loans are available through Boston University School of Medicine Alumni Medical Library, Boston, MA*
- *Saba University is able to obtain additional interlibrary loans for a nominal charge from the Coy C. Carpenter Library at Wake Forest University School of Medicine.*
- *Saba University students and faculty have access to full text journals through the Library's subscription to journals through OVID Online and through Medline.*

(5.) Facility

	Square Meters	Seating Capacity
a. Reading areas	3228 sq ft	60
b. Stacks	2980 sq ft	
c. Offices	520 sq ft	6
d. Staff workspace	597 sq ft	3
e. Storage, off-site	328 sq ft	
f. Conference rooms	1166 sq ft	20
g. Audio Visual Rooms	3186 sq ft	14
h. Study carrels		53
i. Other (Peterson Bldg Windwardside)	1395 sq ft	12 study cubicles

(6). Circulation:

a. Total number of volumes circulated outside library: 3122 volumes/yr

b. Interlibrary loans: Number loaned: 4 Number borrowed: 94

407). Budget: (US dollars)

1. Acquisitions, expenditures US: \$42 700
2. Salaries, wages, etc US: \$79,400 *with 8% fringe benefits*
3. All other expenses US: \$103,500
4. Total expenditures for 2001 US: \$ 226,000

(8). Number of Staff:

1. Professional full-time librarian: 1
2. Assistant full-time librarian: 1
3. Library Aides: 4
4. Part-time Help 6

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I.. Facility Operations

A. Opening & Closing

The library director will open _____ dur _____ the week. Staff scheduled to work in the evenings. will close the _____ thy, library, making sure everyone has left, that the lights have been turned off, and the door is locked. The bathrooms should be checked and the computers left on.

B. Managing in the Absence of the Library Director.

If there is a medical emergency, staff should one A. i Edwards Medical Center at 416-3288. If there is a safety cr seca _____ issue, call 416-3222.

C. Comp

- 1.Students are not pern _____ d to download programs o: computers.
- ?.Students wishing to use the computers for research or _____ apers have priority over those wishing to send e-mail,
- 3.There is a half hour limit on computer use for e-mail when others are waiting.
- 4.Anyone caught viewing pornographyi. _____ libr • will be asked to leave the library. Repeat offendersmay is e barred fr m the library.

Collection Development

A. Selection criteria

..Library materials are select _____ o support the educational :ind clinical preparatoryini:5Si011 of Saba University School of _____ diciri- Books and mult]tr _____ purchased in the areas of the he _____ emphasiz _____ urriculum:

- a. Anatomy
- b. Histology
- . Cell Biology
- d. Biochemistry
- e. Biomedical Ethics
- f. Neurology
- g. Pharmacology
- h. Physiology
- i. Public Health
- j. Psychiatry

eding

- 1.The library colic _____ l _____ seed. annir _____ for outdated or damaged materia _____ these i _____ ill he. with,ir _____ om the library..

C. Donations

- 1. The library accepts donations of books, less than the scope (see selection criteria) of the collection. scold; within
- 2. The library reserves the right not to accept donations of donated materials. id to dispose of

ation

A. Students may check out up to circulating books at a time. Books circulate for 1 week. Exceptions may be made for faculty. Books may not be checked out unless they are brought into the library.

B. Overdue material

- 1. Overdue items will be charged \$1 per day, with a maximum fine of the cost of a new copy of the item.
- 2. Patrons will be issued a Fine Notice. They must pay their fine to the Administrative Office in The Bottom, have the notice stamped Paid by the Administrative Office, and return the notice to the library Circulation Desk.

Statistics monthly statistics: Circulating items

- A. Circulation
- B. Overdue items
- C. Lost items
- D. Stolen items
- E. Use of Ovid journals
- F. Patrons in library

V. Photocopies

- A. Photocopies are to be made by library patrons only. Students are not permitted to make their own photocopies. Student photocopies must be made with a copy card purchased from the Administrative Office in The Bottom.
- B. Charges are .10 per copy.

Journal Titles as of 06/02

ACP Journal Club (American Odle	
Advanced Practice in Acute & Critical Care	
Advances in Physiology Education	OVID
AIDS	
INDS Patient e and STDs	<i>E OVID</i>
:Alcoholism finical & Experimental Resear	
IAIZheirrer Disease & Associated Disorders •	A
* Art	
* Art	
* Art	
:American journal Obstetrics&L,vi ecology	OVID
"American Journal of PoThology	
:American Journal of Physical Med, and Rena	
American Journal of r entier Medicine	Print
1American Journal of Pss) a ,	OVID
Amer:can	OVID
iAmerican Journal of	edir Print
American Journal ntgenol 3	
American Jour al s Mei	
:American Journal	
'American Journal of Pathology	
:American Journal of the Medical , c:	
:Anesti:ic:ila & Analgesia	
* Art	
:Ar"thesioln	
Annals of Aile As 1 y	
Annals or Emergency Meds ine	
<u>Annals</u> of Internal tvledicne	OVID
'Annals cif Pharmacothere	e
Annals of Surgery	
iAnnals of <u>Surgical</u> Oncology	
Annual Review of Biochemistry	
Annual <u>Review</u> of Genetics	Print
Annual Review of Immunology	Print
<u>Annual</u> Review of Neuroscience	
Annual Review of Nutrition	
Annual Review of Pharmacology-Toxicol	
Annual Review of Physiolo(,3y	Print
Anti-Cancer Drugs	
<u>Applied Immunohistochernistry & Molecule I</u>	#1

Available through OVID

Availaole through PubMed

SABA Univers! Sch ol of Medicine

Journa T i s of 06w2

*	Archives of Environmental Health	OVIC
	Archives of General Psychiatry	Print
#	Archives of Pathology and Lab Medicine	Print
*	Archives of Physical Medicine & Rehabilitation	Print
*	Archives of Thrombosis and Vascular Disease	Print
#	Archives of Research	PubMed
*	Archives of Ophthalmology	LWW
*	Archives of Behavioral Pharmacology	LWW
*	Blood Coagulation & Fibrinolysis	LWW
*	Blood Pressure Monitoring	LWW
*	British Medical Journal	OVID
#	British Medical Association	PubMed
#	Bulletin of the Medical Association	PubMed
#	Bulletin of the World Health Organization	PubMed
#	Canadian Medical Association Journal	PubMed
	Cancer	Print
#	Cancer Control	Print
*	Cancer Journal for Clinicians	Print
*	Cancer Nursing	Print
	Cell	Print
*	Cell	Print
#	Chronic Diseases in Canada	Print
*	Clinical Geriatrics and Nursing	LWW
*	Clinical Geriatrics	LWW
*	Clinical Geriatrics	LWW
	Clinical Anatomy	Print
	Clinical Geriatrics	Print
*	Clinical Journal of Pain	LWW
	Clinical Journal of Sports Medicine	LWW
*	Clinical Microbiology	LWW
*	Clinical Nuclear Medicine	LAM
*	Clinical Obstetrics and Gynecology	OVID
*	Clinical Ophthalmology & Related Research	Print
*	Clinical Pediatrics	OVID
*	Clinical Pharmacology & Therapeutics	Print
	CMS Spectrums	Print
*	Cornea	LWW
*	Coronary Artery Disease	LWW
#	Critical Care	PubMed
*	Critical Care Medicine	LWW
*	Current Opinion in Anaesthesiology	LWW
*	Current Opinion in Cardiology	LWW
*	Current Opinion in Clinical Nutrition 1-4	Metabolic Care
*	Current Opinion in Critical Care	LWW
*	Current Opinion in Endocrinology & Diabetes	LWW
*	Current Opinion in Gastroenterology	LWW
*	Current Opinion in Hematology	LWW
*	Current Opinion in Infectious Diseases	LWW
*	Current Opinion in Lipidology	LWW

Cornea

Available through OVID

Available through PubMed

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Current Opinion in ObstetricS & Gynecology	LWW-1
Current Opinion in Nephrelogy & ItypertelSIOTI	iVvi'
* !Current Opinion in Neurology	DI! VAI
* !Current Opinion in Oncology	
* Current Opinion in Opthaimoicgy	
* Current Opinion in Organ Transplantation	
* : Current Opinion Otolaryngology & Head and Neck Current	
Opinion in Pediatrics	LWW
Current Or in Psychiatr:ily	LWW
Current Or in Pulp :edicine	LWW
'Current Op ion in Rheuma,otogy	LWW
* : Current Opinion in Urology	LWW
# 'Developmental Biology	LWW
* : Diabetes	LWW
* ! Digestive Diseases and Sciences	PubMed
§ ! Diagnostic Molecular Pathology	OVID
• : Diseases of the Colon & Rectum ;Ear and Hearing	LWW
! Emerging Infectious Disease Endocrinologst, The	OVID
a f EnCecrinoiogy	# LWW
	(Print
	LWW
• Epidemiology European journal of Cancer Prevention	D
European JUL: oi Gastroenterology and Hepatolo'	
* : Evidence Bas, ; Ji HE ; ; ; scare	O\110
Evidence Based Medicine	Print
erin tai Biology and Medicine	PubMed
; actice Management	PubMed
# Ex&. Sterility	
# Fa# - rontiers in Bioscience. 2 i . p b r f i v n l e t	
Gastrointestinal Endoscopy	
Gastroenterology. Nursing	
• Genetics in Medicine	
• :Geriatrics	Me
The Gerontologist	T]rit
* Gut	
4 1 H a e m a t o l o g i c a P u b M e d 4 ;Harvard	
Health Publications	PubMed
;Healthcare Informatics	PubMed
* 'Health Care Management Review	OVID
Health Physics: The Radiation Safety Journal	LNiy\fy

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Hospital Practice
• Hypertension
*_ :Hospital Topics
* Hypertension

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¹Current Opinion in Orthopaedics

- international Journal of Gynecological Pathology
: International Journal of Pharmaceutical Medicine ; !
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Journal Titles as of 06/02

* International Ophthalmology Clinics	
* Investigative Radiology	LW
JAMA - The Journal of the American Medical Association	LW
* Journal of Acquired Immune Deficiency Syndromes & HIV	LW
:	
i Journal of Allergy & Clinical Immunology	OVID
: Journal of Alternative & Complementary Medicine	Print
* Journal of the American Academy of Child & Adolescent Psychiatry	LW
: Journal of the American College of Cardiology	Print
: Journal of the American College of Surgeons	Print
: Journal of Applied Physiology	Print
i Journal of Biochemistry (Tokyo)	1 PubMed
:	
Journal of Cardiovascular Pharmacology	1 LW
Journal of Cardiovascular Risk	LW
Journal of Cell Biology	Print
:	
Journal of Cerebral Blood Flow and Metabolism	LW
: Journal of Clinical Endocrinology & Metabolism	OVID
Journal of Clinical Ethics	Print
Journal of Clinical Gastroenterology	W
:	
Journal of Clinical Investigation	OVID
Journal of Clinical Neurophysiology	LW
Journal of Clinical Oncology	LW
:	
Journal of Clinical Pathology (Molecular)	OVID
Journal of Clinical Psychiatry	Print
Journal of Clinical Psychopharmacology	
Journal of Computer Assisted Tomography	
Journal of Developmental & Behavioral Pediatrics	
Journal of ECT	LW
Journal of Endocrinology	LW
# Journal of Endovascular Therapy	PubMed
Journal of Experimental Medicine	Print
:	
Journal of Family Practice	
Journal of Gerontology	Print
Journal of Hypertension	
Journal of Immunotherapy	
Journal of Infectious Disease	Print
Journal of Intravenous Nursing	LW
Journal of Laboratory & Clinical Medicine	OVID
Journal of Medical Genetics	OVID
Journal of Medical Microbiology	LW
:	
Journal of Nervous and Mental Disease	OVID
Journal of Neurological Surgery	Print
Journal of Neurosurgical Anesthesiology	OVID
Journal of Nervous and Mental Disease	LW
Journal for Nurses in Staff Development (NSO)	LW

Available through OVID
Available through PubMed

mic Plastic & Reconstructive Surgery I LWW

• Optometry and Vision Science

Plint

• Oral Surgery, Oral Medicine, Oral Pathology, Oral I °VIC

• Otolaryn
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Pancreas ; ;

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SABA University School icine
Journal Titles as of 06/02

Pediatric Emergency Care	
Pediatric Infectious Disease Journal	
Pediatric Research	----
Pharmacogenetics	
Physiologist	
Plastic & Reconstructive Surgery	
Post Graduate Medicine	F
Pressure	v
Psychiatric Annals	Print
Psychiatric Genetics	
Psychosomatic Medicine	→
[Plastic & Reconstructive Surgery, Radiology, and Endodontics]	
Research Activities	Print
Rheumatology	
Sexually Transmitted Diseases	
Science	Lv
Sutherland Medical Journal	ed
Spine	
Stern	
Stoke	
Stroking Clinics of North America	
Stroking, Endoscopy & Percutaneous	
Synergies and Human Retrovirology Therapeutics	'
Drug Monitoring	
Topics in Magnetic Resonance Imaging	
Transplantation	
Undersea and Hyperbaric	
Urologic Clinics of North America	Prrr

Available through OVID

Available through PubMed

AFFILIATED HOSPITAL LIBRARY HOLDINGS

Affiliated Hospital Library	# Volumes end of last year	# Volumes added this year	# Serial titles received end of '00	Participates in Interlibrary loans
Atlanta Behavioral Care/Ridgeview Hosp.	pending	pending	pending	pending
Bridgeport Hospital	2,600	281	360	Yes, Docline
Brookdale Hospital	500	500	380	Yes, Docline
Cape Cod Hospital Center	6,276	220	238	Yes, Docline
Cape Fear Valley Health System	3,000	234	180	Yes, Docline & OCLC
Cherry Hospital	2,422	84	63	Yes, Docline
Columbus County Hospital	357	10	0	20
Greater Southeast Community Hospital	2,000	(not in budget for 2000)	(not in budget for 2000)	Yes
Harbor Hospital	2,552	0	150	Yes, Docline
Holy Cross Hospital	5,910	570	105	Yes, Docline
Jackson Park Hospital	250	29	49	Docline
Kansas City VA Medical Center	4663	0	135	Yes
Lafayette General Hospital	pending	pending	pending	pending
Leonard J. Chabert Medical Center	897	143	113	Yes
Memorial Regional Hospital	500	889	145	National Library of Medicine/Docline
Michael Reese Hospital	pending	0 as of 1/01	35 active	Yes
North Colorado Medical Ctr	pending	110	120	Yes, Docline & OCLC
Peninsula Hospital Center	900	100	76	Yes, Docline
Provena St. Joseph's Hospital	800	48	70	Docline, Dupage Library System, ILLINET, & National Library Greater Midwest Region
Robinson Memorial Hospital	1897	106	105	Yes
Sacred Heart Hospital	3,061	0 as of 2001		
South Fulton Medical Center	pending	pending	pending	pending
Spring Grove Hospital	2,500	10	20	Yes
St. Anthony's Hospital	350	20	12	Yes, National Medical Library, Chicago, IL
St. Luke's Hospital	16,500	20	450	Yes, Docline and OCLC
St. Mary's Hospital	13,000	400	280	Yes, Docline
Union Memorial Hospital	2,000	159	316	Yes
Winding Roads Health Consortium	200+	0 for 2001		Yes, Learning Resource Center