

NEW YORK STATE EDUCATION DEPARTMENT

Report of a visit to the

Saba University
School of Medicine

January 13-16, 2003

and

Administrative Offices, Gardner Massachusetts

April 4, 2003

and

The Brookdale University Hospital and Medical Center
Peninsula Hospital Center of North Shore-Long Island Jewish Health System
Lincoln Medical and Mental Health Center

April 21-22, 2003

May 28, 2003

INTRODUCTION

The objective of the site visit was to evaluate the preclinical component of the program of medical education of Saba University School of Medicine that takes place on Saba, NA and the clinical component of the University's program of medical education that takes place in New York State. The major purpose of the visit to the campus on Saba was to assess that part of the University's program of medical education, primarily the basic medical sciences, which prepares students for clinical training. The purpose of the visit to Brookdale University Hospital and Medical Center, Peninsula Hospital Center of North Shore-Long Island Jewish Health System in Brooklyn, and Lincoln Medical and Mental Health Center in the Bronx, and the Administrative Office in Gardner, Massachusetts was to assess the clinical training offered to medical students, to review faculty and student records, and to meet with academic and administrative officers of the University regarding the structure for monitoring and supervising clinical training that takes place in New York State.

The Team

Ian Porter, M.D.

Medical Director

Albany Medical Center

Albany NY

Thomas J. Monahan, M.A.

Executive Secretary

New York State Board for Medicine

Albany NY

Rafael Olazagasti, M.D.

Vice President of Medical Affairs and

Network Development

Benedictine Hospital

Kingston, NY

Douglas P. Elkins, M.S.

Assistant Executive Secretary

New York State Board for Medicine

Albany, NY

Richard Edmonds, PhD

Albany Medical College

Executive Associate Dean (retired)

Albany, NY

Leo Sullivan, M.D.

Consultant in Neurology

Intervale, NH

Activities of the Team During the Evaluation

The team members reviewed individually all of the materials provided by the University prior to the visit. These included the Data Base Document, the appendices to it, and various informational handouts distributed during the site visit. Student and faculty records and curricular materials were examined in Gardner, Massachusetts and at Brookdale University Hospital and Medical Center, Peninsula Hospital Center of North Shore-Long Island Jewish Health System, and Lincoln Medical and Mental Health Center,. The team inspected academic facilities on Saba and hospital facilities in New York State. The team members also interviewed administrative officers, faculty members, support staff, and students on Saba, in Gardner, Massachusetts, and in New York State. On the basis of these activities, the following observations related to appropriate sections of the Guidelines for the Evaluation of Medical Programs are presented with the respect to the program of medical education offered by Saba University School of Medicine.

FOREWORD

SABA University School of Medicine began in 1986 as an initiative conceived by the Government of Saba. In June 1986, members of the Saba Government met with Dr. David Fredrick, a medical educator from the United States, to begin discussions on establishing a medical school in the Netherlands-Antilles. The Netherlands-Antilles is a group of five islands located in the Dutch West Indies that belong to the Kingdom of the Netherlands. Prior to this time, no other medical school had been developed in the Netherlands-Antilles, although there had been a long-standing history of accepting senior medical students from the Kingdom of the Netherlands (Holland) into local hospital rotations and residency/internship programs.

The reasons for considering the development of a medical school on Saba were economic, social, and educational. Saba realized the positive economic impact that a medical school could bring to its citizens. Saba had considered many other businesses and industrial ventures, but did not want any industry that might pollute their historically pristine environment. However, with a medical school, all the citizens could potentially benefit by renting apartments, increased quality & quantity of goods in grocery stores, and generally greater revenue for all businesses. Through academic scholarships, local students would be encouraged to remain on Saba for a part of their education rather than going abroad. And, the mere presence of two hundred medical students and faculty also has a positive impact on the social structure of this small country.

Notwithstanding, the Saba Government also considered the potential negative consequences that might result from increasing the population by nearly 20% over a five-year period. Considerable planning went into recruiting students and maintaining a positive working relationship with the government and local citizens. It was conceived from the very beginning that SABA University would always maintain a small, but high quality student enrollment that would not overload the infrastructure

of the island.

Development of the medical school curriculum, policies and procedures took place over a two-year period from 1986 to 1988, when a proposal for the school of medicine was submitted to the Federal Government of the Netherlands-Antilles in Curacao for approval. Part of the review process by the Department of Education at the Federal level, included a series of meetings and a site visit by a team appointed by the Governor General. The evaluation team submitted their final recommendation on March 21, 1989, that Saba University School of Medicine be listed by the World Health Organization. This recommendation was then forwarded to the Kingdom of the Netherlands in Holland for further evaluation and approval. Between 1989 and 1992, officials and consultants from the Netherlands-Antilles held several meetings and final approval was granted in 1992. On October 29, 1992, a charter was granted by the Government of Saba for the establishment of the SABA School of Medicine as a non-profit Foundation in the Netherlands-Antilles. In 1992, the SABA School of Medicine Foundation created a Board of Trustees that is responsible for the overall administration and direction of the medical school. Between 1992 and 1999, the number of members on the Board of Trustees increased from four to eight, including representation from the Saba Government, international medical education, the community at large and financial advisors and consultants.

The first group of 20 medical students began matriculation in September 1993. The initial five-year goal was to admit 20 students per semester, with a maximum enrollment of 100 students in the basic sciences on Saba, followed by an equal number of 100 students in the clinical medicine program. By 1997, the five-year goals established at the inception of the medical school had been achieved. In June 2000, Saba University graduated 96 students and placed 95% in residencies throughout the United States. Presently, Saba University has a total enrollment of approximately 400 students.

In February 1999, the Federal government of the Netherlands Antilles in Curacao, conducted an

“Impact Study on Saba University School of Medicine” for the island of Saba. Although the study was conducted using financial and demographic information through 1998, the results were extremely positive. According to the report, in 1998 Saba University contributed nearly 20% of the entire Gross Domestic Product (GDP) to the Saba economy with the prediction that the contribution to the GDP would increase to 50% with the future growth of the school. Benefits to the islands overall education, health care, and social structure were also cited.

Goals and Objectives of the School of Medicine

Saba University School of Medicine seeks to provide a comprehensive basic and clinical medicine education program that produces physicians who are proficient to meet health care needs in the Netherlands-Antilles and other countries. This mission is being accomplished by collectively defining the latest medical science strategies for the treatment and management of patients in a broad range of social and economic settings. Students are prepared properly to demonstrate the professional and clinical skills needed for medical problem solving, health promotion, patient care, community services, research and scholarship.

GOALS

1. The preparation of medical students for the study and practice of medicine through the motto of Saba University, “Education for life.” Saba University focuses on the obligation of the medical professional to engage in continual study through a life long commitment to improve knowledge and continue development of professional skills. The concept of “education for life” also implies the obligation of the medical professional to interact with the larger public and private health sectors and to impart concepts of prevention to patients and larger institutions.

2. Service to the island population of Saba as well as the greater Netherlands-Antilles populations through improvement in local health care delivery, the provision of expert medical consultation, and the donation of equipment and supplies to local health care facilities. The medical school will participate with local agencies such as Red Cross, Hurricane Emergency Committee, Visiting Home Care Nurse, the Saba Marine Park Hyperbaric Facility, and the A. M. Edwards Hospital to provide routine and emergency services to the island population.

3. Promotion of research through epidemiological and scientific investigative projects that benefit the island of Saba as well as the regional population. Such research should provide a database for the identification of prevention of health related problems. The medical school has the additional obligation of participating in health education projects for the A.M. Edward Hospital staff, the Red Cross and the local public schools. The medical school shall participate directly with the Saba Marine Park and Hyperbaric Facility in the implementation of regionally related research projects.

OBJECTIVES

- To provide a foundation in the sciences, basic to the study of medicine
- To integrate the basic sciences with the clinical sciences
- To provide exposure to the clinical skills, procedures and knowledge that are fundamental to medical practice
- To progressively acquire and extend scientific philosophy concepts and techniques to the practice of medicine
- To understand how patient deviation from proper health needs to be recognized, appropriately managed and cared

- To use computer technology to update information and to use information technology for evidence based medicine purposes that result in making effective medical decisions
- To ensure an awareness of the psychosocial and economic-legal context in which the practice of efficient medicine occurs
- To oversee planning committees and faculty workshops that complement the medical education mission

ADMINISTRATION

The chart on the following page summarizes the administrative structure of the University.

The ownership of the school is vested in a Board of Trustees. The University states that the responsibilities of the Board of Trustees are:

- There shall be a Board of Trustees of Saba University comprising such members as those recommended to the Chairperson.
- The members of the Board of Trustees shall hold office for a period of three years and shall, at the end of their terms of office, be eligible for re-election.
- An ad hoc planning committee shall, from time to time, set out the duties and functions of the Board of Trustees.
- The Board of Trustees may elect a Chairperson of its meetings; if no such chairperson is elected, or if at any meeting the chairperson is not present within after five minutes after the time appointed for holding the meeting, the members may choose one of their number to be the chairperson for that meeting.
- The Board of Trustees may meet and adjourn as it thinks proper. Questions arising at any meeting shall be determined by a majority of votes of the members present, and in the case of a tie, the

chairperson will have a second or casting vote.

The database submitted by the University listed the following individuals are members of the Board of Trustees:

- **Paul Dalbec, MD**

5 Seaview Ave.

Staten Island, NY 10303

Occupation: Physician

- **Deborah Edgerton, Ph.D**

43 Plumb Point Loop

Aberdeen, MD 21005

Occupation: Educator and diversity consultant

- **Kathryn Warr, BS, CPA**

926 Baker Street

Augusta, GA 30904

Occupation: Accountant/Foundation Law Specialist

- **Pankja Desai, MD**

7204 Cara Cara St

Sykesville NC 21784

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

- **William DiGiacomo, MD**

25 Coniston Avenue

Short Hills, NJ 07078

Occupation: Physician, Associate Professor of Medicine, Seton Hall U.

- **Eddison Peterson**

The Level

Saba, Netherlands-Antilles

Occupation: Businessman, Saba Community Representative

According to the database document, the administration of the School of Medicine comprises the following members:

CHIEF ADMINISTRATIVE OFFICER - PRESIDENT

NAME: David L. Fredrick, Ph.D

The President is the Chief Executive Officer and is the leader of Saba University School of Medicine. He is the most visible agent of the University and is the principal advocate for growth and development. The President/CEO represents the strength, integrity, and vision of Saha University School of Medicine. Dr. Fredrick reports directly to the Board of Directors and is responsible for leading the School of Medicine through accreditation and licensure levels for the medical profession and state agencies. He delegates and evaluates responsibilities given to the Deans and Division Directors,

EXECUTIVE DEAN

NAME: Arthur Maron, MD, MPA

The Executive Dean is the Chief Academic Officer, and has the authority and responsibility to

administer all medical school activities. This includes building and maintaining a qualified faculty; developing a proposed budget; creating and fostering an academic climate for formulating and implementing school policies; providing leadership to the academic community for updating and assessing a medical curriculum consistent with the institution's mission; overseeing faculty and student guidance and supervision and bringing together a management team to administering the school budget with financial integrity.

The Executive Dean is responsible for providing an environment within the medical school that will facilitate quality teaching and further the goals of SABA University. The Dean is accountable to the President and the Board of Trustees for SABA University.

ASSOCIATE DEAN, BASIC SCIENCES

NAME: Igor Aksenov, MD, Ph.D

The Associate Dean has overall responsibility for seeing that the mission of the Basic Science program at SABA University is accomplished in an effective manner in accordance with established policies. The Associate Dean for the pre-clinical program has in part the responsibility for all campus activities on Saba, including student promotion & retention, academic programs & medical curriculum, fiscal and physical matters related to campus operations, faculty promotion recommendations, and administrative decisions which support the University. The Associate Dean of Basic Sciences evaluates student evaluations of faculty each term and does periodic classroom evaluations of faculty.

ASSOCIATE DEAN FOR CLINICAL AFFAIRS

NAME: Patricia L. Hough, MD Ph D

The Associate Dean of Clinical Medicine has overall responsibility for seeing that the mission of the Clinical Clerkship Medicine program at SABA University is accomplished in an effective manner in accordance with established policies. The Associate Clinical Dean has the responsibility for student promotion and retention, curricular matters pertaining to the Clinical program, marketing matters pertaining to the recruitment

of Clinical programs, supervision of the Clinical Coordinator Services for developing and evaluating hospital rotations, fiscal matters pertaining to clinical hospital placements, continuity and articulation with graduates who are applying for residencies and/or state licensing and the development and supervision of clinical affiliation agreements between the University and select hospitals and medical centers. The associate dean and her staff conduct on site hospital program evaluations and collect data from student evaluations.

ASSISTANT DEAN FOR STUDENT AFFAIRS

NAME: Anne M. White, MD, FRCP

OTHER MAJOR OFFICERS

CHIEF OPERATIONS OFFICER

NAME: William A. Cornell, II, JD, MS

The Chief Operating Officer is the senior administrator responsible for the total pre-graduate, pre-clinical financial and managerial services for research and training programs at Saba University. The Chief Operating Officer (COO) and the Dean develop the long range educational and training goals that will need financial management. These responsibilities extend to planning, implementing, and evaluating the goals of the divisional medical school budgets for Saba University. The Chief Operating Officer works closely with the Dean and the President to Insure that the goals, standards regulations and the evaluation procedures of the campus programs are in compliance with different medical state association standards. The COO works closely with other Saba University School of Medicine personnel and administrators: bursar, registrar, maintenance, purchasing, building, human relations, security, management and deans of the school and reports to the President on overall campus operations.

REGISTRAR

NAME: Bernice M. Ouellet, AS

CHIEF FISCAL OFFICER

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

FIELD REPRESENTATIVES

Saba University maintains no recruitment offices outside of the main office in Gardner, Massachusetts.

Clinical Field Representatives are as follows:

Patricia Hough, MD, Ph.D., **John Nekic**, 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, **Robert Gunn, M.D.**, has assumed these responsibilities. **Ole Martin Rordam, MD** is the field representative for the U.K. and Europe

The self-study lists the hospital site directors as:

- | | | |
|-------------------------------|------------------|---------------------------|
| • Bridgeport Hospital | Bridgeport CT | Dr. D. Baker |
| • Ridgeview Institute | Atlanta GA | John E. Gronewald, COO |
| • 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 | Goldboro 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 Spring MD | Kevin Saxton, President |
| • Jackson Park Hospital | Chicago IL | Dr. Peter Friedell |
| • Kansas City VA Medical Ctr. | Kansas City MO | Dr. Hugh Moran |
| • 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 Cavello
- Michael Reese Hospital Chicago IL Steven Weinstein
- Spring Grove Hospital Cantonsville MD Dr. David Helsel
- St. Anthony's Hospital Chicago IL Dr. Sheldon Stodki
- 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 Rashad
- Winding Roads Consortium Spencer WV 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 Peeple
- Holy Family Hospital/Rockwood Clinic Spokane WA Dr. David Fregeau

The database document list the following departments, division directors, department chairs and their ranks:

DEPARTMENTS OF FACULTY:

Name of Division Person in Charge Academic Title

ANATOMICAL Dewan Raja, MD., Assoc Prof & Chair

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

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

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

BEHA VIORAL Anita Radix, MD., MPH, Assoc Prof & Chair

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

PATHOLOGY/PHYSIOLOGY Roger Schinella, MD, Professor and Chair

Pathology I	Nick Macri, Ph.D.	Associate Professor
Pathology II	R. Koteeswaran, MD	Associate Professor
Physiology	Angel Kurtev, MD Ph.D.	Professor
Neuro Physiology	William Keller, Ph.D.	Associate Professor

PRE-CLINICAL

Naira Chobanvon, MD., Ph.D., Prof & Chair

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

CLINICAL MEDICINE CORE CHAIRPERSONS

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

The standing committees of the faculty and their chairs are reported in the database as:

COMMITTEE

NAME OF CHAIRPERSON

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)

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

. When the team visited the Office of the Education Information Consultants in Gardner, Massachusetts the team met with the University President, David L. Frederick, PhD; the Executive Dean, Arthur Maron, MD, MPA; the Associate Dean for Clinical Affairs, Patricia L. Hough, MD Ph D; and other support and administrative staff concerning the admission of students, financial aid, the placement of students in core and elective clinical rotations, the tracking of students in clinical rotations, record keeping for all current and former students, Information

RESOURCES

The Physical Plant

General Buildings

Building Name	Year Completed	Cost in US\$ & Local Currency	Square Ft. useable for Education	Location on Campus or other site	Function
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	1,400 sq'	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/Teaching Facilities – Round Hill Campus

Classes	Building	# Seats	Sq'	Audio/visual equipment per classroom
Classroom I	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

STUDENT LABORATORIES:
CHECK ONE

- Anatomy: Dissecting Room Yes
- Anatomy: Microscopic Room Yes
- Biochemistry Lab Yes
- Microbiology Lab Yes
- Physiology Lab Yes
- Pathology Lab Yes

At Saba University there are eight cadavers per semester per class. In addition, there is one (1) pro section cadaver. Each class/lab is divided into two teaching groups. At each session, half of the lab class goes to learning station A, begins with a pro section demonstration accompanied by radiology instruction, and then attends learning station B which is the active dissection portion. There is a separate radiology viewing room in the back of the anatomy lab. There are 8 cadavers per semester per class with an average class size of 48 and there are five to seven medical students at each cadaver teaching station. There are 8 student cadaver tables that can comfortably accommodate 6 students each. The anatomy lab accommodates up to 12 cadaver tables. The cadavers are not used in more than one anatomy course and only medical students have use of the cadavers.

Saba University maintains 125 compound microscopes for student use and 5 camera ready trinocular viewing microscopes; 1-five headed teaching microscope;2-biocular teaching microscopes; four video conferencing microscopes; Olympus Fluorescent Photomicroscope and a digital camera.

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.)

For courses in histology, cell biology, microbiology, immunology, neuroscience and pathology, there are fifty seats for microscope viewing and 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.

Special Resources

Medical photography and illustration with a digital camera, an electronics shop, a computer data processing facility, a testing laboratory with 60 computer stations, a printing and duplicating shop, a machine shop, and an audio-visual, multi-media viewing center.

There are no facilities for housing laboratory animals.

The Library

There is one staff librarian, Cathy Edelman, M.L.S. (appointed 2002), who reports to the Associate Dean of Basic Sciences and Chief Operations Officer. The library staff comprises 1 full-time librarian, 1 full-time assistant librarian, 4 library aides, and 6 part-time staff. The library is open 88 hours/week following the schedule below:

Day	Opens	Closes
Sunday	9:00 am	11:00 pm
Monday	11:00 am	11:00 pm
Tuesday	11:00 am	11:00 pm
Wednesday	11:00 am	11:00 pm
Thursday	11:00 am	11:00 pm
Friday	11:00 am	11:00 pm
Saturday	9:00 am	11:00 pm

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.

Library holdings

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

*Any hospital in which any student is currently earning credit toward the MD degree

The University library participates in the following types of interlibrary loans:

- 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; and
- Saba University students and faculty have access to full text journals through the Library's subscription to journals through OVID Online and through Medline.

Library Facilities

Facility	Square feet	Seating capacity
Reading areas	3228	60
Stacks	2980	
Offices	520	6
Staff workspace	597	3
Storage (off site)	328	
Conference rooms	1166	20
A-V Rooms	3186	14
Study Carrels		53
Other (Peterson Bldg)	1395	12 carrels

The circulation is 3122 volumes/year with 4 volumes loaned out through interlibrary loans and 94 volumes borrowed by University students through interlibrary loans.

The Library Budget

Acquisitions and expenditures \$42,700
 Salaries, wages, etc. \$79,400
 All other expenses \$103,500

TOTAL for FY 2001 \$226,000

THE FACULTY

Full-time Faculty (FT)						Part-time/Volunteers	
Basic Science	Professor	Assoc. Prof.	Assist. Prof.	Instructor	Total FT	Part-time (paid)	Volunteers
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 Med.	2				2	1	
Legal Issues			1		1	1	
Physical Diag.		1	1		2		
Medical Phys.			1		1	1	
Psychology & Neuroscience		1			1	1	
Health Econ.	1				1		
Epidemiology		1			1	1	
Infomatics			1		1	2	
Histology	1		1		2		
Genetics	1				1		
TOTAL	10	10	7		27	14	

THE CURRICULUM

SUBJECT	YEAR				CLOCK HOURS	
	1	2	3	4	LAB	LECTURE
ANATOMY	X					
• MICROSCOPIC	X				60	116
• GROSS	X				128	80
• NEURO	X				50	115
• EMBRYOLOGY	X				43	15
BIOCHEMISTRY	X				15	135
NUTRITION ¹	X					
PHYSIOLOGY	X				30	125
BIOPHYSICS ²		X				
EPIDEMIOLOGY	X				N/A	64
BIOSTATISTICS ³	X	X				
BEHAVIORAL SCIENCE	X				30	130
PATHOLOGY		X			120	280
PATHOPHYSIOLOGY ⁴		X				
MICROBIOLOGY	X				60	170
PHARMACOLOGY		X			N/A	170
TOXICOLOGY ⁵		X				
PUBLIC HEALTH ⁶	X	X				
PREVENTIVE MEDICINE ⁷	X	X				
MEDICAL JURISPRUDENCE	X				N/A	60
HUMAN SEXUALITY ⁸	X					
ALCOHOLISM ⁹	X					
DRUG ABUSE ¹⁰	X					
COST CONTAINMENT ¹¹		X				
ENVIRONMENTAL MEDICINE ¹²	X	X				
INTRO. TO CLINICAL MED.		X			60	120
INTRO. TO PSYCHIATRY ¹³	X					
PHYSICAL DIAGNOSIS		X			60	120

CLINICAL DIAGNOSIS¹⁴		X				
CLINICAL CORRELATION¹⁵		X			60	
CLINICAL PATH. CONFERENCES		X				
INTRO. TO INFO. MEDICINE¹⁶	X				30	30

1. Nutrition is part of Biochemistry
2. Biophysics is part of an introduction to radiology in Anatomy and Intro. To Clinical Medicine
3. Biostatistics is part of Into. To Infomedicine, medical psychology and Epidemiology
4. Pathophysiology is part of Pathology land II and Introduction to Clinical Medicine
5. Toxicology is part of Pharmacology and Introduction to Clinical Medicine
6. Public health is part of Epidemiology and Public Health
7. Preventive Medicine is Dart of Epidemiology and Public Health, Intro Clinical Medicine and Pathology
8. Toxicology is part of Preventative Medicine, Pharmacology and Pathology
9. Human Sexuality is part of Medical Psychology
10. Drug Abuse is part of Medical Psychology and Intro. To Clinical Medicine
11. Alcoholism and Smoking are part of Epidemiology and Public Health, Pathology and Medical Psychology
12. Cost Management is covered in Epidemiology as Medicaid and Medicare programs and in Introduction toClinical Medicine as part of the A.M Edwards Hospital experience
13. Environmental Medicine is part of Epidemiology and Public Health and Pathology
14. Introduction to Psychiatry Lectures are part of Medical Psychology (approximately)
15. Clinical Diagnosis is part of Introduction to Clinical Medicine and Integrative Study of the Basis Sciences
16. Clinical Correlation is introduced in Physiology and part of Introduction to Clinical Medicine and ISBS
17. Domestic Violence and Child Abuse are part of Medical Psychology and Epidemiology and Public Health
18. Clinical Pathology conferences are with gross specimens in Pathology II

Clinical Instruction using	Clock Hours of Lecture[*]	Location of Instruction	Duration in Weeks
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Patients			
Internal Medicine	120	Affiliated Hospital	12
Neurology		Affiliated Hospital	4-8
Dermatology		Affiliated Hospital	4-8
Radiology		Affiliated Hospital	4-8
Family Medicine	50	Affiliated Hospital	4-8
Community Medicine	20	Affiliated Hospital	4-8
Pediatrics	40	Affiliated Hospital	6-8
Psychiatry	68	Affiliated Hospital	6-8
Obstetrics	30	Affiliated Hospital	6-8
Gynecology	20	Affiliated Hospital	6-8
Physical Medicine		Affiliated Hospital	4-8
Rehabilitation		Affiliated Hospital	4-8
Geriatrics		Affiliated Hospital	4-8
General Surgery	60	Affiliated Hospital	12
Anesthesiology		Affiliated Hospital	4-8
Ophthalmology		Affiliated Hospital	4-8
Urology		Affiliated Hospital	4-8
Plastic Surgery		Affiliated Hospital	4-8
Neurosurgery		Affiliated Hospital	4-8
Orthopedic Surgery		Affiliated Hospital	4-8
Emergency Medicine		Affiliated Hospital	4-8
Preceptorship		Affiliated Hospital	
Ambulatory Medicine	20	Affiliated Hospital	4-8

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

Hospital	Location	# Weeks	# Students	Subject
Ridgeview Institute	Symrna GA	6	2	Psychiatry
Brentwood Behavioral Hosp.	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 Hosp.	Goldsboro NC	6-12	1 in each	Int. Med., peds, surgery
Fort Wayne Med.	Fort Wayne IN	4-6	1-2	Ob/Gyn, peds, Family Med.
Greater Southeast Hosp.	Washington DC	12	1-4	Internal Med., Surgery
Harbor Hospital	Baltimore MD	12	4-6	Internal Medicine
Holy Cross Hospital	Silver Spring MD	6-12	2	Int. Med., Ob/Gyn
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 Hosp.	Chicago IL	6-12	2-4	Int. Med., Ob/Gyn
St. Anthony's Hosp.	Chicago IL	6-12	4-6	Ob/Gyn, Int. Med., Peds
Kansas City VA	Kansas City MO	6-12	2-4	Psychiatry, surgery
St. Luke's of Kansas City	Kansas City MO	6-12	6-8	All cores
St. Mary's	St Louis MO	12	2	Int. med.
Lafayette General Hosp.	Lafayette LA	12	1-2	Int. Med.
Leonard Chabert	Houma LA	6-12	6-8	All cores
Memorial Regional Hosp.	Hollywood FL	12	2	Surgery
North Colorado Med.Ctr.	Greely NC6-12	6-12	4	Peds, Surgery
Northwest Mississippi	Clarksdale MS	6	1-2	Ob/Gyn
Peninsula Hosp	Far Rockaway NY	4-12	1	Surgery, Family Med.
Provena St. Joseph	Elgin IL	6-12	2-4	All cores

Rockwood Pediatric Clin.	Spokane WA	6	2	Pediatrics
Valley Regional Hosp.	Kentille, Nova Sc	6-12	2	All cores
Winding Roads	Specer WV	6-12	2	Int. Med., Peds

¹ Electives is between 4-8 weeks in duration at the majority of the hospitals.

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, USMLE step scores, leaves of absence, 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 on Saba 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. Students 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 workload is reasonable and adequate, and 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 and 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 give 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 anonymously using forms developed and supplied by the University. 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 members of Saba's faculty 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.

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	Thomas Ferguson, M.D.
Surgery	Sewell H. Dixon Jr., M.D.
Obstetrics and Gynecology	Carl C. Pearman, M.D.
Pediatrics	Arthur Maron, M.D., M .P.A.
Psychiatry	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.

SELECTION OF MEDICAL STUDENTS

The database lists John Nekic, MD and Lucille Collins, PhD as Chairpersons of the Admission Committee and David Fredrick, PhD, Patricia Hough, MD, PhD, Bernice Ouellet, Igor Aksenov, MD, Anne White, MD, and William Keller, PhD are listed as Administrative Officers for admissions program.

Prospective students may apply for admission to Saba University at any time throughout the year. The University requires that applicants forward or have forwarded original copies of the following documents to the University:

- 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, and personal maturity and motivation to become a responsible compassionate physician. Academically, students must have a minimum of three years of coursework in an accredited college or

university. This includes 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 include:

- one academic year of general biology or zoology,
- one 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 within 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.

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 section entitled Admissions

The Admissions Committee uses a formal “Admissions Interview Rating Form” to uniformity of the interview process from applicant to applicant. All students are asked questions regarding their personal qualities, academic qualities, clinically related issues, and financial

concerns. The members of the visiting team reviewed the interview sheet and found it to be comprehensive and reflective of the admission criteria listed earlier in this section.

The Admissions Committee does not consider finances a criterion for admission. The committee asks an applicant how they plan to finance their education to make sure that the student has a plan. That is the opportunity for the committee to apprise the applicant 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 applicant is still asked how he/she plans on supporting their medical education. There are financial student loan officers in Gardner and on Saba to assist and coordinate the application process for CANHELP, Teri Loans and Med Achiever Loans offered through private lending institutions. The students receiving financial aid spoke positively concerning the application process and received financial aid funds in a timely manner.

Admission of Transfer Students

Depending upon space availability, consideration may be given to applications for transfer in advanced standing from students at other medical schools. Transfer students must meet all admission criteria 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 University in reviewing an application from a transfer student employs the following guidelines:

- 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; and
- In most cases a personal interview is required for transfer students.

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.

Profiles of Admitted Students For the Past Five Years

Student Profile based on Degrees					
Degree	1998	1999	2000	2001	2002
Baccalaureate	93	106	66	98	104
Masters	5	17	8	4	9
Doctorate	9	9	5	6	5
Other*	9	16	17	6	14
Foreign	63	3	11	3	3
<u>TOTAL</u>	132	151	107	127	137
Student Profile based on Undergrad GPA					
Premed ave.	1998	1999	2000	2001	2002
A	42	41	36	39	20
B	67	84	53	54	83
C	20	21	316	31	32
2.5 or less	3	2	3	3	2
<u>TOTAL</u>	132	151	107	127	137
Student Profile based on Prior College					
Years in College	1998	1999	2000	2001	2002
1-2 yrs or less	-	-	-	-	-
2-3 yrs	-	-	-	-	-
3-4 yrs or more	-	135	90	121	123
<u>TOTAL</u>	-	135	90	121	123

* These are students who have not completed a degree, however, do meet the minimum requirements of 90 semester hours in addition to fulfilling the pre-med coursework

During the visit to the University and to the clinical sites in New York State, the team met with groups of students from both the preclinical and clinical semesters. The students impressed the team as being sincere, intelligent, and highly motivated. The students expressed satisfaction with the coursework and instructors, and in the breadth and depth of instruction. The clinical students said the preclinical coursework was thought to be excellent preparation for their clerkships. The students were very supportive

of the concept of establishing clinical centers of education at which students could obtain all or most of the required core clerkships at a single location.

The Clinical Program in New York

On December 20, 2000, Saba University School of Medicine executed an affiliation agreement with Peninsula Hospital Center, 51-15 Beach Channel Drive, Brooklyn NY. The hospital clerkship is for a period of 3 months and students participate in clerkships in orthopedics, surgery, or family medicine. Peninsula Hospital has accredited residency programs in each of these specialties. While at Peninsula Hospital the team met with Gerald Teplitz, D.O, DME; Cathy Murfitt, Student Coordinator; Dr. Aaron Nesso, Family Medicine Preceptor; Georgette Alexis, 4th year student in Family Med elective Tuesday a.m. Brookdale. Regarding the surgery rotation at Peninsula, the team noted that:

- the hospital has 262 Beds - 34 Surgical; 10 Orthopedic;
- there are 8-10 students per rotation (2 Saba students);
- there are 34000 ER visits and 32000 Family Practice Clinic visits per year;
- there are 16 Rotating Internships and 16 Surgical Residents;
- there is a full-time DME and full-time Director of Surgery;
- the hospital has DO approved Residencies in Surgery, Pediatrics, Family Med. and Orthopedics;
- the hospital has approved training programs in Podiatry and Dentistry;
- there are clearly stated student expectations in place; and

- there is a library with 4 computers, online access, and is available 24 hrs/day to students. There is also a current collection of standard texts.

On September 27, 2001, Saba University School of Medicine also executed an affiliation agreement with Lincoln Medical and Mental Health Center, 234 East 149th Street, Bronx NY.

The hospital clerkship is for a period of up to 3 months and students participate in a clerkship in General Surgery. Lincoln Hospital has an accredited residency program in this specialty. While at Lincoln Hospital the team met with Soula Priovoulos, MD, Director of Student Affairs, Dept. of Surgery; Valerie Katz, MD, Section Chief of General Surgery; Francis McCulla, MD, Surgery Preceptor; Winston Rajendram, a student participating in a surgery rotation. Regarding the surgery rotation the team noted that:

- there is a free standing, approved surgery program;
- there are 2-4 Saba Students per rotation; there are 240 surgical beds plus a 12 bed surgical ICU;
- there are approved Training programs in Surgery, Ob/Gyn, Psy, Med, ER Med, Dermatology, Peds and Dentistry;
- there are 10 full-time general surgeons;
- there is a level one Trauma Center; and
- the hospital has an academic affiliation with Cornell

On October 1, 1996, Saba University School of Medicine also executed an affiliation Agreement with Brookdale University Hospital and Medical Center, One Brookdale Plaza,

Brooklyn NY. The hospital clerkship is for a period of up to six weeks and students participate in a clerkship in pediatrics. Brookdale Hospital has an accredited residency program in this specialty. While at Brookdale Hospital the team met with Myron Sokol, MD, Acting Chief of Pediatrics; Samuel Bekar, MD, Director, Medical Student Education - Pediatrics; Marie Desario, Student Rotation Coordinator (Administration Offices); Ellen Kinsler, Director of Medical Education; and Tamara Palka and Francesca Brunei, students in pediatrics. Regarding the pediatric rotation at Brookdale Hospital, the team noted that:

- 50 beds in pediatrics and a six-bed pediatric ICU;
- there is a free-standing and separate pediatric ER;
- there are 18-23 students per rotation (Ross and SUNY Brooklyn in addition to Saba);
- there is a 1 to 1 student to resident ratio with a total of 42 House staff;
- there are 30000 pediatric clinic visits and 2200 pediatric ER visits per yr;
- there are 35 FT pediatric staff;
- there is a full-time program director;
- students gain delivery room experience.

All three sites visited have well organized, closely supervised educational programs. Each has a wealth of clinical materials. The team concluded that each clinical affiliate has a well developed medical education program with demonstrated success in student and GME education. It has more than adequate resources and faculty to accomplish the terms of the affiliation agreements with Saba University School of Medicine. The only concern raised by students was lack of an escort to public transportation in the evening after call at Brookdale Hospital.

Summary

Based on its observations and findings, the team concluded the program of medical education at Saba University School of Medicine is functioning effectively in preparing students to engage in clinical clerkships in New York State, and an adequate clinical training program has been established at each affiliate. There were many strengths in the program noted by the team. These include but are not limited to:

- There is a healthy fomentation and discussion among faculty concerning the format of the basic science curriculum and the use of up to date teaching methodologies;
- Students are committed and enthusiastic about their training and show considerable respect for their faculty;
- The appointment of Dr. Arthur Maron as Executive Dean has been met with enthusiasm and optimism by faculty and students;
- A recent review of the “Faculty Handbook” has been completed. This document has had substantial input from the faculty and has been well received;
- The administration has made significant progress in support of the educational, physical and environmental resources available to students and faculty;

- The medical school catalogue, faculty policy documents and student policy documents are written, current and have been distributed to both the student body and the faculty;
- The catalog specifies all course requirements and standards and procedures for the evaluation, advancement, and graduation of students;
- The newly constituted faculty senate is proving itself to be an active, forward looking faculty body. This group should be encouraged further and included in future discussions relating to the development of academic and administrative policy;
- The process for admission to Saba University School of Medicine is clearly stated, available to all applicants, and closely followed by the administration;
- The Board of Trustees comprises a diverse group of individuals, dedicated to the ongoing evaluation and development of the University;
- The Gardner, Massachusetts facility has staff that provides adequate support and development to the areas of admissions, financial aid, tracking of students in clinical sites, and marketing of the medical education program;
- The physical plant is excellent, well maintained, and meets the educational, recreational, and social needs of the students;
- The basic science and clinical faculty is well prepared, motivated, stable, and comprises representatives from a number of disciplines and specialties;
- All students have access to the internet and have personal e-mail accounts available to them;
- The library adequately meets the needs of the students and faculty;

- The supply of cadavers is adequate;
- There is an on-going faculty evaluation program in place that involves peer and student evaluations;
- The Clinical Medicine Program Handbook and related publications written, printed, and distributed by the University assist the student in their clinical education by introducing them to such topics as the philosophy and concepts of clinical clerkship training, hospital hygiene and procedures, third year core rotations, fourth year electives, and grading guidelines and supplement the orientation sessions offered to the students by the clinical affiliates;
- The audio-visual support in laboratories and classroom is very good and positively supplements the basic science, and preclinical education of students in the medical education program;
- The students are highly motivated and very supportive of Saba University; and
- The students health-care, recreational, psychological, and education needs are considered to be important aspects of the lives of all students and are well supported by the University;

Areas that the team considers in need of improvement are:

- Further development of a program for recruitment of students native to the Caribbean;
- Continue the development an active alumni association that would assist the University in the areas of student recruitment, fund raising, residency

placement of students, and the recruitment of both full-time and part-time faculty;

- While a satisfactory plan for the quality control of the clinical educational process is available in writing, a greater effort to visit training sites more frequently and to assure consistency of the educational experience across various clinical sites should be a high priority for the school and its teaching leadership;
- The current library holdings on the Island of Saba are limited. This makes immediate access to information available electronically extremely important and the University currently utilizes journal subscriptions through OVID Online, Medline and Docline.. The University must assure each student ready and low cost access to a wide variety of medical literature throughout both their basic science and clinical training; and
- The senior administration and Board of Trustees should assure that appropriate physical facilities would be in place prior to any significant increase in student numbers to avoid degradation of the education experience. The number of students needs to be determined by the resources of the school.
- Development of clinical affiliations that would permit students to complete all, or nearly all of their core clinical rotations at a single affiliate;
- The geographic sites for the clinical training of students are distributed widely and most often do not offer the third year student a complete year in one venue. The school should increase its efforts to provide additional sites that offer the opportunity for students to immerse themselves in early clinical

training without the distractions of travel, housing, new hospitals and new rules;

- Increased opportunity for greater communication between the basic science faculty on the Island of Saba and the clinical faculty should be planned and encouraged;
- There is an unusually large turnover rate for basic science faculty. While the faculty has appropriate academic credentials and considerable commitment to their teaching responsibilities, a program focused on retention of good faculty should be put into place. The faculty senate should have a major role in the development of such a program;
- Several of the clinical department chairs are newly appointed. A written job description and a more extensive orientation of new chairmen is necessary. This orientation should also include meetings of clinical chairs with each other and with basic science faculty.

The team recommends that the University furnish the Department with a report by July 1, 2004 on any developments in the medical education program in the University concerning student recruitment, the enrollment, faculty/administration, facilities, curriculum, student services, or clinical education. The report should focus on the areas of concern noted above and the program of clinical education in New York State. An interim site visit may be considered at the time of submission of the report should conditions warrant as determined by the Department.