

ROSS UNIVERSITY SCHOOL OF MEDICINE

DATABASE DOCUMENT

to the

DOMINICA MEDICAL BOARD

[Ministry of Health & Social Security]

Commonwealth of Dominica, W.I.

Prepared By:

Office of the Dean, Clinical Science Division

ATTN: Dr. Dorian C. Shillingford, Chairman

DOMINICA MEDICAL BOARD

Ministry of Health & Social Security

Hon. Herbert Sabaroche, Minister of Health & Social Security

Government Headquarters, Kennedy Avenue

Roseau, Commonwealth of Dominica, W.I.

Tel: (767) 448-2401 ext. 3260/3357

01.02.05

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BACKGROUND INFORMATION

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NAME OF SCHOOL: **Ross University School of Medicine**

ADDRESS: 499 Thornall Street, 10 Fl.

Edison, NJ 08837

CHIEF EXECUTIVE OFFICER:

NAME & TITLE: Thomas Shepherd, D.H.A.

President

ADDRESS: 499 Thornall Street, 10 Fl.

Edison, NJ 08837

TELEPHONE NUMBER: (732) 978-5300 ext. 2675

THIS DATABASE DOCUMENT IS SUBMITTED BY:

NAME & TITLE: Nancy A. Perri, M.D.

VP Academic Affairs / Dean Clinical Sciences

ADDRESS: 499 Thornall St., 10Fl

Edison, NJ 08837

TELEPHONE NUMBER: (732) 978-5300 ext. 2627

SIGNATURE

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MISSION AND OBJECTIVES

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1. ROSS'S MISSION AND OBJECTIVES

A. DESCRIBE ROSS'S MISSION AND OBJECTIVES, INCLUDING WITH RESPECT TO DOMINICA

Our Mission is to prepare highly dedicated students to become effective, successful veterinarians or physicians in the United States.

Our Mission defines our relationship with our students. They invest years of personal sacrifice in their pursuit of their professional goals. In return for that commitment, we do our utmost to impart knowledge and skills required establishing a successful career.

Our Mission establishes our accountability for preparing admitted students to

become successful. We believe that the demanding academic program and diverse clinical experience we offer are enhanced by the life experience gained from our host country in Dominica. Our students benefit tremendously from a group of extremely dedicated educators whose commitment to medical education and life-long learning are models for our students. Our faculty members have opportunity, as do our students, to contribute their time and talent to the health care delivery in the Country of Dominica.

The University also offers, each year, a number of Dominica scholarships to qualified candidates for admission to the School of Medicine who are citizens of Dominica.

Additionally, the university has partnered with the Ministry of Health to support the Post-Graduate Training Program with the Princess Margaret Hospital.

B. EXPLAIN HOW ROSS MAKES ITS MISSION AND GOALS KNOWN TO FACULTY, STUDENTS, AND THE PUBLIC

Ross University widely disseminates its mission to its students, faculty, U.S. Associates and the public. It is published in *Our Values* booklet, which is attached. It is also posted in our web site at www.rossmed.edu.

2. ROSS UNIVERSITY'S STRATEGIC PLAN

Under the leadership of Ross University School of Medicine's new president, Dr. Tom Shepherd, Strategic Planning will commence the week of January 24, 2005. The process will entail visits to The Medical School Campus, The Miami Campus and New Jersey Administrative Office where the president will lead the discussions (there will also be visits to the Veterinary Campus). The president will hold a series of three meetings over a two-week period of time at the Medical School Campus on Dominica enlisting input from individuals from the faculty, staff and administrative communities as well as the student body. At the Miami Clinical Campus the president will, over a one-week period of time, hold meetings with Clinical Faculty, staff and students to continue the strategic plan process.

The groups will explore in depth, Ross University School of Medicine's strengths, weaknesses and opportunities, subsequently putting in place a plan and timeline for action items to take place. The president plans on having a working document completed in May 2005.

Further input will be solicited from constituents of The Ross University community by using an e-mail suggestion box for comments and suggestions.

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GOVERNANCE

3. LEGAL AUTHORITY TO OPERATE THE SCHOOL OF MEDICINE

A. DATE OF CHARTER ISSUANCE

The date of the Charter Issuance was June 23, 1978

B. AUTHORITY GRANTING THE CHARTER

Government of Dominica

Kennedy Avenue

Roseau, Dominica

C. COPY OF CHARTER IS ATTACHED

4. THE OWNERSHIP OF THE SCHOOL

The ownership of the school is vested in the Shareholders of DeVry Inc., which owns Ross University School of Medicine through its subsidiaries.

5. OWNERS/TRUSTEES

Dennis J. Keller, MBA

DeVry Inc.

One Tower Lane

Oakbrook Terrace, IL 60181

Chairman of the Board Ross University

Tom Hollinger, Ph.D.

DeVry Inc.

One Tower Lane

Oakbrook Terrace, IL 60181

Associate Professor, Anatomy and Cell Biology

Director of Anatomical Education, University of Florida College of Medicine

Mark Siegler, M.D., FACP

DeVry Inc.

One Tower Lane

Oakbrook Terrace, IL 60181

Lindy Bergman Professor, University of Chicago

Professor, Internal Medicine

Director, MacLean Center for Clinical Medical Ethics

5. OWNERS/TRUSTEES (continued)

Amy E. Pollack, M.D., M.P.H., F.A.C.O.G.

EngenderHealth

440 Ninth Avenue

New York, NY 10001

President/CEO, Engenderhealth

Ronald L. Taylor, M.B.A.

DeVry Inc.

One Tower Lane

Oakbrook Terrace, IL 60181

CEO, DeVry Inc.

6. DEVRY INC.'S ROLL IN ROSS' OPERATIONS

Ross University School of Medicine has its own Board of Trustees that oversees activities at the School of Medicine and Veterinary Medicine. DeVry Inc. ("DEVRY") has a separate Board of Trustees. DeVry does not integrate Ross into its overall educational endeavors.

7. EXTENT TO WHICH DEVRY'S OTHER EDUCATION ACTIVITIES AFFECT THE OPERATION AND MANAGEMENT OF ROSS

None

8. DEVRY'S MOST RECENT 10-K

See web site.

www.shareholder.com/devry/edgar.cfm

Most recent 10K was filed on September 10, 2004.

9. ROSS' HISTORY OF OPERATION

A. Medical students were first enrolled in January 1979

B. Instruction has been given in the current site since March 1981

C. Prior to March 1981, instruction took place in St. Joseph's Parish, Dominica, April 1979-February 1981.

D. HISTORY OF ROSS UNIVERSITY

Brief History of the Medical School:

Ross University was founded as the *University of Dominica* on June 23, 1978, when the government of Dominica granted a charter for the establishment of a Health Sciences University. The charter was granted after nearly a year of discussion between government and university officials about purpose, organization and operation of the institution. It was agreed that the government would, through its good offices, encourage and assist the university in developing its facilities and programs. The university, in turn, would do its utmost to assist Dominica in its economic development and in expansion and improvement of its health services.

In December of 1978, the School of Medicine admitted a group of students with advanced standing from other medical schools; the first class admitted to the basic sciences division entered in April of 1979. Classes were initially held in leased facilities. By March of 1981, classes and laboratory exercises were being held in a newly constructed academic building on the School's main campus.

Instruction in the basic medical sciences is conducted at the School's main campus in Portsmouth, located on the shore of the Caribbean in the northern portion of the island.

Students also receive pre-clinical training and, in some cases, a portion of their clinical training, at the Princess Margaret Hospital in Goodwill (near Roseau), Dominica as well as the DuBlanc, Das Donne, and Calihaut Health Centers and the Portsmouth Hospital. In 1997 a new teaching facility was opened at the Princess Margaret Hospital, housing examination rooms, a clinical library and learning resource center, with access to the Internet and e-mail, a conference room that can be shared by the clinical students and faculty, and is open to use by the Princess Margaret healthcare staff.

In 1997, the School was evaluated and recognized by New York State (and again in 2003), as well as by the State of New Jersey. Both states approved the School's education program for purposes of allowing Ross University School of Medicine students to complete clinical training at approved hospitals in those states, also allowing RUSM graduates to participate in post-graduate medical education in the State of New York. Ross University School of Medicine is proud that its academic achievements have been recognized by a number of other governmental jurisdiction and external agencies. These include:

The State of California, which has reviewed its academic program and found it acceptable, allowing the licensure of graduates from RUSM, as well as clinical clerkship opportunities.

The Florida Commission for Independent Education, after a detailed review of the RUSM academic program, has granted the School of Medicine full licensure for its clinical training program, allowing RUSM students to participate in clinical training at approved teaching hospitals.

The General Medical Council of Great Britain, which has granted the RUSM Doctor of Medicine degree Limited Registration status.

The Commonwealth of Dominica, which authorizes RUSM to confer the Doctor of Medicine degree. The United States Department of Education, through its National Committee on Foreign Medical Education and Accreditation (NCFMEA), has determined that the accreditation standards employed by the Dominica Medical Board are comparable to those used to evaluate programs leading to the M.D. degree in the United States by the Liaison Committee on Medical Education. This determination assures that students enrolled at RUSM are eligible to participate in the U.S. Federal Family Education Loan (FFEL) Program. Students or applicants who wish to contact the Dominica Medical Board regarding any aspect of the University's medical education program can do so by writing to them at: Dominica Medical Board, Government Headquarters, Kennedy Avenue, Roseau, Commonwealth of Dominica, West Indies.

The World Health Organization, which includes RUSM in its listing of medical schools approved by recognized national authorities.

On February 19, 2000, Robert Ross, who founded the University in 1978, entered into a recapitalization agreement with Leeds Equity Partners III, L.P. and J.W. Childs Equity Partners II, L.P., that resulted in a change of ownership and control of the School. That transaction occurred on April 14, 2000.

The Dominica Medical Board (DMB) the accrediting body for the country of Dominica, was notified of the change in ownership and conducted a site team visit to the University's main campus and a number of clinical training sites in order to determine what effect the change had on the University's academic program. That visit occurred in November of 2002. The site team concluded that the University's change in ownership had not been adverse to its mission or operations and, in a number of respects, appeared to promote or potentially enhance them.

On May 16, 2003, the School was acquired by DeVry Inc.; one of the largest publicly held degree-granting higher education systems in North America. The University remains a separate division within DeVry; Ross University's mission, faculty, curriculum, campus, clinical locations and administrative organization have not been negatively impacted or altered as a result of the acquisition. This subsequent change in ownership was also reviewed by the DMB in October 2003. The team concluded that the University's change in ownership had not been adverse to its mission or operation.

Attached forward is a listing of all Clinical Affiliates where students complete the clinical training component of the Academic program.

BUDGET AND FINANCE

10. ROSS' BUDGET

See attached

11. ROSS' FINANCIAL STATEMENTS

See attached DeVry 2004 Annual Report

12. ROSS' BUDGET PROCESS

The President of Ross University is responsible for the development of the University Budget (this is done in conjunction with faculty, administration and staff). The final authority for the approval of the Ross University Budget is the responsibility of the Ross University Board of Trustees.

13. ROSS' PROCESS TO MONITOR ITS BUDGET

Those individuals responsible for monitoring the budget for the educational program and the Advanced Introduction to Clinical Medicine are the Executive dean at Ross University and the Dean of Clinical Sciences and VP for Academic Affairs respectively.

The University uses standard outcome measurements to assure that the students are prepared to promote and enter each advancing stage of their education. Review of those outcomes give the Academic Administration insight into how well Ross University and its faculty are accomplishing that task. Reviewing trends in students' performance, for instance, in subject exams administered through the NBME, allow us to determine if we are appropriately resourcing specific disciplines within the University.

14. ROLE OF FACULTY AND OTHER STAFF IN BUDGET DEVELOPMENT & APPROVAL PROCESS

The Department Chairs, in conjunction with The Executive Dean, detail what resources they require to Administer the Academic Program. That detail is directed to the President for initial approval. Ultimate Authority for approval of the Ross University Budget rests with the Board of Trustees of Ross University.

15. COORDINATION OF BUDGET PROCESS AMONG DEPARTMENTS/FACULTY MEMBERS

The University's fiscal year commences on the first day of July in any given year and ends the following year's June 30th. The Faculty Chairs in the Basic science division meet during the third quarter of the fiscal year with the Dean and representatives of the Finance Department to plan their departmental budgets.

16. ROSS' FUTURE CAPITAL

Future Capital Plans for Ross University will be developed in conjunction with the present Strategic Planning Process occurring under the leadership its the new president.

ADMINISTRATION

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17. NAMES, TITLES AND CURRICULUM VITAE FOR THE FOLLOWING:

A. CHIEF ADMINISTRATIVE OFFICER

Thomas Shepherd, D.H.A., CEO/President Ross University

B. CHIEF ACADEMIC OFFICER

Samuel Scott Obenshain, M.D., Executive Dean

C. ASSOCIATE DEAN FOR CLINICAL AFFAIRS

Katherine Houghton, Ph.D., Dean Academic Administration/Student Affairs

D. ASSOCIATE DEAN FOR CLINICAL AFFAIRS

Nancy A. Perri, M.D., Dean Clinical Sciences/VP Academic Affairs

E. ASSOCIATE DEAN FOR CLINICAL AFFAIRS

Anne White, M.D., Associate Dean Student Affairs

F. OTHER MAJOR OFFICERS OF ACADEMIC/STUDENT AFFAIRS

John Bolaski, Ed.D., Director of Counseling

Ayodele Desalou, M.D., Associate Dean Student Services

Dawn Douglas, M.D., Student Health Physician

Margaret Pattee, Director of Academic Support Services

Mary Taylor, Director of Campus Life

G. REGISTRAR

Linda Everett, University Registrar

H. CHIEF FISCAL OFFICER

John St. James, VP/CFO

I. FIELD REPRESENTATIVES

See attached Affiliated Clinical Training Sites List

J. HOSPITAL COORDINATORS

See attached highlighted Clinical Training Sites List

**18. PROCESS BY WHICH ADMINISTRATIVE OFFICERS ARE
SELECTED/APPOINTED**

Vice President's within the University report directly to the University President and are directly appointed by his office. Chief Financial Officer, Information Technology, Human Resources, General Council, Academic Affairs, Student Services and the Executive Dean are the President's direct reports and are appointed at his directive.

19. ROSS' CHIEF ADMINISTRATIVE OFFICER'S INTERACTION WITH DEVRY'S OFFICERS IN THE ADMINISTRATION OF THE MEDICAL SCHOOL

The Chief Administrative Officer at Ross University is its President, Dr. Thomas Shepherd. Dr. Shepherd is also a member of Ross University School of Medicine's Board of Trustees. Dr. Shepherd's interaction with DeVry officers is limited to such interaction as several DeVry officers are members of the Ross University School of Medicine's Board of Trustees.

20. ROSS' CURRENT HIGHEST PRIORITIES WITH RESPECT TO IMPROVING THE ADMINISTRATION OF THE MEDICAL SCHOOL

- A. Create additional "regional clinical campuses" similar to three that exist now in California, New York and Illinois. This would provide the students additional opportunity to complete their clinical rotations in one setting and allowing for more ease in administration of the program.
- B. A student service/ support team has been put in place on campus and in the process of developing an educational enhancement program to address specific student learning styles that may impede their ability to perform maximally on standardized examinations. Our student support staff has identified, through administration of standardized examination (Meyers-Briggs), that a large number of our incoming students are "sensors", individuals who have difficulty with standardized academic testing. A priority at this time is to continue to develop mechanisms to assist students who clearly have the requisite ability.
- C. Completion of the Strategic plan due May 2005

21. ROSS' HIGHEST PRIORITIES WITH RESPECT TO INCREASING THE SIZE OF THE STAFF

This has been a very high priority and one that the University has seen real success. With the development of the Human Resources Department within the last year, the University has seen growth in both its faculty and administrative staff. The Admissions Office has grown not only in the NJ Office, but also regionally (California, Texas, Florida, Michigan). The Student Affairs Division has grown by addition of new staff in

Dominica, Miami and Edison. The hospitals continue to be financially supported by the University, not only for Direct Student Rotations, but also additional administrative support funding for appointment of designated Ross University Clinical Coordinators. The Human Resources initiatives for recruiting of faculty, at the request of the Chairs through the Executive Dean, continues.

22. GENERAL AND DEAN'S OFFICE ORGANIZATIONAL CHARTS

See attached

FACULTY

23. NUMBER OF MEDICAL SCHOOL FACULTY MEMBERS IN EACH DEPARTMENT. DATA ARE FOR 2004 TO 2005

A. BASIC SCIENCE DEPARTMENTS

DEPARTMENT	FULL-TIME					PART-TIME (PAID)	VOLUNTEER (UNPAID)
	PROFESSOR	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	INSTRUCTOR AND OTHER	TOTAL FULL-TIME		
ANATOMY	6	3	1	1	11	2	
BIOCHEMISTRY	2	1	4		7		
MICROBIOLOGY	4				4	2	
PATHOLOGY	4	1			5		
PHARMACOLOGY	3	2			5		
PHYSIOLOGY	3	1	2		6		
BEHAVIRAL SCIENCES	1	1	4		6	2	
ICM	4	2	1		7	6	

TOTALS	27	11	12	1	51	12	

B. CLINICAL DEPARTMENTS

DEPARTMENT	FULL-TIME					PART-TIME (PAID)	VOLUNTEER (UNPAID)
	PROFESSOR	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	INSTRUCTOR AND OTHER	TOTAL FULL-TIME		
ANESTHESIOLOGY	4	1		12	17		17
DERMATOLOGY				6	6		12
FAMILY MEDICINE	10	5	6	16	37	8	45
INTERNAL MEDICINE	11	4	6	41	62	14	41
NEUROLOGY						5	7
OBSTETRICS	10	4	4	21	39	5	31
GYNECOLOGY							
OPHTHALMOLOGY				11	11	1	9
OTOLARYNGOLOGY				4	4	3	
PHYSICAL MEDICINE		2		16	18		12
PEDIATRICS	9	6	1	40	56		38
PSYCHIATRY	7	6	2	29	44	4	38
PUBLIC HEALTH				11	11		4
PREVENTIVE MEDICINE		1			1		
RADIOLOGY	2			15	17	7	
SURGERY	6	5	2	28	41	11	25
UROLOGY			1		1		12
TOTALS	59	34	22	250	365	58	291

C. GRAND TOTALS (BASIC SCIENCE PLUS CLINICAL)

	FULL-TIME					PART-TIME (PAID)	VOLUNTEER (UNPAID)
	PROFESSOR	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	INSTRUCTOR AND OTHER	TOTAL FULL-TIME		
GRAND TOTALS	86	45	34	251	416	70	291

24. FACULTY DEPARTMENTS AND CHAIRS

DEPARTMENT	CHAIR
ANATOMY	ALEXANDER MARTIN, M.D.
BEHAVIORAL SCIENCE	DAVE SHARMA, M.D.
BIOCHEMISTRY	GERHARD MEISENBERG, Ph.D.
INTRODUCTION TO CLINICAL MEDICINE	PHILIP COOLES, M.D.
MICROBIOLOGY	LOUISE HAWLEY, Ph.D.
PATHOLOGY	PETER BELLOT, M.D.
PHARMACOLOGY	JOHN SZAREK, Ph.D.
PHYSIOLOGY	CHARLES SEIDEL, Ph.D.

25. PROCESS FOR REVIEW OF DEPARTMENT CHAIR PERFORMANCE

The University uses a Standard Performance Review Form for all Faculty/Administrative Staff. Additionally more objective measurement is employed using NBME Subject Examinations to review Chairs' Performance.

26. BUDGETARY AUTHORITY OF DEPARTMENT CHAIRS AND THE SOURCE OF FUNDING FOR DEPARTMENTAL BUDGETS

The Department chairs detail, in conjunction with the dean, their budgetary requirements to run their respective disciplines. The source of the funding for departmental budget is tuition, retained earnings and parent corporation resources.

27. STANDING FACULTY COMMITTEES AND CHAIRS

STANDING COMMITTEE	CHAIR

<i>SEE ATTACHED LIST OF COMMITTEE MEMBERS</i>

28. ROSS' FACULTY/STUDENT RATIO

A. REMEDY TO THE 2004 FACULTY STUDENT RATIO FOR FIFTH SEMESTER AND PROBLEM BASED LEARNING (PBL) PROGRAMS

Additional Faculty has been hired in Miami and Dominica to address the prior recommendations from the Dominica Medical Board.

Forward, find specifics.

B. NEW FACULTY MEMBERS HIRED FOR FIFTH SEMESTER AND PBL PROGRAMS

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Miami 5th Semester - New faculty as of 1/1/2004			
NAME	HIRE DATE	DEPARTMENT	RANK
Gutierrez, Peter A.	11/8/2004	Clinical 5th Semester	Assistant Professor
PBL Facilitators - New Facilitators as of 1/1/2004			
NAME	HIRE DATE	DEPARTMENT	RANK
Larsen, Lene	1/1/2004	PBL	Facilitator
James, Carey M	1/1/2004	Biochemistry	Assistant Professor
Curran, Aidan	1/26/2004	Physiology	Associate Professor
Goff, Patrick	1/6/2004	Behavioral Science	Associate Professor
Hobart, Edward D.	2/1/2004	Pathology	Professor
Thomas, Winston William	4/6/2004	ICM	Doctor
Kolli, Santha	6/1/2004	PBL	Facilitator
Moore, Mary S.	8/1/2004	Anatomy	Associate Professor
Seidel, Charles L.	8/1/2004	Physiology	Chair
Jurney, William M.	8/23/2004	Anatomy	Associate Professor
Robinson, Michael	8/23/2004	Microbiology	Professor
King, Raymond S.	9/1/2004	Anatomy	Assistant Professor
Somova, Liliانا I.	9/1/2004	Pharmacology	Professor

SEE ATTACHED CURRICULUM VITAE

C. N/A – Additional faculty has been hired since the last site visits.

29. NEW FACULTY HIRED SINCE ROSS' LAST DATA BASE DOCUMENT SUBMISSION

Ross University School of Medicine Faculty				
Dominica - New Faculty as of 1/1/2004				
	NAME	HIRE DATE	DEPARTMENT	RANK
1	James, Carey M	1/1/2004	Biochemistry	Assistant Professor
2	Goff, Patrick	1/6/2004	Behavioral Science	Associate Professor
3	Sullivan, Marilyn	1/19/2004	Library	Director
4	Curran, Aidan	1/26/2004	Physiology	Associate Professor
5	Hobart, Edward D.	2/1/2004	Pathology	Professor
6	Schipul Jr. MD, Arthur H	5/1/2004	ICM	Professor
7	White, Anne M.	5/1/2004	ICM / Academic Support	Professor
8	Kolli, Jaya P.	6/1/2004	ICM	Professor
9	Moore, Mary S.	8/1/2004	Anatomy	Associate Professor
10	Seidel, Charles L.	8/1/2004	Physiology	Chair
11	Jurney, William M.	8/23/2004	Anatomy	Associate Professor
12	Robinson, Michael	8/23/2004	Microbiology	Professor
13	King, Raymond S.	9/1/2004	Anatomy	Assistant Professor
14	Somova, Liliana I.	9/1/2004	Pharmacology	Professor
15	Antone, Samson	9/20/2004	Anatomy	Prosector / Instructor
16	Douglas, Jacqueline E.	12/6/2004	Behavioral Science PT	Counselor
17	Paton, David	3/1/2005	Pharmacology	Professor
18	Holroyd, Sean	3/15/2005	Physiology	Assistant Professor
Miami 5th Semester - New faculty as of 1/1/2004				
	NAME	HIRE DATE	DEPARTMENT	RANK

1	Gutierrez, Pete A.	11/8/2004	Clinical 5th Semester	Assistant Professor
<u>PBL Facilitators - New Facilitators as of 1/1/2004</u>				
	<u>NAME</u>	<u>HIRE DATE</u>	<u>DEPARTMENT</u>	<u>RANK</u>
1	Larsen, Lene	1/1/2004	PBL	Facilitator
2	James, Carey M	1/1/2004	Biochemistry	Assistant Professor
3	Curran, Aidan	1/26/2004	Physiology	Associate Professor
4	Goff, Patrick	1/6/2004	Behavioral Science	Associate Professor
5	Hobart, Edward D.	2/1/2004	Pathology	Professor
6	Thomas, Winston William	4/6/2004	ICM	Doctor
7	Kolli, Santha	6/1/2004	PBL	Facilitator
8	Moore, Mary S.	8/1/2004	Anatomy	Associate Professor
9	Seidel, Charles L.	8/1/2004	Physiology	Chair
10	Jurney, William M.	8/23/2004	Anatomy	Associate Professor
11	Robinson, Michael	8/23/2004	Microbiology	Professor
12	King, Raymond S.	9/1/2004	Anatomy	Assistant Professor
13	Somova, Liliana I.	9/1/2004	Pharmacology	Professor

SEE ATTACHED CURRICULUM VITAE

30. ROSS' POLICIES ON CONFLICTS OF INTEREST

A. ACADEMIC

See Attached

B. CLINICAL

See Attached

C. RESEARCH FUNCTIONS

See Attached

31. ROSS' POLICIES ON FACULTY

A. RECRUITMENT

See Attached Faculty Handbook

B. APPOINTMENT

See Attached Faculty Handbook

C. PROMOTION

See Attached Faculty Handbook

D. TENURE

See Attached Faculty Handbook

E. EVALUATION (BY STUDENTS AND BY ROSS)

See Attached Faculty Handbook

F. DISCIPLINE

See Attached Faculty Handbook

EDUCATIONAL PROGRAM LEADING TO THE M.D. DEGREE

32. DURATION OF ROSS' PROGRAM

A. TOTAL DURATION OF THE PROGRAM IN WEEKS	150
B. WEEKS IN FIRST YEAR	60 (SEMESTERS 1-4)
C. WEEKS IN SECOND YEAR	
D. WEEKS IN THIRD YEAR	90 (SEMESTERS 5-10)
E. WEEKS IN FOURTH YEAR	

F. OTHER YEARS	N/A

33. CONTENT OF EDUCATIONAL PROGRAM REQUIRED OF ALL STUDENTS

SUBJECT	YEAR				LOCATION	CLOCK HOURS	
	1	2	3	4		LAB	LECTURE
ANATOMY	x				BASIC SCIENCE CAMPUS		
Microscopic	x				BASIC SCIENCE CAMPUS		
Gross	x				BASIC SCIENCE CAMPUS	117	47
Neuro	x				BASIC SCIENCE CAMPUS	22	63
Embryology	x				BASIC SCIENCE CAMPUS	24	88
BIOCHEMISTRY/GENETICS	x				BASIC SCIENCE CAMPUS		117
NUTRITION	x				BASIC SCIENCE CAMPUS		50
PHYSIOLOGY	x				BASIC SCIENCE CAMPUS	13*	103
BIOPHYSICS							11
EPIDEMIOLOGY	x		x		BASIC SCIENCE CAMPUS		20
BIOSTATISTICS			x		BASIC SCIENCE CAMPUS, MIAMI		10
BEHAVIORAL SCIENCE		x			BASIC SCIENCE CAMPUS, MIAMI	4	60
PATHOLOGY		x			BASIC SCIENCE CAMPUS, MIAMI	40	120
PATHOPHYSIOLOGY		x			BASIC SCIENCE CAMPUS, MIAMI		55
MICROBIOLOGY		x			BASIC SCIENCE CAMPUS, MIAMI	19	85
PHARMACOLOGY		x			BASIC SCIENCE CAMPUS, MIAMI		87
TOXICOLOGY			x	x	U.S. AFFILIATES		6-8
PUBLIC HEALTH			x	x	BASIC SCIENCE CAMPUS, MIAMI		10
PREVENTIVE MEDICINE			x	x	MIAMI		10
MEDICAL JURISPRUDENCE	x				BASIC SCIENCE CAMPUS		5
HUMAN SEXUALITY			x		MIAMI		5
ALCOHOLISM		x	x		MIAMI		12
DRUG ABUSE			x		MIAMI, U.S. AFFILIATES		12
COST CONTAINMENT							
ENVIRONMENTAL MEDICINE			x		MIAMI		12
INTRO TO CLINICAL MEDICINE	x	x			BASIC SCIENCE CAMPUS	47*	55
INTRO TO PSYCHIATRY		x			BASIC SCIENCE CAMPUS		
PHYSICAL DIAGNOSIS	x	x	x	x	BASIC SCIENCE CAMPUS, U.S. AFFILIATES		
CLINICAL DIAGNOSIS			x	x	U.S. AFFILIATES	70	70
CLINICAL CORRELATION	x	x	x	x	BASIC SCIENCE CAMPUS, U.S. AFFILIATES		140
CLINICAL PATHOLOGY CONFERENCES	x	x	x	x	BASIC SCIENCE CAMPUS, U.S. AFFILIATES		30
OTHER -BMSI		x			BASIC SCIENCE CAMPUS, U.S. AFFILIATES		120

* Team Learning

34. ROSS' CLINICAL INSTRUCTION PROGRAM

CLINICAL INSTRUCTION INVOLVING PATIENTS	CLOCK HOURS OF LECTURE	LOCATION OF INSTRUCTION	WEEKS
INTERNAL MEDICINE	60-80 **	*	12
NEUROLOGY		*	4
DERMATOLOGY		*	4
RADIOLOGY		*	4
FAMIL MEDICINE	48 **	*	6
COMMUNITY MEDICINE		*	4
PEDIATRICS	48 **	*	6
PSYCHIATRY	48 **	*	6
OBSTETRICS	48 **	*	6
GYNECOLOGY	(COMBINED)	*	(COMBINED)
PHYSICAL MEDICINE		*	4
REHABILITATION		*	4
GERIATRICS		*	4
GENERAL SURGERY	60-80 **	*	12
ANESTHESIOLOGY		*	2-4
OPHTHAMOLOGY		*	4
UROLOGY		*	4
PLASTIC SURGERY		*	4
NEUROSURGERY		*	4
ORTHOPEDIC SURGERY		*	4
EMERGENCY MEDICINE		*	4
PRECEPTORSHIP		*	4
AMBULATORY MEDICINE		*	2-4

** See attached listing of Clinical Training Affiliates*

*** Composite Average Core Discipline*

35. ROSS' CLINICAL CLERKSHIP LOCATIONS

See attached listing of U.S. Clinical Affiliates

36. ROSS' MIAMI FIFTH SEMESTER PROGRAM

A. EXPLAIN HOW ROSS' FACULTY RETAINS CONTROL OF THE ACADEMIC PROGRAM FOR MEDICAL EDUCATION AT CLINICAL AFFILIATES

The affiliation agreement and contractual arrangement with the Greater Miami Health Education and Training Center (GMHETC) and with the GMHETC subcontracting sites contains language describing the educational goals and objectives for clinical training programs. The Director of Medical Education (DME) for the Miami Fifth Semester Program, Enrique S. Fernandez, M.D., M.S.Ed., is a full-time faculty member of Ross University School of Medicine (RUSM). Dr. Fernandez is a professor of Family Medicine and Associate Dean for Clinical Sciences and he reports to the Vice-president for Academic affairs and Clinical Dean of Ross University. The DME retains full control of the academic /medical education activities for the Miami fifth

Semester including program development, program implementation, program refinement and program evaluation. The DME of the Miami Fifth Semester Program receives guidance and input regarding the academic program from the VP for Academic Affairs/Clinical Dean, the Executive Dean, the RUSM Curriculum Committee, the RUSM Clinical Department chairs and the other full-time and part-time faculty members of the Miami Fifth Semester Program. The DME evaluates and approves the clinical training sites and the community teaching faculty for the Fifth Semester Program.

B. WHO COORDINATES THE QUALITY OF CLINICAL PROGRAMS ACROSS SITES?

The DME for the Miami Fifth Semester and the other full-time faculty in the program are responsible for the overall coordination and assurance of quality for the clinical training programs. Dr. Fernandez provides general direction and oversight and delegates principal responsibility for assuring the quality of the clinical programs to the Assistant Course Director, Dr. Pete Gutierrez. Dr. Gutierrez maintains regular contact with the part-time faculty and community teaching faculty, including the medical director of the GMHETC and the President of the International Medical Education Consultants (IMEC), which is the principal sub-contractor for providing the clinical training sites. A preceptor/community faculty manual is provided to each teaching site. It contains the educational goals and objectives for the Miami Fifth Semester Program and details the expectations for clinical teaching of students who rotate at each site. Dr. Gutierrez meets with the community faculty and/or maintains telephone contact to clarify program goals and objectives and to address any questions or concerns that the community teaching faculty may have. Dr. Gutierrez brings any problems or major issues to the attention of the DME for discussion and resolution. The Fifth Semester students receive instruction and written materials which describe the expectations for patient care and clinical training activities at the program sites. Students are required to maintain a log of patient care experiences during each week of the Fifth Semester Program and to report on the nature and quality of the learning experience. These student logs are an important means of providing regular feedback to the DME and Fifth Semester Program faculty about the quality of clinical training experiences across the various sites.

C. METHODS BY WHICH ROSS COORDINATES ACTIVITIES ACROSS CLINICAL SITES TO PROVIDE CONSISTENT AND COMMON METHODS OF EVALUATING STUDENT PERFORMANCE AT AND AMONG SITES

Each student is evaluated at the clinical teaching sites utilizing an evaluation checklist. The evaluation form asks for feedback from the community faculty for an assessment of each student's level of knowledge, application of knowledge/information to the clinical setting, critical thinking skills, ability to gather and convey information from the clinical encounter and interpersonal skills and rapport, including an assessment of professional demeanor. Verbal and/or written feedback is received from the community faculty/preceptors at each site. Students are given feedback about their level of performance in each area. Students who have significant knowledge deficits or who exhibit unprofessional behavior are counseled. If a student does not improve performance during the Fifth semester, he or she will have an opportunity for remediation or will be required to repeat the Fifth Semester and to demonstrate satisfactory knowledge, skills and aptitudes/behaviors before being promoted to the core clinical rotations.

D. PROCESSES BY WHICH ROSS ASSESSES THE QUALITY AND STANDARDIZATION OF THE CLINICAL PROGRAMS ACROSS CLINICAL SITES TO ENSURE THE VALIDITY AND USEFULNESS OF THE CLINICAL EXPERIENCE

All of the participating physicians are "credentialed" with respect to licensure and postgraduate training/education. Each facility/site is visited by the DME or the Associate/Assistant Course Directors to review the setting for clinical training. The community faculty and the Fifth Semester students are provided with the preceptor/clinical training manual, which describes the goals and objectives for the clinical training experience. Each site and the community faculty are evaluated with regard to providing a proper balance of observational and "hands-on" experiences for the student. The community faculty member is expected to review the salient aspects of the patient history, physical and problem list with the student between patient encounters or at the end of the day as the schedule permits. Students are expected to learn and to practice presenting patients to the supervising physician to develop problem lists and to be able to discuss the problem list critically based on their knowledge of disease pathophysiology. The clinical experiences are balanced to provide students opportunities to be exposed to patient care in the hospital setting and in the ambulatory setting. Students provide feedback about the clinical training experiences during the course of the semester in the form of the clinical encounter logs and also in the end-of-semester course evaluation.

37. CURRICULUM SUBSEQUENT TO THE MIAMI FIFTH SEMESTER PROGRAM

A. EXPLAIN HOW ROSS' FACULTY RETAINS CONTROL OF THE ACADEMIC PROGRAMS FOR MEDICAL EDUCATION AT CLINICAL AFFILIATES.

Ross University places student at clinical affiliated teaching hospitals in the United States to complete their third and fourth year of required clinical training. Each affiliation agreement outlines the responsibility of each party (School and Hospital). The hospitals agree that the protocol for educational programs for students in each department shall be developed and implemented in accordance with the School's policies for clinical clerkships. The hospitals further agree to provide staff physicians, residents and/or interns acceptable to the School as student instructors. The School grants supervising faculty appointments in accordance with the School's faculty appointment policy.

Further Ross University Clinical Chairmen visit each Clinical training Affiliate at regularly scheduled intervals to meet with students, Program Directors, staff and on-site Ross University clinical faculty to review their respective academic programs. In addition the School sponsors two Leadership Workshop Conferences each year where both Clinical and Basic Science faculty meet to review curriculum, grading and promotion policies, as well as student preparedness to enter the clinical phase of the educational program. At the end of each clinical core rotation students complete a standardized final examination. Additionally, at the end of each clinical rotation (core and elective), a standardized Ross University clinical evaluation form is completed by the hospital physician faculty and forwarded to the University Registrar who issues the students grade for the clerkship.

B. WHO COORDINATES THE QUALITY OF CLINICAL PROGRAMS ACROSS SITES?

The Dean of Clinical Sciences in conjunction with the Associate Dean of Clinical Sciences and the Clinical Chairmen coordinate the quality of clinical programs across sites.

C. METHODS BY WHICH ROSS COORDINATES ACTIVITIES ACROSS CLINICAL SITES TO PROVIDE CONSISTENT AND COMMON METHODS OF EVALUATING STUDENT PERFORMANCE AT AND AMONG SITES

At the end of each rotation (core and elective) a standard Ross University evaluation form is completed by physician faculty from the clinical training sites and forwarded to the University Registrar who issue a final grade for each clinical experience. As part of the Ross University affiliation agreement with the clinical training sites, they agree to submit to the school a completed copy of the School's Clerkship Evaluation Form.

D. THE PROCESS BY WHICH ROSS ASSESSES THE QUALITY AND STANDARDIZATION OF THE CLINICAL PROGRAMS ACROSS CLINICAL SITES TO ENSURE THE VALIDITY AND USEFULNESS OF THE CLINICAL EXPERIENCE

The University uses two standardized measurements to answer the quality and standardization of clinical programs across sites.

1) **STANDARDIZED FINAL EXAM FOR EACH CORE CLINICAL EXPERIENCE**

This gives the University insight to both student preparedness and hospital performance in delivery of the Ross University Clinical Curriculum

2) **USMLE STEP II**

E. HOW INSTRUCTION AND EXPERIENCE IN PATIENT CARE IS PROVIDED IN BOTH AMBULATORY AND HOSPITAL SETTINGS

All students are scheduled for both their core and elective rotations at Teaching Hospitals which Ross University is affiliated with. By nature of the fact that International Medical Graduates have licensure requirements in many states that mandate that clinical rotations are completed in teaching hospitals with residency training programs in the division the student is rotating in, the University does not, like some U.S. schools, utilize private physician offices that are not part of a teaching hospital program. It does however assure, through its Chairs, that students receive adequate exposure to ambulatory patients while involved in clinical activities, providing it is an Extension to the Training Program where residents are also involved. Graduate Medical Education Accreditation through the Accreditation Council for Graduate Medical Education (ACGME) evaluates education programs prior to their becoming accredited. Part of their program review mandates assurance to the council that the resident has adequate exposure to both in hospital patients and ambulatory/out-patient settings. Ross University students are placed only in teaching hospitals where those accredited programs are organized, giving further assurance that the student will get adequate exposure to instruction and experience in both ambulatory and hospital settings.

F. HOW DOES ROSS ENSURE THAT CLINICAL INSTRUCTION COVERS ALL ORGAN SYSTEMS, INCLUDING PREVENTIVE, ACUTE, CHRONIC, CONTINUING AND REHABILITATIVE CARE?

Ross University School of Medicine Clinical Science Curriculum outlines goals and objectives in each core subject area, as well as details of course content to be covered in each discipline. Each affiliated clinical training site is in receipt of Ross University School of Medicine Medical Curriculum. Prior to the execution of such an Affiliation Agreement, the Program Director and/or Medical Education Director assures the School that they are able to provide curriculum mandates to all Ross students. The content of the Clinical Curriculum provides exposure to instruction in all organ systems, including education to exposure in preventative, acute, chronic, continuing and rehabilitative care. Visits to Affiliated Clinical Training sites by Ross University School of Medicine faculty assure that students are receiving such clinical instruction.

38. DESCRIBE (A) THE SPECIFIC COMPETENCIES ROSS EXPECTS OF ITS GRADUATES, (B) THE INSTITUTIONAL OBJECTIVES RELATED TO EACH COMPETENCY AND (C) THE OUTCOME MEASURES THAT ROSS USES TO

DETERMINE ACHIEVEMENT OF THOSE OBJECTIVES.

Ross University must ensure that before graduation, a student will have demonstrated to the faculty a series of attributes.

ATTRIBUTE 1: PHYSICIANS MUST BE COMPASSIONATE AND EMPATHETIC DEALING WITH AND CARING FOR PATIENTS

LEARNING OBJECTIVE: Knowledge of theories and principals that govern ethical decision making.

COURSES: Doctors, Patient and Society/Behavioral Sciences/Clinical Ethics (elective)

OUTCOME MEASUREMENT: Faculty and Resident observation

ATTRIBUTE 2: PHYSICIANS MUST BE KNOWLEDGEABLE AND SKILLFUL

A. LEARNING OBJECTIVE: Knowledge of normal structure and function of the body and altered structure and function of the body.

COURSES: Anatomy/Physiology/Biochemistry/Pharmacology/Intro to Clinical Medicine/Microbiology/Pathology

OUTCOME MEASUREMENT: Course exams, USMLE I

B. LEARNING OBJECTIVE: Ability to do a complete H&P, perform routine technical procedures, interpret results of commonly used diagnostic procedures, be able to recognize immediate life threatening events and relieve pain.

COURSES: Clinical Clerkships

OUTCOME MEASUREMENTS: Faculty & resident review, USMLE II, OSCE

C. LEARNING OBJECTIVE: Ability to engage in lifelong learning in order to maintain sufficient familiarity with scientific advances.

COURSES: Pathology/Clinical Clerkships

OUTCOME MEASUREMENT: Small Groups (cases & clerkships)

CURRICULUM DESIGN, IMPLEMENTATION AND EVALUATION

-
- 39. ROSS' PROCESSES FOR (A) DESIGNING, (B) IMPLEMENTING AND (C) PERIODICAL EVALUATING ITS BASIC SCIENCE AND CLINICAL EDUCATION CURRICULA AND HOW FACULTY IS INVOLVED WITH CHIEF ACADEMIC OFFICERS AND STAFF IN THESE.**

The Curriculum Committee at Ross University School of Medicine is responsible for oversight of the Medical School curriculum design. Implementation of the curriculum is the responsibility of The Chair of the department in conjunction with his/her respective faculty.

Curriculum modifications or suggestions for modifications are sent to the faculty

curriculum committee. The committee is well represented by members of the faculty community.

Recommendations from the curriculum committee for changes to the curriculum are made to the Dean.

40. HOW ROSS EVALUATES PROGRAM QUALITY

Ross University uses a number of ways to evaluate program quality.

1) Student Performance: The University closely monitors student performance on standardized examinations including USMLE Step I and Step II and subject shelf examinations that we administer through the National Board of Medical Examiners

2) Academic Progress and Graduation: The University closely monitors the progression of its students towards graduation and where our grads are gaining residency placement. In 2003 Ross University School of Medicine graduated more individuals in residency training than any school in the world. The University has noted no adverse trend in its graduates' entry into post-graduation training.

3) Acceptance into Residency Programs: The University does not have a measurement for graduates' post-graduate performance.

4) Postgraduate Performance: Ross School of Medicine's graduates are presently eligible for licensure in all states in the United States (as well as other geographies outside of the U.S)

41. PLANS FOR MAJOR MODIFICATION OF THE PRESENT CURRICULUM

There are no plans for major modification at this time.

42. COPIES OF STANDARD INSTITUTIONAL COURSE OR CLINICAL EVALUATION FORMS

See Attached

MEDICAL STUDENTS

ENROLLMENT

- 43. HAS ROSS AT ANY TIME SINCE THE LAST SITE VISIT INCREASED STUDENT ENROLLMENT AT THE PORTSMOUTH CAMPUS ABOVE 1,200 STUDENTS?**

No

- 44. HAS ROSS AT ANY TIME SINCE THE LAST SITE VISIT INCREASED STUDENT ENROLLMENT AT THE MIAMI FIFTH SEMESTER PROGRAM ABOVE 284 STUDENTS?**

No

- 45. INFORMATION REGARDING CURRENT STUDENT ENROLLMENT, 2003-2004**

- A. TOTAL NUMBER OF STUDENTS**

2,383 students

- B. NUMBER OF CURRENT FINAL YEAR STUDENTS AND DATE OF THEIR GRADUATION**

547 students –graduation date is unknown

C. NUMBER OF CURRENT CLINICAL STUDENTS (OTHER THAN FINAL YEAR STUDENTS)

653 students

D. NUMBER OF CURRENT SECOND YEAR BASIC SCIENCE STUDENTS

606 students

E. NUMBER OF CURRENT FIRST YEAR BASIC SCIENCE STUDENTS

577 students

F. PERCENTAGE OF CURRENT STUDENTS WHO ARE NATIONALS OF THE COUNTRY IN WHICH THEIR SCHOOL IS LOCATED

Unknown – approximately 1%

G. PERCENTAGE OF CURRENT STUDENTS WHO ARE U.S. NATIONALS

Unknown – approximately 80%

46. STUDENT ENROLLMENT AND ADMISSIONS FOR PRIOR FIVE YEARS

A. STUDENT ENROLLMENT FOR THE PRIOR FIVE YEARS

YEAR	TOTAL ENROLLMENT	No. in BASIC SCIENCE MEDICAL SCIENCE	No. in CLINICAL TRAINING	OTHERS	GRADUATES during YEAR
2000	2058	993	1065	NONE	495
2001	2148	1168	980	NONE	417
2002	2258	1361	897	NONE	383
2003	2530	1535	995	NONE	301
2004 *	2383	1183	1200	NONE	325

* ONLY STUDENTS IN CLASS

B. STUDENT ADMISSIONS FOR PRIOR FIVE YEARS *

YEAR	FALL SEMSTER	WINTER SEMESTER	SUMMER SEMESTER	OTHERS	TOTAL ADMISSIONS
2000-01	217	222	146		
2001-02	235	212	181		
2002-03	305	283	239		
2003-04	324	283	296		
2004-05	293	147			

* INCLUDES ALL NEW 1ST SEMESTER AND TRANSFER

47. ENROLLMENT FIGURES FOR OTHER EDUCATIONAL PROGRAMS AT THE SCHOOL

None

ADMISSIONS PROCESS

-

48. IDENTIFY INDIVIDUALS HOLDING THE FOLLOWING POSITIONS:

A. CHAIR OF ADMISSIONS COMMITTEE

Noel Boaz, M.D., Ph.D.

B. ADMINISTRATIVE OFFICERS FOR THE ADMISSSIONS PROGRAM

Dick Woodward, Dean of Enrollment Management and VP of Admissions

49. PROCESS OF SELECTION OF ENTERING MEDICAL STUDENTS

The Admissions Committee of the faculty gives serious consideration to all candidates

showing the potential to meet the rigorous academic requirements of a highly structured curriculum. The committee considers each applicant for admissions based on a combination of factors including: undergraduate cumulative grade point average (GPA), GPA in required pre-medical coursework, advanced Biology and Chemistry coursework, graduate level work, Medical College Admissions Test (MCAT) scores and a letter of recommendation and a personal essay. Each applicant is interviewed. The interview provides an assessment of the applicant's maturity, adaptability to handle stress, background and their motivation for the study of medicine. Work history and professional or volunteer experience are also considered.

The committee reviews only complete applications and makes the final determination as to the accountability of a candidate. The Admissions Committee's decision is communicated by letter to the applicant. Those applicants who are accepted by the Faculty Admissions Committee are asked to respond back to the Admission Department as to their intent to enroll.

50. ESTABLISHMENT AND PUBLICATION OF ROSS' STUDENT SELECTION CRITERIOR

A. PROCESS BY WHICH SELECTION CRITERIA IS ESTABLISHED

Selection criteria for admission are established by the faculty with the School of Medicine.

B. WAYS IN WHICH SELECTION CRITERIA ARE MADE KNOWN TO FACULTY, STAFF, APPLICANTS AND OTHERS

All selection criteria are published in the school catalog and are also available on the school's web site.

51. IS THE ABILITY OF AN APPLICANT TO FINANCE HIS/HER MEDICAL EDUCATION CONSIDERED AS ONE OF THE CRITERIA FOR FINAL SELECTION?

No.

52. ALL COURSES OR SUBJECTS REQUIRED FOR ADMISSION

Inorganic or General Chemistry (with labs) 1 Year/8 Hours

Organic Chemistry (with labs) 1 Year/8 Hours

General Biology or Zoology (with labs) 1 Year/8 Hours

Physics (with labs) 1 Year/8 Hours

Mathematics (preferably Calculus or Statistics) 1 Semester/3 Hours

English 1 Year/6 Hours

53. HOW ROSS ENSURES THAT NUMBER OF STUDENTS ADMITTED IS CONSISTENT WITH THE AVAILABLE EDUCATIONAL RESOURCES AND THE NUMBER OF QUALIFIED APPLICANTS

The enrollment at the School of Medicine is controlled by the faculty through the Dean of Enrollment Management. The faculty, through the Chair of each discipline, defines their budgetary requirements to meet the goals and objectives for their respective departments. The number of faculty needed are determined by the Chair, in conjunction with the Executive Dean. The Executive Dean and his faculty are also involved in the planning of facilities development and the timing for execution of the plan.

54. HOW ROSS SEEKS TO MAINTAIN AN APPROPRIATE BALANCE BETWEEN THE SIZE OF THE ENROLLMENT AND THE TOTAL RESOURCES OF THE PROGRAM, INCLUDING FACULTY, PHYSICAL FACILITIES AND BUDGET, TO ENSURE THAT ROSS IS NOT SEEKING ENROLLMENT BEYOND THE LEVEL ITS TOTAL RESOURCES CAN ACCOMMODATE.

The University, in addition to the aforementioned (response to question 53), relies also on the knowledge and experience of those external constituents who review their Academic program. The Dominica Medical Board (DMB), with its February 2004 review of the School of Medicine's Basic Science Campus noted that, at that time, facilities, faculty and resources not support beyond an enrollment of 1,200 students. We are presently enrolled at approximately 900 students on the Basic Science Campus.

Additionally, the DMB recommended, at its March 2004 visit to Ross University's Clinical campus in Miami, that enrollment not exceed 284 students at that time without an increase in faculty resources, it has not, nor does the University have any plan to do so.

55. PROCESS OF SELECTION OF TRANSFER STUDENTS

The Admissions Committee will consider student applicants enrolled or previously enrolled from a limited number of approved medical schools. In general, these schools have acquired similar recognition from external evaluators approving their Academic Program (i.e. NY State DOE). Transfer students must meet all the published requirements for admission to Ross University.

The Ross University School of Medicine's Faculty Promotions Committee will determine into what semester an accepted student will be placed.

CHARACTERISTICS OF STUDENTS

56. INFORMATION REQUESTED FOR CURRENT ENTERING CLASS (JANUARY 2005)

A. NUMBER OF CURRENT STUDENTS IN EACH OF THE FOLLOWING CATEGORIES

PREMEDICAL GPA			YEARS IN COLLEGE		HIGHEST EARNED DEGREE	
SUPERIOR (A OR 3.6-4.0)	24		2 OR FEWER		BACCALAUREATE	
GOOD (B OR 3.0-3.5)	86		3 YEARS		MASTERS	
FAIR (C OR 2.5-2.9)	30		4 OR MORE		DOCTORATE	
POOR (LESS THAN 2.5)	7				OTHER	
TOTAL	147		TOTAL		TOTAL	

B. STUDENTS FOR WHOM ROSS HAS MCAT SCORES AVAILABLE

a. NUMBER OF STUDENTS WITH MCAT SCORES:

141

b. MEAN MCAT SCORES IN:

VERBAL REASONING 6.74

PHYSICAL SCIENCES 7.17

BIOLOGICAL SCIENCES 7.34

WRITING SAMPLE unknown

57. FOR THE CURRENT SECOND YEAR CLASS (SEPTEMBER 2004), PROVIDE INFORMATION REQUESTED BELOW.

A. NUMBER OF STUDENTS IN EACH OF THE FOLLOWING CATEGORIES:

PREMEDICAL GPA	YEARS IN COLLEGE	HIGHEST EARNED DEGREE
----------------	------------------	-----------------------

SUPERIOR (A OR 3.6-4.0)	32	2 OR FEWER		BACCALAUREATE	
GOOD (B OR 3.0-3.5)	201	3 YEARS		MASTERS	
FAIR (C OR 2.5-2.9)	68	4 OR MORE		DOCTORATE	
POOR (LESS THAN 2.5)	2			OTHER	
TOTAL	293	TOTAL		TOTAL	

B. STUDENTS FOR WHOM ROSS HAS MCAT SCORES AVAILABLE

a. NUMBER OF STUDENTS WITH MCAT SCORES:

281

c. MEAN MCAT SCORES IN:

VERBAL REASONING 6.7

PHYSICAL SCIENCES 7.3

BIOLOGICAL SCIENCES 5.0

WRITING SAMPLE unknown

58. FOR THE CURRENT THIRD YEAR CLASS (MAY 2004), PROVIDE INFORMATION REQUESTED BELOW.

A. NUMBER OF STUDENTS IN EACH OF THE FOLLOWING CATEGORIES:

PREMEDICAL GPA		YEARS IN COLLEGE		HIGHEST EARNED DEGREE	
SUPERIOR (A OR 3.6-4.0)	35	2 OR FEWER		BACCALAUREATE	
GOOD (B OR 3.0-3.5)	170	3 YEARS		MASTERS	
FAIR (C OR 2.5-2.9)	83	4 OR MORE		DOCTORATE	
POOR (LESS THAN 2.5)	8			OTHER	
TOTAL	296	TOTAL		TOTAL	

B. STUDENTS FOR WHOM ROSS HAS MCAT SCORES AVAILABLE

a. NUMBER OF STUDENTS WITH MCAT SCORES:

157

b. MEAN MCAT SCORES IN:

VERBAL REASONING 6.3

PHYSICAL SCIENCES 7.2

BIOLOGICAL SCIENCES 7.3

WRITING SAMPLE unknown

59. FOR THE CURRENT FOURTH YEAR CLASS (JANUARY 2004), PROVIDE INFORMATION REQUESTED BELOW.

A. NUMBER OF STUDENTS IN EACH OF THE FOLLOWING CATEGORIES:

PREMEDICAL GPA			YEARS IN COLLEGE		HIGHEST EARNED DEGREE	
SUPERIOR (A OR 3.6-4.0)	27	2 OR FEWER			BACCALAUREATE	
GOOD (B OR 3.0-3.5)	49				3 YEARS	
FAIR (C OR 2.5-2.9)	88	4 OR MORE			DOCTORATE	
POOR (LESS THAN 2.5)	15				OTHER	
TOTAL	283	TOTAL			TOTAL	

B. STUDENTS FOR WHOM ROSS HAS MCAT SCORES AVAILABLE

a. NUMBER OF STUDENTS WITH MCAT SCORES:

181

b. MEAN MCAT SCORES IN:

VERBAL REASONING 6.3

PHYSICAL SCIENCES 7.0

BIOLOGICAL SCIENCES 7.6

WRITING SAMPLE unknown

60. MEDICAL STUDENT ATTRITION

DATA FOR SEMESTERS 5/04-8/04

REASON FOR WITHDRAWAL/DISMISSAL	SEMESTERS 1&2 (5/04-1/04)	SEMESTERS 3&4 (9/03-5/03)	SEMESTERS 5, 6 &7 (1/03-9/02-5/02)	SEMESTERS 8,9 & 10 (1/02-9/01-5/01)	TOTAL
POOR ACADEMIC STANDIC	34	20	18	13	
FIANCIAL REASONS					
TEMPORARY WITHDRAWAL TO PURSUE ADVANCED STUDY					
TEMPORARY LEAVE OF ABBSENSE FOR OTHER REASONS					
TRANSFER TO ANOTHER MEDICAL SCHOOL			11	13	
ALL OTHER REASONS (UNKNOWN)	22	9			
TOTAL STUDENTS LOST/YEAR	56	29	29	26	

61. PROVIDE THE INFORMATION REQUESTED REGARDING THE NUMBER OF STUDENTS WHO TRANSFERRED TO OTHER MEDICAL SCHOOLS OVER THE PAST FIVE YEARS *

A. AFTER FALL 2004-2005 SESSION, NUMBER OF STUDENTS

Unknown

B. AFTER FALL 2003-2004 SESSION, NUMBER OF STUDENTS

20

C. AFTER FALL 2002-2003 SESSION, NUMBER OF STUDENTS

14

D. AFTER FALL 2001-2002 SESSION, NUMBER OF STUDENTS

11

E. AFTER FALL 200-2001 SESSION, NUMBER OF STUDENTS

9

** These numbers reflect only those students who actually notify the University of their matriculation in another school.*

COSTS AND FINANCIAL AID

62. STUDENT EXPENSES FOR A TYPICAL SCHOOL YEAR

TYPE OF EXPENSE	BASIC SCIENCE STUDENT NATIONAL	BASIC SCIENCE (SEMESTERS 1-4) U.S. STUDENT	CLINICAL (SEMESTERS 5-10) STUDENTS (ALL)
TUITION PER SEMESTER YEAR	\$10,900	\$10,900	\$12,000
FEES -STUDENT GOVERNMENT	\$40	\$40	
FEES -HEALTH INSURANCE (AGE DEPT.)	\$254-\$578	\$254-\$578	\$254-\$578
TOTAL SEMESTER EXPENSES	\$11,194-\$11,518	\$11,194-\$11,518	\$12,254-\$12,578

63. FINANCIAL AID PROVIDED TO CURRENT ROSS STUDENTS

STUDENT COUNTS	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	TOTAL
NUMBER RECEIVING AID FROM INSTITUTIONAL GRANTS AND SCHALARSHIPS	1	7	2	3	13
NUMBER RECEIVING OUTSIDE GRANTS AND SCHOLARSHIPS	23	21	4	1	49
NUMBER RECEIVING FEDERAL FAMILY EDUCATIONAL	339	589	373	191	1492
NUMBER RECEIVING OTHER (NON-FFELP) EDUCATIONAL LOANS	278	464	299	179	1220
NUMBER RECEIVING WORK STUDY FUNDS	NONE	NONE	NONE	NONE	NONE
TOTAL NUMBER RECEIVING AID FROM ALL SOURCES	355	637	390	242	1624
TOTAL NUMBER OF STUDENTS	424	779	586	445	2234

64. ROSS'S CURRENT PROGRAM PARTICIPATION AGREEMENT AND ELIGIBILITY AND CERTIFICATION APPROVAL REPORT WITH THE U.S. DEPARTMENT OF EDUCATION ("ED")

See Attached

65. CURRENT STATUS OF ED'S REVIEW OF ROSS' RECENT CHANGE OF OWNERSHIP

The review by the U.S Department of Education of Ross University's recent change in ownership has been completed. The University will provide the Dominica Medical Board with a copy of the ED's approval letter and all related correspondence when issued.

66. COPIES OF ROSS' MOST RECENT TITLE IV COMPLIANCE AUDIT AND CORRESPONDENCES WITH ED REGARDING SAME

See Attached

67. COPIES OF OTHER MATERIAL CORRESPONDENCE WITH ED, INCLUDING ANY CORRESPONDENCE RELATING TO:

A. INVESTIGATIONS

None

B. PROGRAM REVIEWS

None

C. OTHER AUDITS WITH FEDERAL STUDENT REQUIREMENTS

None

68. COPIES OF ROSS' REFUND POLICIES (WHICH MAY BE INCLUDED IN ITS CATALOG)

Ross School of Medicine's refund policy is published in its Medical School Catalog.

See Attached

STUDENT AFFAIRS

69. INDIVIDUAL RESPONSIBLE FOR STUDENT AFFAIRS

Katherine Houghton, Ed.D.

Dean of Academic Administration and Student Affairs

Date of Appointment: 5/1/2003

70. STUDENT RECORDS

A. IS THERE A CENTRAL FILE OF STUDENT RECORDS WITHIN THE MEDICAL SCHOOL?

Yes

B. WHERE IS THE CENTRAL FILE KEPT?

Office of the Registrar

499 Thornall St., 10 Fl.

Edison, NJ 08837

Attn: Ms. Linda Everett

C. CENTRAL FILE CONTAINS:

§ Premedical credentials (transcripts, interview summary, MCAT scores)

§ Faculty comments on performance

§ Medical School transcript

§ Clinical Evaluations

§ Application to the School of Medicine

D. ARE ALL OF THESE RECORDS AVAILABLE TO EACH STUDENT FOR FEEDBACK ON PERFORMANCE AND/OR CORRECTION OF ERRORS?

All information in the student central file is available to each student for review, feedback on performance and/or correction of error. The process available to the student is published in the Student Handbook (Attached) which is distributed to each student.

The University follows the guidelines of the U.S. Family Educational Rights and Privacy Act (FERPA), which gives the student the right to review their educational record within 45 days of the University's receipt of request for access.

Further, FERPA gives the student the right to request amendment of their

educational records. Should the student believe there exist items that are inaccurate or misleading, the student should write the University Registrar, clearly identifying that part of the record they want corrected. If the University decides not to amend, the student is notified and advised of his/her right to a hearing. Additional information regarding the hearing will be provided with the aforementioned notification.

E. THE PROCEDURES STUDENTS MUST FOLLOW TO REVIEW OR CHALLENGE THEIR RECORDS

See response to 70D.

71. SITUATIONS FOR HOUSING OF STUDENTS

A. AT THE HOME CAMPUS

Ross University School of Medicine (RUSM) operates a small housing program of its own. The University acquired property adjacent to its Basic Sciences campus in 2004 and refurbished a number of units (Portsmouth Beach Hotel). It consists of 75 single unit dwellings available to students on a first come-first serve basis.

Additionally RUSM's housing coordinators will assist students in finding appropriate accommodations in the community. Housing Offices take the student on a housing tour where they are shown a cross section of available requested apartments to choose from.

While involved in clinical activities, students are provided with listings of various accommodations that are nearby their assigned training site. The Ross University Clinical Coordinators work individually with the students to assist in the procurement of housing during their third and fourth year.

72. POLICIES REGARDING STUDENT COUNSELING OPPORTUNITIES

A. FINANCIAL AID

Detailed information about Financial Aid is published in the booklet, *Ways and Means of Financial Aid* (attached).

Additional Financial Aid information is published in the school catalog.

B. ACADEMIC PROGRESS

Information concerning student issues relating to academic progress are printed in the Student Handbook and Catalog (attached). This information is also given to students during orientation week each semester.

C. PERSONAL AND MENTAL HEALTH COUNSELING

Health Service information is printed in the school's Catalog. This information is also given to students during orientation week each semester.

73. STUDENT EXPOSURE TO INFECTIOUS DISEASES

- A.** During the students' Advanced Introduction to Clinical Medicine in Miami, all students receive instruction/education to prevention and management of exposure to infectious diseases.

(See Outline of Course Material attached)

B. STUDENTS LEARN HOW TO AVOID OR PREVENT EXPOSURE TO INFECTIOUS DISEASES DURING:

- a) Medical Microbiology Course (Portsmouth Campus)
- b) Advanced Introduction to Clinical Medicine (Miami)

C. WHEN AND HOW ARE STUDENTS TAUGHT THE PROCEDURES TO FOLLOW IN THE EVENT OF EXPOSURE?

During Advanced Introduction to Clinical Medicine

74. NONDISCRIMINATION POLICY

Ross University's Nondiscrimination Policy is published in its School Catalog. It notes Ross University does not discriminate in its admissions process and its educational policies and other University policies and employment.

Ross University admits students without regard to race, color, national origin, gender, religion, disability, or age, to all rights, privileges, programs and activities generally made available to students at the University. It does not discriminate on the basis of race, color, national origin, gender, religion, disability, or age in administration of its educational policies and other University-administered policies, or employment policies.

75. POLICIES AND PROCEDURES FOR STUDENT REPORTING OF VIOLATION OF SCHOOL STANDARDS

Policies and Procedures for the students reporting violations of school standards including harassment or abuse are published in the Student Handbook and Honor Code (both attached), which each student is given during orientation and signs.

STUDENT EVALUATION AND OUTCOMES

76. ARE GRADUATES OF ROSS ELIGIBLE FOR LICENSURE IN THE UNITED

STATES AND IN OTHER COUNTRIES?

Graduates of RUSM are eligible for licensure in the United States, Dominica, the United Kingdom and Canada. Graduates have also been licensed to practice in several European countries as well as in Africa.

77. CURRENT USMLE STEP 1 PASS RATE DATA IN 2003

In 2004, 583 students took Step I for the first time (the 38 students referenced are part of this group), 505 passed, for a USMLE I pass rate of %86.6%.

78. USMLE STEP 1 PASS RATE DATA FOR THE PRECEDING SIX MIAMI FIFTH SEMESTER PROGRAM CLASSES

September 2004	sample group small (200 eligible who have until March 2005 to take)
May 2004	87.4%
January 2004	86.5%
September 2003	90.0%
May 2003	95.7%
January 2003	90.3%

79. CIRCUMSTANCES WHERE STUDENTS MAY DEFER THE USMLE STEP 1 EXAM

Students are required to sit for USMLE Step 1 for the first time within 6 months after becoming eligible (eligibility is defined as successful completion of basic sciences.) Otherwise the student will be administratively withdrawn. Students are required to take and pass Step 1 in no more than three attempts and within one year of becoming eligible.

On rare occasion, the University will allow a student one opportunity to extend their testing window. A window is defined as a 3-month period of time, assigned by the Education Commission for Foreign Medical Graduates (ECFMG) in conjunction with the Prometric Testing Center. An extension is not granted for more than four weeks.

80. USMLE RESULTS FOR REPEAT TAKERS IN THE PAST THREE YEARS

2004	68.2%
2003	64.4%
2002	66.8%

81. DATA PROVIDED BY THE NATIONAL BOARD OF MEDICAL EXAMINERS COMPARING NATIONAL AND ROSS FIRST-TIME TAKERS FOR USMLE STEPS 1 AND 2

Not Available

82. MOST RECENT NATIONAL BOARD OF MEDICAL EXAMINERS SHOWING PERFORMANCE IN THE VARIOUS SUBJECT AREAS ADDRESSED IN USMLE STEPS 1 AND 2

Not Available

83. ROSS' PROCESS FOR EVALUATING STUDENT WORK DURING PROGRESSION THROUGH EACH COURSE OR CLERKSHIP

During the Clinical component of the Program (semesters 5-10), students are evaluated by faculty and/or residents at Affiliated Clinical Training Sites. At the end of each rotation (both Core and Elective) faculty complete a standard Ross University Clinical Evaluation Form (attached). The evaluation is sent to the Ross University Registrar where a grade is issued (grading method is attached to the evaluation). The final graded evaluation is then sent to the Clinical Dean who uses these during the process of academic advisement with the students.

84. ROSS' CURRENT CATALOG AND ITS POLICIES FOR (A) EVALUATION, (B) ADVANCEMENT, (C) GRADUATION AND (D) DISCIPLINE

See Attached

FACILITIES

PHYSICAL PLANT

85. ROSS' PHYSICAL PLANT

BUILDING NAME	YEAR COMPLETED	COST	NET USABLE SQUARE FEET	LOCATION IN REFERENCE TO MAIN CAMPUS	FUNCTION
EM 1			12,046	ALL ON BASIC SCIENCE CAMPUS, PORTSMOUTH	
EM 2			17,350		
EM 3			1,230		
EM 4			2,430		
EM 5			22,544		
EM 6			10,511		
EM 7			9,584		
EM 8			17,883		
EM 9			8,806		
EM 10			4,472		
EM 11			2,560		
EM 12			7,140		
EM 13			19,116		
EM 14			816		

SEE ATTACHED MAPS

86. ROSS' EFFORT TO PROVIDE BUILDINGS AND EQUIPMENT THAT ARE QUANTITATIVELY AND QUALITATIVELY ADEQUATE TO PROVIDE AN ENVIRONMENT CONDUCTIVE TO HIGH PRODUCTIVITY OF FACULTY AND STUDENTS.

In late 2003 and early 2004, Ross University initiated a Capital Planning Process under the leadership its prior president. In an effort to assure that the University provide buildings and equipment that are quantitatively and qualitatively adequate to provide a production environment to faculty and students, the extensive input from faculty, students and administrators were solicited over a series of structure interaction among constituents through the planning process. The Executive Dean at the University Basic Science Program who reports directly to The President is responsible to assure that those aforementioned resources remain adequate for both needs of faculty and students.

87. HOW DOES ROSS DETERMINE THAT BUILDINGS AND EQUIPMENT ARE QUANTITATIVELY AND QUALITATIVELY ADEQUATE TO ACCOMMODATE ITS STUDENTS AND FACULTY?

See question # 86.

TEACHING FACILITIES

88. COMPLETE THE TABLES BELOW. ATTACH PHOTOGRAPHS OF SCHOOL'S TEACHING FACILITIES OR PAGES FROM BROCHURES.

A. CLASS ROOMS FOR LECTURES

NAME	BUILDING	NUMBER OF SEATS	AUDIOVISUAL FACILITIES (Y/N)
CLASSROOM 6	MULTIPURPOSE	308	Y
CLASSROOM 4	ICM	300	Y
CLASSROOM 5	CLASSROOM 5	280	Y
CLASSROOM 1	CLASSROOM 1	250	Y
CLASSROOM 7	MULTIPURPOSE	50	Y
CLASSROOM 3	CLASSROOM 3	90	Y

See Catalog for photos

B. STUDENT LABORATORIES

NAME	AVAILABILITY (Y/N)	EQUIPMENT	NUMBER
ANATOMY DISSECTING ROOM	Y	CADAVER TABLES	20
ANATOMY MICROSCOPIC LAB (FORMER PATH LAB BLDG.) (HISTOLOGY)	Y	STUDENT SEATS 150-300 MICROSCOPES COMPUTER SLIDE CD ROM BASED	
BIOCHEMISTRY LAB	N	STUDENT BENCH SPACES	N/A
MICROBIOLOGY LAB	N	STUDENT BENCH SPACES	N/A
PHYSIOLOGY LAB	N	STUDENT WORK SEATS	N/A
PATHOLOGY LAB	N	MICROSCOPES	
OTHER – COMPUTRIZED ANATOMY LABS	Y		10
OTHER – HUMAN PATIENT SIMULATORS	Y		4

See Catalog for photos

C. SPECIAL RESOURCES

RESOURCE	AVAILABILITY (Y/N)
MEDICAL PHOTOGRAPHY	Y
ELECTRONICS SHOP	Y

COMPUTER, DATA PORCESSING	Y
PRINTING, DUPLICATING AND REPRODUCTION SHOP	Y
MACHINE SHOP	N
AUDIOVISUAL-MULTIPLE MEDIA VIEWING AREA	Y
SPACE FOR:	N/A
DOGS	N/A
CATS	N/A
RATS	N/A
GUINEA PIGS	N/A
MICE	N/A
OTHER	N/A
OTHER –CARPENTRY SHOP	Y

CLINICAL TEACHING FACILITIES

89. AFFILIATED CLINICAL TEACHING SITES

HOSPITAL	LOCATION	NUMBER OF BEDS	ANNUAL NUMBER OF OPD VISITS	ANNUAL NUMBER OF ER VISITS	APPROVED POSTGRADUATE RESIDENCY TRAINING PROGRAMS *
Arrowhead Regional Medical Center	Colton, CA	373	244,000	88,000	FM, OB/GYN
Bergen Regional Medical Center	Paramus, NJ	323	16,155	9,130	PSY
Bronx-Lebanon Hospital Center	Bronx, NY	614	604,167	116,172	IM, SURG, PEDS, OB/GYN, FM
Brookdale Hospital Medical Center	Brooklyn, NY	550	49,827	103,800	IM, SURG, PEDS, OB/GYN, FM
Cape Cod Hospital	Hyannis, MA	228		80,000	SURG
Catholic Medical Center	Jamaica, NY	440	167,350	95,273	IM, SURG, PEDS, OB/GYN, FM
Griffin Hospital	Derby, CT	160	160,427	35,833	IM
Harbor Hospital Center	Baltimore, MD	221	not reported	37,994	IM
Hospital for Joint Diseases	New York, NY	216	66,437	4,918	SURG
Huron Hospital	Cleveland, OH	300	47,300	27,651	IM, SURG
Jackson Park Hospital	Chicago, IL	326	19,699	26,587	FM
Kern Medical Center	Bakersfield, CA	222	111,078	40,638	IM, PEDS, OB/GYN, FP

King's County Hospital Center	Brooklyn, NY	627	700,000	140,000	IM, SURG, PEDS, OB/GYN, FM, PSY
Larkin Community Hospital	South Miami, FL	130	10,827	12,377	FM
Long Beach Medical Center	Long Beach, NY	203	1,525	14,852	FM
Long Island College Hospital	Brooklyn, NY	506	42,657	60,501	IM, PEDS, OB/GYN, SURG
Lutheran Medical Center	Brooklyn, NY	476	653,928	38,002	IM, SURG, OB/GYN
Maimonides Medical Center	Brooklyn, NY				IM, PEDS, SURG, OB/GYN, PSY
Metropolitan State Hospital	Norwalk, CA	789	0	0	PSY
Michael Reese Medical Center	Chicago, IL	351	74,027	22,500	IM, SURG, PEDS, OB/GYN
Mount Vernon Hospital	Mt. Vernon, NY	247	19,600	20,000	IM
Peninsula Hospital Center	Far Rockaway, NY	235	20,000	22,000	SURG, FM
Prince George's Hospital Center	Cheverly, MD				IM, OB/GYN
HOSPITAL	LOCATION	NUMBER OF BEDS	ANNUAL NUMBER OF OPD VISITS	ANNUAL NUMBER OF ER VISITS	APPROVED POSTGRADUATE RESIDENCY TRAINING PROGRAMS
Queen's Hospital Center	Jamaica, NY	220	311,684	64,128	IM, PSYCH, SURG
Raritan Bay Medical Center	Perth Amboy, NJ	925	98,335	55,536	IM
Rochester General Hospital	Rochester, NY	526	353,858	76,930	IM, SURG
Southwest Georgia Family Medicine	Albany, GA				PEDS, FM
Spring Grove Hospital Center	Catonsville, MD	439	0	0	PSYC
St. Agnes Hospital	Baltimore, MD	359	75,898	77,098	IM, SURG
St. Anthony's Hospital	Chicago, IL	180	45,000	30,000	IM, OB/GYN, PEDS
St. Barnabas Hospital	Bronx, NY	461	380,898	94,875	IM, SURG, PEDS
St. Clare's Hospital of Schenectady	Schenectady, NY	200	199,394	37,244	FM
St. Elizabeth Hospital	Washington, DC	530			PSY
St. John's Episcopal Hospital	Far Rockaway, NY	332	122,436	21,956	IM, SURG, OB/GYN
St. Mary's Hospital	Waterbury, CT	347	17,000	11,000	SURG

St. Mary Hospital of Hoboken	Hoboken, NJ	328	54,916	26,408	FM
St. Mary's Medical Center	Evansville, IN	425	175,000	55,000	IM
Trinitas Hospital	Elizabeth, NJ	560 (312 licensed 248 staffed)	130,870	59,565	IM
West Hills Hospital	Reno, NV	95	0	do not have an ER	PSY
Wycoff Heights Medical Center	Brooklyn, NY	355 (including 26 bassinets)	123,918	74,808	IM, SURG, PEDS, OB/GYN, PSY, FM
<p>* "FM" (FAMILY MEDICINE), "PEDS" (PEDIATRICS), "IM" (INTERNAL MEDICINE, "SURG" (SURGERY), "PSY" (PSYCHOLOGY), "OB/GYN" (OBTETRICS/GYNECOLOGY)</p>					
<p><i>Affiliation Agreements immediately following this listing</i></p>					

90. PROVIDE COPIES OF:

- A. SITE VISIT REPORTS recently completed by Clinical Chairmen.
- B. STUDENT SURVEYS completed by students and sent to the University

Note: These are anonymous. They are forwarded to the University along with the Student Clerkship Evaluation, therefore may not list the course taken on the survey. However, the University is aware of specifics such as course taken hospital name as it is printed on the Student Clerkship Evaluation.

- C. RELEVANT CORRESPONDENCE

None

91. IDENTIFY ANY CLINICAL SITES ADDED TO ROSS' PROGRAM SINCE THE LAST DATA BASE DOCUMENT SUBMISSION

Arrowhead Regional Medical Center, CA

Michael Reese Medical Center, IL

Southwest Georgia Memorial Hospital, GA

92. IDENTIFY ANY CLINICAL SITES THAT:

- A. ROSS HAS CONCERNS

Jackson Park Hospital, Chicago, IL

- B. ROSS HAS PLACED ON PROBATION

None

- C. ROSS HAS REMOVED FROM ITS PROGRAM

Jamaica Hospital, Queens, NY

- D. ROSS HAS REMOVED BECAUSE Chairmen's Site Visit to Jamaica, Queens, on two occasions noted students were not receiving a lecture series as required.

93. IDENTIFY ANY PROGRAMS THAT ARE:

- A. **BEING SIGNIFICANTLY EXPANDED** - None
- B. **BEING REDUCED IN SIZE** – Jackson Park Hospital, Chicago, IL
- C. **EXPERIENCING DIFFICULTY IN FILLING FACULTY POSITIONS** - None

94. INFORMATION ON EACH CLINICAL AFFILIATE OF ROSS

See attached Affiliated Clinical Training Sites list

95. CONFIRM THAT ALL CLINICAL AFFILIATION AGREEMENTS GRANT ROSS DEPARTMENT HEADS THE AUTHORITY TO ASSURE FACULTY AND STUDENT ACCESS TO APPROPRIATE CLINICAL RESOURCES.

See attached standard draft contract.

All Clinical Affiliation Agreements grant Ross Department Heads the authority to assure faculty and students access to appropriate clinical resources.

The hospital agrees to make available to students supervised, use of its patient related facilities and services, with access to diagnostic and therapeutic regimens of in-patients and out-patients, (with proper disclosure and consent) to their charts and medical records, medical library and all diagnostic and therapeutic areas as part of the School's educational programs for such students.

OTHER FACILITIES

96. QUANTITY, QUALITY AND ACCESSIBILITY OF STUDENT STUDY SPACE, LOUNGE AND RELAXATION AREAS

An interim facility has been developed (and continues to be resourced) at the former Ross University Seaside Café for student lounge/relaxation area.

97. EVIDENCE OF DEVELOPMENT OF A STUDENT ACTIVITIES CENTER AND FACULTY RECREATIONAL FACILITIES.

Capital expansion is part of the University's present Strategic Planning Process occurring now. It will be ready to be distributed as a document in May 2005. An interim facility has been developed at the former Ross University Seaside Café.

Additionally, since the last visit of the DMB, Ross University has increased its recreational resources for use of students and faculty in its gymnasium, and the opening of a soccer court.

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LIBRARY

98. LIBRARIAN

- A. NAME – Marylin Sullivan
- B. YEAR OF APPOINTMENT - 2003
- C. PROFESSIONAL DEGREE – M.A.L.S.
- D. AWARDING UNIVERSITY – University of Wisconsin - Milwaukee

99. THE LIBRARIAN REPORTS TO:

The Dean of the Medical School

100. PROFESSIONAL SCHOOLS THAT THE LIBRARY SUPPORTS

Ross University School of Medicine

101. SCHEDULE OF HOURS THAT THE LIBRARY IS OPEN FOR EACH DAY OF THE WEEK

7:00AM to Midnight seven days a week

(NOTE: The library is open 24 hours per day the week prior to exams)

102. LIBRARY HOLDINGS

LOCATION	NUMBER OF VOLUMES AT END OF YEAR	NUMBER OF VOLUMES ADDED THIS YEAR	NUMBER OF SERIAL TITLES RECEIVED AT END OF YEAR	PARTICIPATION IN INTER-LIBRARY LOANS (Y/N)?
MEDICAL SCHOOL OR HEALTH CENTER LIBRARY	5,000	530		YES
UNIVERSITY HOSPITAL LIBRARY	640	100		YES
AFFILIATED HOSPITAL LIBRARIES *				
* All of RUSM's Affiliate Clinical Training Sites have programs that are ACGME and/or AOA accredited. They meet all standards applied during that accreditation process. That process includes on-site evaluation of the hospital's library resources.				

103. ROSS' LIBRARY FACILITIES

FACILITY	SQUARE FEET	SEATING CAPACITY
READING AREAS		500

STACKS		111 TABLES
OFFICES	TOTAL 22,544	
STAFF WORKSPACE	TOTAL 22,544	
SRORAGE (OFF-SITE)	N/A	
CONFERENCE ROOMS	N/A	
AUDIOVISUAL ROOMS	N/A	
STUDY CARRELS	N/A	
OTHER	N/A	

104. INFORMATION REGARDING LIBRARY CIRCULATION

A. TOTAL NUMBER OF VOLUMES CIRCULATED OUTSIDE LIBRARY

90,000 +

B. NUMBER OF INTERLIBRARY LOANS LOANED

0

C. NUMBER OF INTERLIBRARY LOANS BORROWED

600 +

105. INFORMATION REGARDING LIBRARY BUDGET (2003-2004)

A. ACQUISITIONS, EXPEDITURES \$289,513

B. SALARIES, WAGES, ETC. \$299,454

C. ALL OTHER EXPENSES \$342,212

D. TOTAL EXPENDITURES \$932,179

106. NUMBER OF LIBRARY STAFF IN EACH CATEGORY BELOW:

A. PROFESSIONAL FULL-TIME 1

B. NONPROFESSIONAL FULL-TIME 17

C. PART-TIME NONE

107. EFFORTS TO IMPROVE THE “BARELY ADEQUATE” PHYSICAL FACILITIES AND PRINT COLLECTION OF ROSS’ LIBRARY IDENTIFIED IN THE 2004 SITE VISIT REPORTS

The book collection was thoroughly inventoried during the past few months. New editions were purchased of those books held by the library for which a new edition later than 2001 was available and not owned by the library. Ten new serial titles were added to the collections as well as five online titles. In addition several titles have been made accessible through PubMed Central, freemedicaljournals.com and highwire and faculty and students have been notified of these developments and instructed how to access them. Additional textbooks have been added via AccessMedicine. Faculty is presently reviewing the Netter illustrations database for likely purchase. Oxford Publishing reference works have been made available online. ERIC educational database has been purchased and made available to faculty and students online. Librarians at Ross and DeVry have been meeting via conference call to ascertain ways to share library resources.

The library has added two additional rows of stacks to accommodate the growing collection. Twenty computers for student use have been added to the two existing computer rooms in the library. A new print center with two new copier/printers has been added to accommodate student printing. Two additional self-serve photocopiers in the main library area were upgraded.

A total of five photocopiers are now available for students’ use. The number of computer classrooms within the library remains at two, but twenty computers have been added to them. Network connections have been expanded and much of the library now accommodates wireless transmission.

108. RESPECTS IN WHICH ROSS HAS EXPANDED ITS LIBRARY RESOURCES TO ACCOMMODATE INCREASED STUDENT ENROLLMENT

Enrollment has not increased since the last DMB visit. Presently, the Basic Science campus has approximately 900 students on site. At the last visit of the DMB in February 2004, enrollment was at 1,049 students on site.

109. PROVIDE DATA REGARDING:

A. NUMBER OF PHOTOCOPIERS AND COMPUTERS FOR STUDENT USE

5 photocopiers and computers

B. NUMBER OF COMPUTER CLASSROOMS

2

C. NUMBER OF NETWORK CONNECTORS

The University has created a virtually wireless campus.

110. IDENTIFY THE INCREASE IN NUMBER SINCE THE LAST SITE VISIT IN:

A. PHOTOCOPIERS AVAILABLE TO STUDENTS

Two new photocopiers were acquired and placed in a newly developed Print Center. The Print Center also has three upgraded high-speed printers to respond to student needs.

B. COMPUTER CLASSROOMS AVAILABLE TO STUDENTS

No new classrooms have been added.

C. NETWORK CONNECTIONS AVAILABLE TO STUDENTS

20 (NOTE: MUCH OF THE LIBRARY NOW ACCOMMODATES WIRELESS TRANSMISSION)

111. METHODS USED TO ASSURE THE ONGOING PROFESSIONAL SKILLS OF THE LIBRARY AND INFORMATION TECHNOLOGY STAFF AND HOW THOSE TWO GROUPS

Library staff meets regularly and is given regular updates on library systems. They recently attended a long-distance web conference regarding the integrated library system. Last May, two of the library supervisors attended a weeklong conference of ACURIL (association of Caribbean Universities, Research and Institutional Libraries) held in Trinidad. They attended workshops, received instruction on methods of registration and accessing new online journals and witnessed new developments in the library's automation and research facilities.

ACURIL is an association of Caribbean University, research and institutional libraries set up to promote Caribbean library cooperation at the university level. A wealth of resources exists within the Caribbean region. In fact, Ross University Library now interacts frequently with the University of Puerto Rico and the University of the West Indies in fulfilling interlibrary loan requests.

RESPONSE TO PRIOR SITE VISIT RECOMMENDATIONS

112. RESPECTS IN WHICH ROSS HAS ADDRESSED EACH FINDING OF THE REPORTS ON THE FEBRUARY 2004 AND MARCH 2004 SITE VISITS, AS WELL AS UNRESOLVED FINDINGS AND RECOMMENDATIONS FROM PRIOR SITE VISIT REPORTS.

I. REPORT OF A SITE VISIT TO DOMINICA, FEBRUARY 2004

A. RECOMMENDATION # 2 FROM THE DMB

THE EXISTING BASIC SCIENCE FACILITIES AND NUMBER OF FACULTY CANNOT SUPPORT A STUDENT POPULATION OF MORE THAN 1,200. ANY INCREASE BEYOND 1,200 STUDENTS MUST BE ACCOMPANIED BY SATISFACTORY ADDITIONAL INPUTS.

We are presently enrolled in the basic Science division at approximately 900 students. The University has no plans at present to increase enrollment beyond 1,200 students without satisfactory additional resources.

B. RECOMMENDATION # 3 FROM THE DMB

THE POSITION OF PRESIDENT MUST BE FILLED BY A QUALIFIED INDIVIDUAL AS SOON AS POSSIBLE AND NO LATER THAN 9/1/04.

Done.

C. RECOMMENDATION # 4 FROM THE DMB

ADDITIONAL FULL-TIME FACULTY MUST BE APPOINTED TO THE DEPARTMENTS OF MICROBIOLOGY AND ANATOMY WITHIN ONE YEAR.

The Microbiology Department has added two additional full-time faculty, leaving One open position to fill.

The anatomy department has filled all unfilled positions since the last DMB visit.

D. RECOMMENDATION # 5 FROM THE DMB

THE CURRENT FACULTY/STUDENT RATION CONSTITUTES THE MINIMUM NECESSARY TO IMPLEMENT THE EXISTING PBL PROGRAM. ALTHOUGH PBL IS STRONGLY SUPPORTED BY BOTH STUDENTS, ANY EFFORT TO DEVELOP PBL FURTHER WILL REQUIRE AN APPROPRIATE INCREASE IN BASIC SCIENCE FACULTY. UNDER NO CIRCUMSTANCES SHOULD THE NUMBER OF STUDENTS PER GROUP EXCEED TEN.

The number of students in the PBL groups has not exceeded 10 per group. Additionally, as noted in the Faculty section of the Database, 13 additional faculty were added.

E. RECOMMENDATION # 6 FROM THE DMB

THE PHYSICAL, ELECTRONIC AND PRINT RESOURCES REQUIRE IMMEDIATE ATTENTION. ADEQUATE STEPS MUST BE TAKEN TO ASSURE THAT STUDENTS AND FACULTY HAVE ACCESS TO CURRENT SCIENTIFIC AND CLINICAL INFORMATION.

Additional resources have been added to the library (see responses in Library section of this database). The Medical Librarian and her staff undertook an inventory process and subsequently updated library inventory, additional photocopiers, computers and a wireless system has been installed in the library.

F. RECOMMENDATION # 7 FROM THE DMB

APPROPRIATE SUPPORT MUST BE PROVIDED FOR THE DEVELOPMENT OF A STUDENT ACTIVITY CENTER AS WELL AS FACULTY RECREATIONAL FACILITIES.

This is being developed in conjunction with the University's Strategic Planning Process occurring now. Interim support has been provided with the former Ross University Seaside Café.

G. RECOMMENDATION # 8 FROM THE DMB

LIAISON AND COMMUNICATION SERVICES BETWEEN THE ADMINISTRATION OFFICES BASED IN EDISON, NJ AND STUDENTS AND FACULTY BASED IN DOMINICA MUST BE IMPROVED.

This is a University wide challenge; one I believe is being better addressed under the leadership of a new President. A University wide Strategic Planning Process involving a large number of individuals in the faculty, student and administrative communities, at all campuses has started and will provide a forum for open communications. More frequent visits from the President and VP of Academic Affairs have taken place and will continue to do so.

H. RECOMMENDATION # 9 FROM THE DMB

EFFORTS MUST BE MADE TO ESTABLISH A DIALOGUE BETWEEN ROSS UNIVERSITY (RU) AND THE PMH FOR PURPOSES OF CREATING SHARED CLINICAL FACULTY APPOINTMENTS. THIS WOULD ASSIST RU IN THE RECRUITMENT OF CLINICAL FACULTY, IMPROVE OPPORTUNITIES FOR THE EXPOSURE OF STUDENTS TO CLINICAL MEDICINE AND COINCIDENTLY ENHANCE THE DELIVERY OF HEALTH CARE SYSTEM IN DOMINICA.

The University continues to make every effort to appoint to its faculty, health care professions that are not only exceptional teachers, but when possible, able to enhance the delivery of health care systems in Dominica.

Since the DMB's last visit, the University has recruited a physician faculty member to teach in its Introduction to Clinical Medicine whose professional background is in Physical Medicine and rehabilitation and Podiatric Surgery. She has expressed a very strong desire to not only teach our students but, delivers much needed rehabilitative care and Podiatric Surgical and Medical care to citizens of the country of Dominica. At present there are no formally trained Physical Medicine and Rehabilitation Physicians, nor Podiatric Surgeons in the country.

I. RECOMMENDATION # 10 FROM THE DMB

THE INTRODUCTION OF CLINICAL EXPOSURE SITES FOR THE BASIC SCIENCE STUDENTS MUST BE CLOSELY MONITORED TO ASSURE QUALITY AND COMPATIBILITY WITH RUSM EDUCATIONAL OBJECTIVES

The University continues to monitor its students' clinical activities during their basic sciences, using a standard faculty and student evaluation system, standard final examinations and the addition of both full-time and part-time faculty in its

Introduction to Clinical Medicine Course.

II. REPORT OF A SITE VISIT TO MIAMI, MARCH 2004

A. RECOMMENDATION # 1 FROM THE DMB

THE CURRENT FACULTY/STUDENT RATIO IS MARGINAL AND REQUIRES IMMEDIATE SUBSTANTIAL AUGMENTATION. FURTHERMORE, THE UNIVERSITY MUST NOT INCREASE ITS ENROLLMENT BEYOND THE PRESENT COUNT OF 284 STUDENTS UNLESS IT FIRST INCREASES THE SIZE OF ITS FACULTY TO ACCOMMODATE ANY PROPOSED GROWTH IN STUDENT ENROLLMENT. THE NUMBER OF STUDENTS IN THE MIAMI PROGRAM SHALL NOT BE INCREASED ABOVE 284 WITHOUT PRIOR APPROVAL BY THE DOMINICA MEDICAL BOARD.

The number of students in the Advanced Introduction to Clinical Medicine Course (AICM) in Miami has not exceeded 284 students since the DMB's last visit. The University has no plans to increase class size to exceed that recommendation.

The University has, however, added an additional full-time physician faculty member since the last visit of the DMB and granted faculty appointments to eight additional part-time physicians since the last DMB visits. Scheduled regular participation in the clerkship program by Ross University's former Executive Dean, Dr. J. Rios, Dr. Scott Ippolito, Ross University's Dean of Clinical Sciences and Ross University's Clinical Chairs, Dr. Hammond Dugan and Dr. Robert Mucciolla, since the last visit by the DMB in March 2004.

B. RECOMMENDATION # 2 FROM THE DMB

IMPROVED AND CONTINUOUS EFFORTS MUST BE MADE TO ASSURE THE QUALITY AND INTEGRITY OF CLINICAL EXPERIENCES.

Every effort continues to assure the quality of integrity of clinical experiences. A

standard student/faculty evaluation form is completed for each student. A series of standard final examinations are in place (written, patient write-ups, history and physical examination assessment by OSCE methods)

Additionally, added resources (faculty and staff) are available to assist the Director of Medical Education in his efforts to assure a quality clinical experience for all students.

C. RECOMMENDATION # 3 FROM THE DMB

THE SYSTEM OF STUDENT SUPPORT SERVICES SHOULD BE IMPROVED TO ASSURE ADEQUATE SUPPORT FOR STUDENTS.

Each semester representatives from the NJ Administrative Offices visit the Miami, AICM students and administrative staff to add support to the program's activities and student needs. They are representative from the Offices of Registrar, Financial Aid, Bursar, Clinical sciences (both Coordinators and Enrollment Management), information technology, and the Dean of Academic Services and Student Affairs (Dominica). We believe this has not only added valuable support to our students, but also to our administrative and faculty associates at our Miami Campus.

Additionally, a full-time support person has been added to the Miami Campus and an additional full-time support position is budgeted to be filled.

D. RECOMMENDATION # 4 FROM THE DMB

THE BUDEGTARY SYSTEMM MUST BE CLOSELY MONITORED TO ASSURE ADEQUATE RESOURCES FOR AICM.

Since the last visit of the DMB visit, the University had conducted its budgetary

planning meeting in April 2004 for fiscal year 2005 for its AICM program in Miami. Those meeting involved participation between the Director of Medical Education for the AICM program, the Program Director, Clinical Dean and members of the RUSM Finance Office. The University plans on developing the fiscal year budget for the year 2006 in April 2005, involving the same level of participation from both faculty and administration.

E. RECOMMENDATION # 5 FROM THE DMB

THE SELECTION, PREPARATION AND ORGANIZATION OF CLINICAL ROTATIONS MUST BE MORE CAREFULLY MONITORED TO ASSURE THE QUALITY OF THE PROGRAM. THIS WILL REQUIRE AN INCREASED LEVEL OF ADMINISTRATIVE STAFF AND CLINICAL OVERSIGHT.

As noted in response to recommendation #2 from the DMB (Miami, March 2004), the University has added additional resources to assist the DME in the monitoring of clinical activities for students during the AICM clerkship.

F. RECOMMENDATION # 6 FROM THE DMB

A SITE VISIT SHOULD BE CONDUCTED TO THE FIFTH SEMESTER PROGRAM IN MIAMI BY THE DMB NO LATER THAN MAY 1, 2005 TO ASSURE THAT PROCESSES HAVE DEVELOPED WITH A VIEW TO THE REALIZATION OF THE PROGRAM'S ACADEMIC OBJECTIVES, INCLUDING, BUT NOT LIMITED TO THE ISSUES IDENTIFIED IN THIS REPORT.

Visit to be conducted in March 2005.

G. RECOMMENDATION # 7 FROM THE DMB

CLINICAL DEPARTMENT CHAIRS SHOULD MEET AS A GROUP AT LEAST QUARTERLY.

To be planned for fiscal year 2006

ATTACHMENTS

ATTACHMENT	QUESTION NUMBER
BUDGET	10
CATALOG	68, 72-B, 84, 88-A-B
CHAIRMEN SITE VISIT REPORTS	90-A
CHARTER	3-C
CLINICAL AFFILIATE AGREEMENTS	89
CLINICAL AFFILIATE DRAFT CONTRACT	95
CLINICAL AFFILIATES TRAINING SITES	9-D, 17-I-J, 34,35,94
CURRICULUM VITAE (IN ALPHABETICAL ORDER)	5, 17-A-H, 28B, 29
DEVRY'S MOST RECENT 10K	www.shareholder.com/devry/edgar.cfm
	8
EVALUATION FORMS	42, 83
FACULTY AGREEMENT	30-A-C
FACULTY COMMITTEES MEMBERS LIST	27
FACULTY HANDBOOK	31-A-F
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GENERAL & DEAN'S OFFICE ORGANIZATIONAL CHARTS	22
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PROGRAM PARTICIPATION AGREEMENT WITH U.S. DEPT. OF EDUCATION	64
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WAYS AND MEANS OF FINANCIAL AID	72-A