

YEAR 2005 ANNUAL SURVEY

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INSTITUTIONAL INFORMATION**1. Medical College Name:**

SABA University School of Medicine

2. Chief Academic Officer's Name: Arthur Maron, MD, MPA**3. Medical Degree of the Chief Academic Officer:** Doctor of Medicine, Master of
Public Administration**4. In 2005, what was the rate of tuition each term?**

Basic Sciences

Clinical Tuition

1^{st-5th} semester - \$6,9506^{th-10th} semester - \$7,950**5. In 2005, did the college publish its tuition refund policy?** YES NO**6. State the length of the M.D. degree program.**

147 Weeks

ADMISSIONS**7. Applicant Pool**

In 2005, how many applications did the medical college receive? _1009_

In 2005, how many acceptances were offered by the college? ___280___

In 2005, how many enrolled applicants matriculated to SUSOM? _208_

8. Students Admitted with Advanced Standing in 2005

Number admitted to:

1 st Year class	2 nd Year class	3 rd Year class	4 th Year class
___3___	___1___	___0___	___0___

9. List the number of entering medical students in 2005 who fall within the following categories:

Premedical GPA:

3.50 – 4.00 _____ 44 _____

3.00 – 3.49 _____ 101 _____

2.60 – 2.99 _____ 29 _____

Not known _____

Total _____ 181 _____ *Reflects Canadian matriculants where 2.0

Highest earned degree: is average grade and BSc with honors is 2.8

Baccalaureate _____ 128 _____

Master _____ 21 _____

Doctoral _____ 9 _____

Other _____ 23 _____

Status pending _____

None _____

Unknown _____ *foreign school

Total _____ 181 _____

10. What was the average premedical GPA for the each newly admitted freshman cohort in 2005?

	January 2005	May 2005	September 2005
Cumulative GPA:	3.12	3.12	3.30
Sciences GPA:	3.13	3.17	3.32

11. Are applicants for entry to the first year of the program required to take a medical college admission test (such as the MCAT examination)?

_____ Yes X No

If yes, report mean MCAT scores for the freshman class admitted in 2005.

Verbal Reasoning 7.2
 Physical Sciences 7.8
 Biological Sciences 7.9
Total Mean: 23

12. What was average MCAT score for the each newly admitted freshman cohort in 2005?

	January 2005	May 2005	September 2005
Average MCAT	22.57	21.94	24.15
Low MCAT	11	13	14
High MCAT	34	34	35
% of class with score	63.4%	54.49%	57.1%

13. Provide a list of students matriculating who were accepted under the Superior Personal Attribute Exception to the Admissions Standards. (2002)

Not Applicable

14. Are all accepted candidates interviewed?

 X yes _____ no

15. (a) List the size of the freshman class that the college plans to enroll for each of the following years:

2005 60 2006-60-65 2007-60-65

(b) List the number of students who graduated in 2005 and who are projected to graduate in each of the following years:

2006 -129 2007-138 2008-157

16. Does the medical college's admissions committee: (select one)

_____ Include medical students as voting members
 _____ Include medical students as non-voting members
 x Not include medical students

ENROLLMENT**17. Student enrolment in 2005 by Term and Average for the Year:**

<i>Jan 2005</i>	1st year (terms 1-3)	2nd year (terms 4,5)	3rd year (terms 6-8)	4th year (terms 9, 9.5 +)	Total enrollment
Men	98	57	80	99	334
Women	59	35	45	49	188
TOTAL	157	92	125	148	522

<i>May 2005</i>	1st year (terms 1-3)	2nd year (terms 4,5)	3rd year (terms 6-8)	4th year (terms 9, 9.5 +)	Total enrollment
Men	97	68	80	89	334
Women	71	28	53	42	194
TOTAL	168	96	133	131	528

<i>Sept 2005</i>	1st year (terms 1-3)	2nd year (terms 4,5)	3rd year (terms 6-8)	4th year (terms 9, 9.5 +)	Total enrollment
Men	97	68	80	82	327
Women	84	35	55	33	207
TOTAL	181	103	135	115	534

<i>Average 2005</i>	1st year (terms 1-3)	2nd year (terms 4,5)	3rd year (terms 6-8)	4th year (terms 9, 9.5 +)	Total enrollment
TOTAL	169	97	131	131	528

18. Attrition total for 2005

STUDENT ATTRITION IN 2005	CLASS YEAR									
	First		Second		Third		Fourth		Totals	
REASONS STATED	M	F	M	F	M	F	M	F	M	F
Dismissed: - Academic	12	5	1	2	4	2			17	9
Withdrawn: - AWOL	1	2							1	2
Withdrawn: Financial		1								1
Withdrawn: Personal	6	3							6	3
Withdrawn: Transferred	1						3		4	
Withdrawn: Unknown	3		2						5	
SUBTOTAL:	23	11	3	2	4	2	3		33	15

19. Students on Leave of Absence in 2005

2005 LEAVE OF ABSENCE	CLASS YEAR									
	First		Second		Third		Fourth		Totals	
REASONS STATED	M	F	M	F	M	F	M	F	M	F
Clinical Gap (FinAid)	2				1		1		4	0
Office / Approved										
Other	1	2			8	2			9	4
USMLE Step 1					15	12			15	12
USMLE Step 2										
SUBTOTAL:	3	2			24	14	1		28	16

20. In 2005, list the number of students who repeated either portions or the entire previous year's course:

Gender	1st Year Terms (1-3)	2nd Year Terms 4 &5	Totals by Gender
F	15	5	20
M	18	9	27
Totals	33	14	47

21. In 2005, list the number of students who were placed on decelerated tracks (exclude students identified above):

	Term 1	Term 2	Term 3	Term 4	Term 5
Jan 2005	7	6	1	4	1
May 2005	4	7	0	1	2
Sept 2005	1	10	0	2	0
Totals	12	23	1	7	3

22. Provide an outcome analysis of the Basic Science attrition and USMLE pass rates for students admitted with the following GPA scores: (a) below 2.6; (b) 2.6 – 2.99; (c) 3.0 – 3.49; and (d) 3.5 and over:

- (a) **below 2.6** 50% (1/2 students)
- (b) **2.6 – 2.99** 40% (2/5 students)
- (c) **3.0 – 3.49** 85.19% (23/27 students)
- (d) **3.5 and over** 98.6% (70/71 Students)

CURRICULUM

23. State the length of each academic year (two terms) and the number of hours of instruction.

	No. of Weeks
First Academic Year (Terms 1 & 2)	_____ 45 _____
Second Academic Year (Terms 3 & 4)	_____ 30 _____
Third Academic Year (Terms 5 & 6)	_____ 42 _____
Fourth Academic Year (Terms 7 & 8)	_____ 30 _____
Fifth Academic Year (Terms 9 & 9.5)	_____ _____
TOTAL:	_____ 147 _____

24. Does the college utilize any of the following computer-based instructional methods?

Computerised bibliographic research:

yes **no**

Computer-based instructional programs used as study aids:

yes **no**

Computer-based instructional programs as required part of courses:

yes **no**

Computer-based simulation to teach or test diagnostic or therapeutic decision-making:

yes **no**

25. Identify the indicators used by the curriculum committee, course directors, admission committee, and the administration to evaluate the effectiveness of the educational program offered by the college.

- yes** **no** Results of standardized exams (such as USMLE)
- yes** **no** Student scores on internally administered written exams
- yes** **no** Survey of its graduates
- yes** **no** Student evaluation of courses
- yes** **no** Performance-based assessment of student skills and abilities (standardized patients or computer simulation)
- yes** **no** Student advancement and graduation rates
- yes** **no** Residency performance of graduates
- yes** **no** Licensure rates of graduates
- yes** **no** Appointments to postgraduate training posts
- yes** **no** Specialty choice of graduates
- yes** **no** Residency completion rates
- yes** **no** Specialty certification rates
- yes** **no** Practice location of graduates
- yes** **no** Practice type of graduates
- yes** **no** Career type (e.g. research, practice)

26. Indicate how the college utilizes data gathered on these indicators:

- yes no committees responsible for educational planning and/or curriculum evaluation
- yes no faculty committees (e.g. admissions)
- yes no data is reviewed by medical school administration (e.g. deans for curriculum development and faculty requirements)

27. Check the following areas in which instruction is offered to students:

The following subjects are presented as part of one or more required courses (abbreviations below):

A	=	anatomy
B	=	biochemistry
E	=	embryology
G	=	genetics
I	=	immunology
ICC	=	introduction to clinical clerkship
ICM	=	introduction to clinical medicine
M	=	internal medicine core
MP	=	med psyche (basic sciences)
MIC	=	microbiology
S	=	surgery core
O	=	ob/gyn core
P	=	pathology
PHAR	=	pharmacology
PHY	=	physiology
PD	=	pediatrics core
PS	=	psychiatry core
FP	=	family practice core rotation

TOPIC	DURATION	COMPONENTS
<i>(Example: AIDS</i>	<i>not less than 2 hrs</i>	<i>I, P, ICM, MP, M, S, O, FP)</i>
Medical Ethics	Basic Science Course	
Death and Dying	MP	
AIDS	ICM, MIC, M	
Domestic Violence	MP, Epidemiology and Public Health	
Alcohol and Substance Abuse	MP, Epidemiology and Public Health, Pathology, PS	
Smoking	Epidemiology and Public Health, Pathology, ICM	
Obesity	Same	
Child Abuse	MP, PD	
Human Sexuality	MP	
Teen Pregnancy	Epidemiology and Public Health, PD	
Abortion of	Epidemiology and Public Health, O	
Nutrition	Biochemistry, ICM	
Public Health	Basic Science Course	
Occupational Health	Pathology, Epidemiology and Public Health	
Epidemiology	Basic Science Course	
Cost Management	Epidemiology and Public Health, ICM	

Health Maintenance	Epidemiology and Public Health, ICM
Geriatrics	Epidemiology and Public Health, ICM, MP,M
Long Term Care	MP, Epidemiology and Public Health
Utilization Review	Epi and Public Health
Quality Assurance	Epi and Public Health
(Morbidity & Mortality)	M&M conferences during third and fourth year rotations
Other _____	

28. Report changes in the curriculum (2005): No major changes in hours or courses.

USMLE

29. Is the USMLE a curriculum requirement?

a. Does the school require students to take the following examinations:

i. USMLE Step 1: ___ Yes ___

ii. USMLE Step 2: ___ Yes ___

b. Is a passing grade required for advancement or graduation:

i. USMLE Step 1: ___ Yes ___

ii. USMLE Step 2: ___ No ___

c. Is the examination grade a factor for the determination of advancement or graduation

i. USMLE Step 1: ___ Yes ___

ii. USMLE Step 2: ___ No ___

30. What were the student pass rates on USMLE Step 1 in 2005?

For those students who have completed Basic Science and entered into their Clinical years during the year 2005– the 1st time pass rate is 91.6%. This indicates the classes that completed Basic Sciences in December 2005, April 2005 and August 2005 (111 students).

The December 2005 class is not part of this data as their scores have not yet reported).

31. What were the student pass rates on USMLE Step 2 in 2005?

The pass rate for Step 2 CK, indicating those who graduated in 2005, is 93%.

CLINICAL**32. Clinical Clerkships**

State the length (in weeks) of each required clinical clerkship:

	Total Required		Required No. of Weeks in:		
	No of Weeks	% Ambulatory	3 rd Year	4 th Year	3 rd or 4 th Year
Internal Medicine (multidisciplinary)			12		
Family Practice				4	
Primary Care*				4	
Ob/Gyn			6		
Pediatrics			6		
Psychiatry			6		
Surgery			12		
Other				22	
Total Core Weeks:			42	30	

Notes: Primary Care elective is accepted in lieu of family medicine required elective

33. List the amount of elective time available in each of the following years:

First Year _____ (weeks)

Second Year _____ (weeks)

Third Year _____ (weeks)

Fourth Year _____30_____ (weeks)

34. State the method(s) used to evaluate student performance:

	Pass/Fail	Narrative Evaluation	Letter Grade	Numerical Grade
Basic Science Courses			X	
Required Clinical Clerkships		X	X	
Composite Class Rank by Year	N/A			

35. Indicate the methods used to assess clinical competence of medical students:

	Introduction to Clinical Medicine (ICM)	Core and Elective Clerkships	Final Comprehensive Evaluation
Planned/repeated observations by faculty	X		
Planned/repeated observations by residents			
Chart Review		X	
Computer simulation			
Oral examination	X		
Multiple station examination without standardized patient	X		
Written examinations	X	X core	

36. Do medical students have the opportunity to take one or more clinical rotations in an urban, under-served setting:

X yes no required X optional

37. List the number of new patients each student must work up each week on the inpatient service of the following clerkships:

Required inpatient Clerkships	Number of new patients per week	Range across clinical sites
Family Practice	4-6 (inpt)	4-8
Internal Medicine	4-6	4-8
Ob-gyn (gyn)	4-6	4-8
Ob-gyn (# deliveries)	4-6	4-10
Pediatrics	4-6	4-8
Psychiatry	4	4-6
Surgery	4-6	4-8
Surgical Specialties	4-6	4-8
Clinical Neuroscience	Not a rotation	

Notes:

38. List the number of new patients each student must work up each week on the outpatient service of the following clerkships:

Outpatient Clerkships	Number of new patients per week	Range across clinical sites
Family Practice	10	8-16
Internal Medicine	4	4-8
Ob-gyn (gyn)	4	4-8
Ob-gyn (# deliveries)*	N/A	
Pediatrics	4	4-6
Psychiatry	4	4-6
Surgery	4	4-8
Surgical Specialties	4	4-8
Clinical Neuroscience	Not a rotation	

Notes: *Deliveries are not an outpatient function

39. In 2005, have any hospitals been removed from the core rotation program?

No

40. List the number of hospitals that are used for core clinical clerkships (expand table as required, or list separately as appendix):

Hospital/teaching facility	Departments used for core teaching (e.g. surgery)	Written affiliation agreement (yes/no)	Type of Hospital (e.g. private/nor-for-profit)	Number of students assigned to each dept in 2005(every 6-12 weeks)
Bridgeport Hospital Bridgeport, CT	Internal Medicine	yes	Community: Not for Profit	2
Brookdale Hospital Brooklyn, NY	Pediatrics	yes	Community: Not for Profit	2
Cherry Hospital Goldsboro, NC	Psychiatry	yes	Public	7
Harbor Hospital Baltimore, MD	Internal Medicine	yes	Community: Not for Profit	5-8
Holy Cross Hospital Silver Springs, MD	OBGYN	yes	Community: Not for Profit	1
Sheppard Pratt Hospital	Psychiatry	yes	Community: Not for Profit	1-2
Spring Grove Hospital Catonsville, MD	Psychiatry	yes	Community: Not for Profit	1
Union Memorial Hospital Baltimore, MD	Surgery	yes	Community: Not for Profit	4

Baltimore, MD				
Jackson Park Hospital Chicago, IL	Peds Family Med	yes	Community: Not for Profit	3 2
Michael Reese Hospital Chicago, IL	OBGYN	yes	Community: Not for Profit	2
St. Anthony's Hospital Chicago, IL	OBGYN Internal Med	yes	Community: Not for Profit	4 2
Kansas City VA Med Center Kansas City, MO	Psychiatry Internal Med Surgery	yes	Federal	2 3 3
St. Luke's of Kansas City Kansas City, MO	Int Med, Surg, Ob-Gyn	yes	Community: Not for Profit	15-20
St Mary's Health Center St. Louis, MO	Internal Med	yes	Community: Not for Profit	2
Park DuValle/Norton Health Care Systems Louisville, KY	Peds	yes	Community: Not for Profit	2-3
Leonard J. Chabert Medical Center Houma, LA	Int Med, Surg, Peds, Ob-Gyn	yes	public	15-20
Lincoln Medical & Mental Health Center Bronx, NY	Int Med Surgery Peds Ob-Gyn	yes	public	2 1-2 3 6
Rochester General Hospital Rochester, NY	Int Med Surgery OBGYN		Community: Not for Profit	3 1 1
Memorial Regional Hollywood, FL	Surgery	Yes	Community: Not for Profit	4

41. During the following required clerkships, indicate the rotation in which students spend time in community-based ambulatory (non hospital) settings:

* Volunteer faculty are not utilized by Saba University

- a. _____ **4** _____ **Family Practice**
b. _____ **Internal Medicine**
c. _____ **Obstetrics/Gynecology**
d. _____ **Pediatrics**
e. _____ **Psychiatry**
f. _____ **Surgery**

42. Describe the functioning of the Clinical Curriculum Committee or equivalent:

The Clinical Curriculum Committee consists of the five core clerkship chairs, the Associate Dean of Clinical Medicine and the Executive Dean. The committee meets once each term to review student clerkship evaluations, student log books and site visit reports. This sub-committee reports directly to the Curriculum Committee at Saba University. Any changes of requirements or the clinical curriculum recommended by the sub-committee must be reviewed and approved the main curriculum committee.

43. Describe the role of the Clinical Program Director / Core Clerkship Director in the Clinical Curriculum Committee or equivalent:

Core clerkship directors are interviewed during each site yearly visit. Recommendations and concerns are noted in the report. If a clerkship director makes recommendations at any time throughout the year, it is communicated in writing the appropriate clerkship chair, the associate dean and discussed at the next meeting of the clerkship chairs.

44. Provide a composite report of the Clinical Dean's or Associate Dean's inspection of Affiliated Sites:

Inspections and written reports were done at all core sites during the 2005 academic year. All site visits are reviewed and counter signed by the Associate Dean of Clinical Medicine at meeting of the clerkship chairs. Data from the student log books was compiled for a 3 month period Sept-Dec 2005 to provide a composite picture of average case loads, inpatient and outpatient activities and the distribution of major diagnostic categories across rotation sites. The information was distilled into a spread sheet of average per student case loads for the entire duration of the clerkship; either a 6 week or 12 week block. All major sites in all core clerkship categories showed reasonable distribution of volume and major diagnostic categories. Minor volume differences were a reflection of greater patient populations in some inner city teaching hospitals. In its current form, the log system provides a comprehensive picture but need further automation to provide a yearly composite picture for each hospital. The 2005 student log system did not include procedures. This information will be added once the newly purchased comprehensive Saba data base is in place.

45. Describe the progress of a clinical base for the introductory course in clinical methods near the campus:

The emphasis of this course is to provide the student with information about common disease of all organ systems. The clinical medicine lectures interface with the Pathology II content providing the student with continuity of the pathophysiological process, diagnosis and treatment of a given disease state. Students are required to attend practical instruction in suturing, casting, venipuncture, IV line placement, injections, immunization techniques etc. A clinical skill final exam evaluates student proficiency in interviewing and examining standardized patients.

46. Provide a composite analysis of student evaluation of the clinical teaching programme:

Attachment A

47. Provide a list of the distribution of students in November 2005 to the various core clinical sites:

Hospital	Address	# Wks	# Students	Rotations
Bridgeport Hospital	Bridgeport, CT	12	2	Internal Medicine
Brookdale Hospital	Brooklyn, NY	6	2	Pediatrics
Cherry Hospital	Goldsboro, NC	7	7	Psychiatry
Harbor Hospital	Baltimore, MD	12	5	Internal Medicine
Holy Cross Hospital	Silver Spring, MD	6	1	OBGYN
Sheppard Pratt Hospital	Baltimore, MD	6	1	Psychiatry
Spring Grove Hospital	Catonsville, MD	6	1	Psychiatry
Union Memorial Hospital	Baltimore, MD	12	4	Surgery
Jackson Park Hospital	Chicago, IL	6	2	Peds
Michael Reese Hospital	Chicago, IL	6	2	OBGYN
St. Anthony's Hospital	Chicago, IL	6 12	2 2	OBGYN Internal Med
Kansas City VA Med Center	Kansas City, MO	6 12 12	2 3 3	Psychiatry Internal Med Surgery
St. Luke's of Kansas City	Kansas City, MO	8 12 12	20	OBGYN Internal Med, Surgery
St Mary's Health Center	St. Louis, MO	12	2	Internal Med
Leonard J Chabert Medical Center	Houma, LA	6 6 12 12	20	OBGYN Pediatrics Internal Med Surgery
Lincoln Medical & Mental Health Center	Bronx, NY	6 6 12 12	3 6 2 2	OBGYN Pediatrics Internal Med Surgery
Rochester General Hospital	Rochester, NY	6 12 12	1 3	OBGYN Internal Med Surgery
Memorial Regional Hospital	Hollywood, FL	12	4	Surgery

48. Provide a similar list of the distribution of students to elective sites in November 2005:

Hospital	Address	# Wks	# Students
Bridgeport Hospital	Bridgeport, CT	4	4
Brookdale Hospital	Brooklyn, NY	4	1
Cherry Hospital	Goldsboro, NC	4	3
Harbor Hospital	Baltimore, MD	4	3
Sheppard Pratt Hospital	Baltimore, MD	4	1
Union Memorial Hospital	Baltimore, MD	4	2
Jackson Park Hospital	Chicago, IL	4	1
St. Anthony's Hospital	Chicago, IL	4	6
Kansas City VA Med Center	Kansas City, MO	4	2
St. Luke's of Kansas City	Kansas City, MO	4	13
St Mary's Health Center	St. Louis, MO	4	1
Leonard J Chabert Medical Center	Houma, LA	4	10
Lincoln Medical & Mental Health Center	Bronx, NY	4	8
Rochester General Hospital	Rochester, NY	4	1
Memorial Regional Hospital	Hollywood, FL	4	1
Peninsula General	Brooklyn, NY	4	1

GRADUATION

49. Report the number of students who graduated from the medical college in 2005:

Male: __65__ Female: __42__ Total: __108__

50. In 2005, list the number of graduates who have accepted first-year residency appointments in the following fields:

Anesthesiology	4
Emergency Medicine	4
Family Practice	30
Internal Medicine	30
Internal Medicine/Pediatrics	
Medicine-Pediatrics	
Medicine-Preliminary	
Ophthalmology	1
Pathology	1
Neurology	1
Neurosurgery	1
Obstetrics and Gynecology	6
Pediatrics	2
Physical Medicine and Rehabilitation	1
Psychiatry	8
Radiology-Diagnostic	1
Surgery	4
Transitional Year	1
TOTAL:	95

51. Report the acceptance rate of graduates into residency training:

88% reported residencies beginning July 1, 2005

52. Report the percentage of graduates who were accepted to their first choice of residency: UNKNOWN

53. Report the percentage of graduates who did not secure a residency: 12%

GENERAL**54. Are health and disability insurance for medical students required?**

	Required	Optional
Health Insurance	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Disability Insurance	<input type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no

55. If insurance is required, are written materials disseminated to the students?

Health Insurance	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
Disability Insurance	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input checked="" type="checkbox"/> NA

56. Does the medical school have written policy relating to medical students who become infected with hepatitis and HIV?

yes no

Does the policy address:

his/her eligibility to participate in clinical training
 his/her eligibility to qualify for student financial assistance
 career counselling

57. Does the medical college have written policy relating to students impaired by drugs or alcohol?

yes no

58. Does the school make treatment programs available for students impaired by drugs or alcohol?

yes no Counseling and referral are available, Topics of impaired physicians and substance abuse addressed in Medical Psychology. Addressed in orientation and in student handbook

59. Does the medical college offer a suicide prevention and awareness program for its medical students?

yes no Addressed in Medical Psychology and at orientation

60. In the past five years, have there been:

Suicides by medical students at the medical college? yes no
 Attempted suicides by medical students at the college? yes no *one verbal gesture resulting in hospitalization on Saba

61. Indicate the range of diseases that medical students must be immunized against:

Rubella	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	hepatitis B	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Mumps	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	polio	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Varicella	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no		

62. What is the average default rate on Title IV Guaranteed Student Loans for the medical college? Not applicable

63. Provide a record of student default.

Mediachiever does not provide those statistics. Teri Loan reports a cumulative rate of <5%.

FACULTY**64. Faculty Size in 2005**

Basic Science	Full-Time					Part-Time (Paid)	Volunteer (Unpaid)
	Professor	Associate Professor	Assistant Professor	Instructor and other	Total Full-Time		
Anatomy	1	2			3		
Biochemistry		2			2		
Cell Biology/Histology	1	1			2		
Biostatistics	1	3			4		
Genetics		1					
Intro to Clin Med		2			2		
Medical Ethics	1				1		
Microbiol Immunol & Virology	1			1	2		
Neuroscience	1				1		
Pathology			1		1		
Pharmacology			2		2		
Psychology/Biophysics	2	1			3		
Psychology			1		1		
Therapeutics		2			2		
Epidemiology		1			1		
Basic Science Totals	7	14	4	1	26		

*Note: full time faculty may contribute to more than one subject (i.e., ethics and med Psych)

CLINICAL DEPTS	Full-Time					Part-time (paid)	Volunteer
	Professor	Associate Professor	Assistant Professor	Clinical Faculty	Total Full-time		
Anesthesiology		2	3				
Dermatology							
Family Medicine		4	4				
Internal Medicine		14	2	1			
Neurology		2	2				
Ob/Gyn		8	2				
Ophthalmology							
Otolaryngology							
Physical Medicine							
Pediatrics		6	2				
Psychiatry		17	5				
Public Health							
Radiology							
Surgery		14	4				
Urology							
Other Clinical Depts							
A&E / ER		2	3				
Pain Management							
Pathology							
Cranio-Facial							
Hospitalist Medicine							
Primary Care		4	4				
Intensive Care		2	2				
Neonatology		1	1				
Med Education		1					
Clinical Totals		77	34	1			

65. In 2005, list the basic science and clinical science department chairmen:

Anatomical Division: Rayapathi Sreenathan, MD
 Molecular Division: Mark Dykstra, PhD
 Behavior Science Division: Alan Cheney, PhD
 Pathology and Pathophysiology: James Stewart, PhD
 Pre-Clinical Division: Dheeraj Bansal, MD
 Internal Medicine: Thomas Ferguson, MD
 Obstetrics and Gynecology: Carl Pearman, MD
 Surgery: Sewell Dixon, MD
 Pediatrics: Arthur Maron, MD, MPA
 Psychiatry: Patricia Hough, MD, PhD

66. List the academic departments that have acting chairmen or posts which remain unfilled as of September 1, 2005:

<i>Department</i>	<i>Date Last Chairman Vacated Office</i>
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None

67. Report changes in faculty: providing the CV for each new appointee and the reasons for any faculty changes. Attachment B*New faculty appointees:*

Sandeep Bansal, MD
 Ravindra Beedimani, MD
 Anoop Jalan, MBBS
 Eugene Petcu, MD
 Seetharama Rao, PhD
 Himadri Roy, MD
 Joslyn Segal PHD
 Rayapathi Sreenthana, MD

Faculty left in 2005:

Michael Yakubovskyy
 Dragan Micevic
 Joydeep Chaudhury
 Venugapala Rao
 Paul Robb
 Mir Saleem
 Peter Schnabel

ADMINISTRATION**68. Type of administrative decisions taken by the President / Chief Executive Officer without reference to the Faculty Senate or other Faculty Group:**

Prepared Annual Budget
Prepared Job Descriptions and Screened Candidates for CFO and Associate Dean of Academic Affairs
Interviewed Prospective Faculty; made contract offers
Reviewed Minutes and decisions of all standing committees with Executive Dean
Reviewed and signed hospital training contracts
Reviewed all accreditation processes and participated in site visits
Met with all executive officers of medical school each semester
Prepared and delivered periodic and annual reports to the Board of Trustees

69. Summary of Activities and Decisions of the Board of Trustees in 2005 with copies of the 2005 Board minutes.

1. Reviewed joint busing project with Saba Island Council
2. Approved across the board salary increases for faculty
3. Approved CFO position
4. Approved New Building Proposal for Basic Science Campus
5. Approved Annual Budget
6. Participated in Graduation May 05
7. Met with Government of Saba concerning campus growth and future housing needs
8. Approved purchase of Champlain Software and Conversion of databases