MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED:	January 13, 2016
ATTENTION:	Medical Board of California
SUBJECT:	Recognition of Universidad Autonoma de Guadalajara School of Medicine, International Program
STAFF CONTACT:	Curtis J. Worden, Chief of Licensing

REQUESTED ACTION AND RECOMMENDATION:

After review and discussion of the initial evaluation of the Universidad Autonoma de Guadalajara School of Medicine, International Program (UAG), Medical Board of California (Board) staff is requesting the Board Members make a determination regarding UAG's proposed four-year curriculum for recognition by the Board. Staff is requesting the Board Members consider the following:

- Determine if the third and fourth year clinical rotations meet the minimum requirements pursuant to Business and Professions Code (BPC) section 2089.5 based upon the current information the Board has received.
    - If yes, approve the four-year curriculum to recognize UAG's International Program with a four-year curriculum.
    - If no, direct staff to request additional information and/or authorize staff to perform a site visit to UAG.

BACKGROUND AND ANALYSIS:

UAG is a private, non-profit medical school, founded in 1935, and located in Guadalajara, Mexico. UAG's medical school consists of the medical school program that primarily educates the citizens of Mexico to practice medicine in Mexico and the International Program that primarily educates citizens from other countries to practice medicine in other countries, including the United States. The Board currently recognizes UAG's medical school education that primarily educates the citizens of Mexico to practice medicine in Mexico, pursuant to California Code of Regulations (CCR) section 1314.1(a)(1). The Board also currently recognizes UAG's International Program's five-year curriculum pursuant to CCR section 1314.1(a)(2). UAG is requesting the Board to recognize a four-year curriculum for UAG's International Program.

Staff and Licensing Medical Consultant, James Nuovo, M.D., have reviewed the UAG Self-Assessment Report (SAR) for compliance with meeting the minimum requirements pursuant to BPC sections 2089 (Attachment 1) and 2089.5 (Attachment 2), and the requirements pursuant to

CCR section 1314.1 (Attachment 3). Upon completion of the review of UAG's SAR on October 28, 2015, staff requested additional information from UAG regarding the following:

1) Student Dropout Rate
2) Student Leaves of Absence and Leave of Absence Policy
3) Clarification of Curriculum Hours
4) USMLE Steps 1, Step 2 CK and Step 2 CS Outcomes
5) Explanation of Branch Campuses

The Board received UAG's responses on December 5, 2015. Upon review of the additional information, on December 28, 2015, staff requested further clarification on the following:

1) Additional Information/Table of Actual Students on a Leave of Absence
2) Clarification of Curriculum Hours for the Third and Fourth Clinical ClerkshipYears
3) USMLE Test Score Table

UAG provided a response on January 5, 2016 (Attachment 4). Staff advised UAG that the response to the third and fourth year clinical clerkships needed further clarification on specific percentages regarding inpatient versus ambulatory patients. UAG provided an additional response on January 6, 2016 (Attachment 5).

Staff and Dr. Nuovo have completed the review of the UAG SAR four-year curriculum and all of the additional documentation submitted by UAG as requested by Board staff, including the January 5, 2016, and January 6, 2016 responses. Staff has determined the four-year curriculum meets the minimum requirements pursuant to BPC section 2089 but have identified concerns that the third and fourth year clinical clerkship rotations may not meet the minimum requirements pursuant to BPC section 2089.5, specifically sections 2089.5(d) and 2089.5(e)(8) regarding the percentage of inpatient versus ambulatory patients. In addition, staff's review identified the USMLE pass rate was only in the low to mid 70 percent range (Attachment 4).

The report prepared by Dr. Nuovo has been included for your review (pages BRD 14 - 4 through 5).

FISCAL CONSIDERATIONS:

If the Board should determine that a site visit to UAG is necessary, then in accordance with BPC section 2089.5, the costs of conducting a site inspection are borne by the medical school applying for the Board's recognition. These costs include all team members' lodging, air and ground travel, costs within the guidelines allowed by the State, the medical consultant's time and daily per diem expense, staff daily per diem expense and the Board Member's daily per diem expense. CCR section 1314.1(e) requires the medical school to submit payment to the Board for the team's estimated travel expenses in advance of the site visit.

ATTACHMENTS:

1) California Business and Professions Code section 2089

2) California Business and Professions Code section 2089.5

3) California Code of Regulations, Title 16, Division 13, section 1314.1

4) UAG's January 5, 2016 response to the Board's request for additional information

5) UAG's January 6, 2016 response to the Board's request for additional information

MEMO

January 12, 2016

To: Members

Medical Board of California

From: Jim Nuovo, MD

Professor & Associate Dean of GME

UC Davis

Re: Evaluation of the Universidad Autonoma De Guadalajara Self-Assessment Report

Background: The Medical Board of California (Board) requested a review of the materials provided by the Universidad Autonoma De Guadalajara (UAG) Medical School. These were submitted as part of a self-assessment report in the evaluation of UAG's proposed four year curriculum for recognition by the Board.

My report is based on my review of the documents provided to the Board by UAG and from a response by the School to additional questions posed after review of the Self-Assessment Report.

The goal of this review was to determine if the medical education received in this program meets the requirements of current California statutes and regulations.

Documents for Review Included the Following:

1. UAG Self-Assessment Report.
2. UAG response to questions that arose from an evaluation of the Self-Assessment Report.

Recommendations:

After review of all of the information provided by UAG, I do not feel that the description of the clinical rotations meets the requirements of Business and Professions Code 2089.5; specifically, (d) that "54 weeks shall be performed in a hospital that sponsors the instruction" and 2089.5; specifically, (e)(8) that "the hospital shall ensure a minimum daily census adequate to meet the instructional needs of the number of students enrolled in each course area of clinical instruction."

Rationale:

The tables provided for the curriculum hours for the 3rd and 4th years indicate that the clinical experience provides primarily ambulatory training. This information does not indicate that the students have at least 54 weeks of instruction in a hospital and does not include family medicine as a rotation. As hospital-based training is a critical component of the training of medical students in the 3rd and 4th years, the information provided by UAG in these tables does not demonstrate compliance with the above-cited

requirements. Sufficient inpatient experience during medical school is a critical educational element in the preparation of students for post-graduate training. The information provided in the UAG Self-Assessment Report does not clearly identify how the School meets these requirements.

Recommendations:

After review of the information described above, in my opinion, the UAG Medical School has not demonstrated that it is in substantial compliance with the requirements of Business and Professions Code Section 2089.5 (d) and (e)(8) for the reasons described. I recommend further assessment of the UAG four year program with a site visit.

Attachment 1

STATE OF CALIFORNIA
AUTHENTICATED
ELECTRONIC LEGAL MATERIAL

State of California
BUSINESS AND PROFESSIONS CODE
DIVISION 2. HEALING ARTS
CHAPTER 5. MEDICINE
Article 4. Requirements for Licensure
§ 2089

2089. (a) Each applicant for a physician's and surgeon's certificate shall show by official transcript or other official evidence satisfactory to the Division of Licensing that he or she has successfully completed a medical curriculum extending over a period of at least four academic years, or 32 months of actual instruction, in a medical school or schools located in the United States or Canada approved by the division, or in a medical school or schools located outside the United States or Canada which otherwise meets the requirements of this section. The total number of hours of all courses shall consist of a minimum of 4,000 hours. At least 80 percent of actual attendance shall be required. If an applicant has matriculated in more than one medical school, the applicant must have matriculated in the medical school awarding the degree of doctor of medicine or its equivalent for at least the last full academic year of medical education received prior to the granting of the degree.

(b) The curriculum for all applicants shall provide for adequate instruction in the following subjects:

Alcoholism and other chemical substance dependency, detection and treatment.
Anatomy, including embryology, histology, and neuroanatomy.
Anesthesia.
Biochemistry.
Child abuse detection and treatment.
Dermatology.
Geriatric medicine.
Human sexuality.
Medicine, including pediatrics.
Neurology.
Obstetrics and gynecology.
Ophthalmology.
Otolaryngology.
Pain management and end-of-life care.
Pathology, bacteriology, and immunology.
Pharmacology.
Physical medicine.
Physiology.
Preventive medicine, including nutrition.
Psychiatry.

Radiology, including radiation safety.
Spousal or partner abuse detection and treatment.
Surgery, including orthopedic surgery.
Therapeutics.
Tropical medicine.
Urology.

(c) The requirement that an applicant successfully complete a medical curriculum that provides instruction in pain management and end-of-life care shall only apply to a person entering medical school on or after June 1, 2000.

(Amended by Stats. 1999, Ch. 403, Sec. 1. Effective January 1, 2000.)

Attachment 2

STATE OF CALIFORNIA
AUTHENTICATED
ELECTRONIC LEGAL MATERIAL
LEGISLATIVE COUNSEL BUREAU

State of California
BUSINESS AND PROFESSIONS CODE
DIVISION 2. HEALING ARTS
CHAPTER 5. MEDICINE
Article 4. Requirements for Licensure
§ 2089

2089.5. (a) Clinical instruction in the subjects listed in subdivision (b) of Section 2089 shall meet the requirements of this section and shall be considered adequate if the requirements of subdivision (a) of Section 2089 and the requirements of this section are satisfied.

(b) Instruction in the clinical courses shall total a minimum of 72 weeks in length.

(c) Instruction in the core clinical courses of surgery, medicine, family medicine, pediatrics, obstetrics and gynecology, and psychiatry shall total a minimum of 40 weeks in length with a minimum of eight weeks instruction in surgery, eight weeks in medicine, six weeks in pediatrics, six weeks in obstetrics and gynecology, a minimum of four weeks in family medicine, and four weeks in psychiatry.

(d) Of the instruction required by subdivision (b), including all of the instruction required by subdivision (c), 54 weeks shall be performed in a hospital that sponsors the instruction and shall meet one of the following:

(1) Is a formal part of the medical school or school of osteopathic medicine.

(2) Has a residency program, approved by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), in family practice or in the clinical area of the instruction for which credit is being sought.

(3) Is formally affiliated with an approved medical school or school of osteopathic medicine located in the United States or Canada. If the affiliation is limited in nature, credit shall be given only in the subject areas covered by the affiliation agreement.

(4) Is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada.

(e) If the institution, specified in subdivision (d), is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada, it shall meet the following:

(1) The formal affiliation shall be documented by a written contract detailing the relationship between the medical school, or a school of osteopathic medicine, and hospital and the responsibilities of each.

(2) The school and hospital shall provide to the board a description of the clinical program. The description shall be in sufficient detail to enable the board to determine whether or not the program provides students an adequate medical education. The board shall approve the program if it determines that the program provides an adequate medical education. If the board does not approve the program, it shall provide its

reasons for disapproval to the school and hospital in writing specifying its findings about each aspect of the program that it considers to be deficient and the changes required to obtain approval.

(3) The hospital, if located in the United States, shall be accredited by the Joint Commission on Accreditation of Hospitals, or the American Osteopathic Association's Healthcare Facilities Accreditation Program, and if located in another country, shall be accredited in accordance with the law of that country.

(4) The clinical instruction shall be supervised by a full-time director of medical education, and the head of the department for each core clinical course shall hold a full-time faculty appointment of the medical school or school of osteopathic medicine and shall be board certified or eligible, or have an equivalent credential in that specialty area appropriate to the country in which the hospital is located.

(5) The clinical instruction shall be conducted pursuant to a written program of instruction provided by the school.

(6) The school shall supervise the implementation of the program on a regular basis, documenting the level and extent of its supervision.

(7) The hospital-based faculty shall evaluate each student on a regular basis and shall document the completion of each aspect of the program for each student.

(8) The hospital shall ensure a minimum daily census adequate to meet the instructional needs of the number of students enrolled in each course area of clinical instruction, but not less than 15 patients in each course area of clinical instruction.

(9) The board, in reviewing the application of a foreign medical graduate, may require the applicant to submit a description of the clinical program, if the board has not previously approved the program, and may require the applicant to submit documentation to demonstrate that the applicant's clinical training met the requirements of this subdivision.

(10) The medical school or school of osteopathic medicine shall bear the reasonable cost of any site inspection by the board or its agents necessary to determine whether the clinical program offered is in compliance with this subdivision.

(Amended by Stats. 2014, Ch. 316, Sec. 4. (SB 1466) Effective January 1, 2015.)

Attachment 3

Agenda Item 14

§ 1314.1. International Medical Schools.
16 CA ADC § 1314.1
BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness
Title 16. Professional and Vocational Regulations
Division 13. Medical Board of California [FNA1]
Chapter 1. Division of Licensing
Article 4. Schools and Colleges of Medicine (Refs & Annos)

16 CCR § 1314.1

Attachment 3

§ 1314.1. International Medical Schools.

(a) For purposes of Article 5 of Chapter 5 of Division 2 of the code (commencing with Section 2100), a medical school's resident course of instruction that leads to an M.D. degree shall be deemed equivalent to that required by Sections 2089 and 2089.5 of the code if the medical school offers the curriculum and clinical instruction described in those sections and meets one of the following:

(1) The medical school is owned and operated by the government of the country in which it is located or by a bona fide nonprofit institution registered with or otherwise approved by the country in which it is domiciled, the medical school is a component of a university offering other graduate and professional degree programs that contribute to the academic environment of the medical school, and the medical school's primary purpose is educating its own citizens to practice medicine in that country; or

(2) the medical school is chartered by the jurisdiction in which it is domiciled, the primary purpose of the medical school program is to educate non-citizens to practice medicine in other countries, and the medical school meets the standards set forth in subsection (b) below.

(b)(1) Mission and Objectives.
The institution shall have a clearly stated written purpose or mission statement and objectives that include:

(A) The institution's broad expectations concerning the education students will receive;

(B) The role of research as an integral component of its mission, including the importance, nature, objectives, processes and evaluation of research in medical education including its application to patient care; and

(C) Teaching, patient care, and service to the community.
The institution shall have institutional objectives that are consistent with preparing graduates to provide competent medical care.

(2) Organization.
The institution shall be organized as a definable academic unit responsible for a resident educational program that leads to the M.D. degree. The manner in which the institution is organized shall be set forth in writing.

(3) Curriculum.
The structure and content of the educational program shall provide an adequate foundation in the basic and clinical sciences and shall enable students to learn the fundamental principles of medicine, to acquire critical judgment skills, and to use those principles and skills to provide competent medical care. The objectives of the educational program shall state, in outcome-based terms, what students are expected to learn. When an institution provides clinical clerkships at multiple teaching sites, the institution shall demonstrate comparability of educational experiences for all students across instructional sites.

(4) Clinical Oversight
The institution shall have a system with central oversight to assure that the faculty define the types of patients and clinical conditions that students must encounter, the appropriate clinical setting for the educational experiences, and the expected

level of student responsibility. The system shall ensure that the faculty monitor and verify student experience and modify it as necessary to ensure that the objectives of the clinical education program will be met.

(5) Professionalism
The learning environment shall promote the development of appropriate professional attributes in medical students. The institution shall define the professional attributes it expects students to develop in the context of the institution's mission and of promoting the safe practice of medicine.

(6) Governance.
The administrative and governance system shall allow the institution to accomplish its objectives (i.e. its statements of the items of knowledge, skills, behavior and attitude that students are expected to learn). An institution's governance shall give faculty a formal role in the institution's decision-making process. A student enrolled in the program shall not serve as an instructor, administrator, officer or director of the school.

(7) Faculty.
The faculty shall be qualified and sufficient in number to achieve the objectives of the institution. A “qualified” faculty member is a person who possesses either a credential generally recognized in the field of instruction or a degree, professional license, or credential at least equivalent to the level of instruction being taught or evaluated. The institution shall have a formal ongoing faculty development process that will enable it to fulfill its mission and objectives.

(8) Admission and promotion standards.
The institution shall have and adhere to standards governing admission requirements and student selection and promotion that are consistent with the institution's mission and objectives. The institution shall document that its admitted students generally meet entrance requirements equivalent to those utilized by U.S. and Canadian medical schools, including an appropriate background check of all applicants admitted to the institution.

(9) Financial Resources.
The institution shall possess sufficient financial resources to accomplish its mission and objectives. Pressure for institutional self-financing must not compromise the educational mission of the institution nor cause it to enroll more students than its total resources can accommodate.

(10) Facilities.
The institution shall have, or have access to, facilities, laboratories, equipment and library resources that are sufficient to support the educational programs offered by the institution and to enable it to fulfill its mission and objectives. If an institution utilizes affiliated institutions to provide clinical instruction, the institution shall be fully responsible for the conduct and quality of the educational program at those affiliated institutions.

(11) Quality Assurance System.

If the institution provides patient care, it shall have a formal system of quality assurance for its patient care program.

(12) Records.
The institution shall maintain and make available for inspection any records that relate to the institution's compliance with this section for at least five years, except, however, that student transcripts shall be retained indefinitely.

(13) Branch Campuses.

(A) An institution with more than one campus shall have written policies and procedures governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty at the other locations. These policies shall be consistent with the institution's mission and objectives. The institution shall be fully responsible for the conduct and quality of the educational program at these sites. If an institution operates a branch campus located within the United States or Canada, instruction received at that branch campus shall be deemed to be instruction received and evaluated at that institution. For purposes of this section, the term “branch campus” means a site other than the main location of the institution but does not include any hospital at which only clinical instruction is provided.

(B) For purposes of this section, an institution shall disclose any affiliation or other relationship that it has with another institution in which either institution agrees to grant a doctor of medicine degree or its equivalent to students of the other institution who complete coursework at the affiliated institution.

(14) Evaluation of Program Effectiveness

An institution shall collect and use a variety of outcome data to demonstrate the extent to which it is meeting its educational program objectives. For purposes of this subsection, “outcome data” means specific and measurable outcome-based performance measures of knowledge, skills, attitudes, and values (for example, measures of academic progress, program completion rates, performance of graduates in residency training and on licensing and

certification examinations).

(c) The board may, on its own or at the request of an institution, determine whether that institution meets the requirements of subsections (a) and (b). The board shall have the sole discretion to determine whether a site visit is necessary in order to verify the accuracy and completeness of the data provided and to conduct an in-depth review of the program to determine whether the institution is in compliance with this regulation.

(d) An institution's failure to provide requested data regarding its educational program or to cooperate with a site team shall be grounds for disapproval of its educational program.

(e) If the board determines that a site visit is necessary, it shall appoint a site inspection team to conduct a comprehensive, qualitative onsite inspection and review of all aspects of the institution's operations to determine whether the institution complies with the requirements of subsections (a) and (b).
The fee for a site visit is all reasonable costs incurred by the board staff and the site team, payable in estimated form in advance of the site visit. If the cost of the site visit exceeds the amount previously paid, the board shall bill the institution for the remaining amount and shall not take action to determine the institution's equivalency until such time as the full amount has been paid. If the amount paid exceeds the actual costs incurred, the board shall remit the difference to the institution within 60 days.

The site team shall prepare and submit to the board a report that includes

(1) Its findings regarding the institution's compliance with the requirements of the law and this regulation;

(2) Its assessment of the quality of the institution as a whole and the quality of the institution's educational program, including any deficiencies; and

(3) Its recommendation whether or not the institution's resident course of instruction leading to an M.D. degree should be deemed equivalent to that required by Sections 2089 and 2089.5 of the code, including a recommendation regarding the correction of any deficiencies identified in the report. A copy of the report shall be provided to the institution, which shall have 60 days following the date of the report in which to respond to board staff as to any errors of fact or erroneous findings.

(f) If an institution wishes to retain the board's determination that its resident course of instruction leading to an M.D. degree is equivalent to that required by Sections 2089 and 2089.5 of the code, or if it is currently being evaluated for such equivalency, it shall do the following:

(1) It shall notify the board in writing no later than 30 days after making any change in the following:

(A) Location including addition or termination of any branch campus;

(B) Mission, purposes or objectives;

(C) Change of name;

(D) Any major change in curriculum, including but not limited to, a change that would affect its focus, design, requirements for completion, or mode of delivery, or other circumstance that would affect the institution's compliance with subsections (a) and (b).

(E) Shift or change in control. A “shift or change in control” means any change in the power or authority to manage, direct or influence the conduct, policies, and affairs of the institution from one person or group of people to another person or group of people, but does not include the replacement of an individual administrator with another natural person if the owner does not transfer any interest in, or relinquish any control of, the institution to that person.

(F) An increase in its entering enrollment above 10% of the current enrollment or 15 students in one year, whichever is less, or 20% or more in three years.

(2) Every seven years, it shall submit documentation sufficient to establish that it remains in compliance with the requirements of this section and of Sections 2089 and 2089.5 of the code.

(g) The documentation submitted pursuant to subsection (f)(2) shall be reviewed by the board or its designee to determine whether the institution remains in compliance with the requirements of these regulations and of Sections 2089 and 2089.5 of the code. The board may require a site visit as part of this review. It may also require a site visit at any other time during the seven-year period if it becomes aware of circumstances that warrant a site visit, including any change described in subsection (f).

(h) The board may at any time withdraw its determination of equivalence when any of the following occur:

(1) An institution is no longer in compliance with this section;

(2) The institution submits false or misleading information or documentation regarding its compliance with this section;

(3) Institution officials submit fraudulent documentation concerning a former student's medical curriculum; or

(4) The institution permits students to engage in clinical training in California facilities that do not satisfy the requirements of section 2089.5(c) and (d) of the code and, where applicable, section 1327 of Title 16 of the California Code of Regulations.

Prior to withdrawing its determination of equivalence, the board shall send the institution a written notice of its intent to withdraw its determination of equivalence, identifying those deficiencies upon which it is proposing to base the withdrawal and giving the institution 120 days from the date of the notice within which to respond to the notice. The board shall have the sole discretion to determine whether a site visit is necessary in order to ascertain the institution's compliance with this section. The board shall notify the institution in writing of its decision and the basis for that decision.

(i) The board may evaluate any institution described in subsection (a)(1) to determine its continued compliance with Sections 2089 and 2089.5 of the code if, in its sole discretion, the board has reason to believe that the institution may no longer be in compliance.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2018, 2089, 2089.5, 2102 and 2103, Business and Professions Code.

HISTORY

1. New section filed 11-13-2003; operative 12-13-2003 (Register 2003, No. 46).

2. Amendment filed 12-9-2009; operative 1-8-2010 (Register 2009, No. 50).

This database is current through 12/18/15 Register 2015, No. 51

16 CCR § 1314.1, 16 CA ADC § 1314.1

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Documents In Sequence

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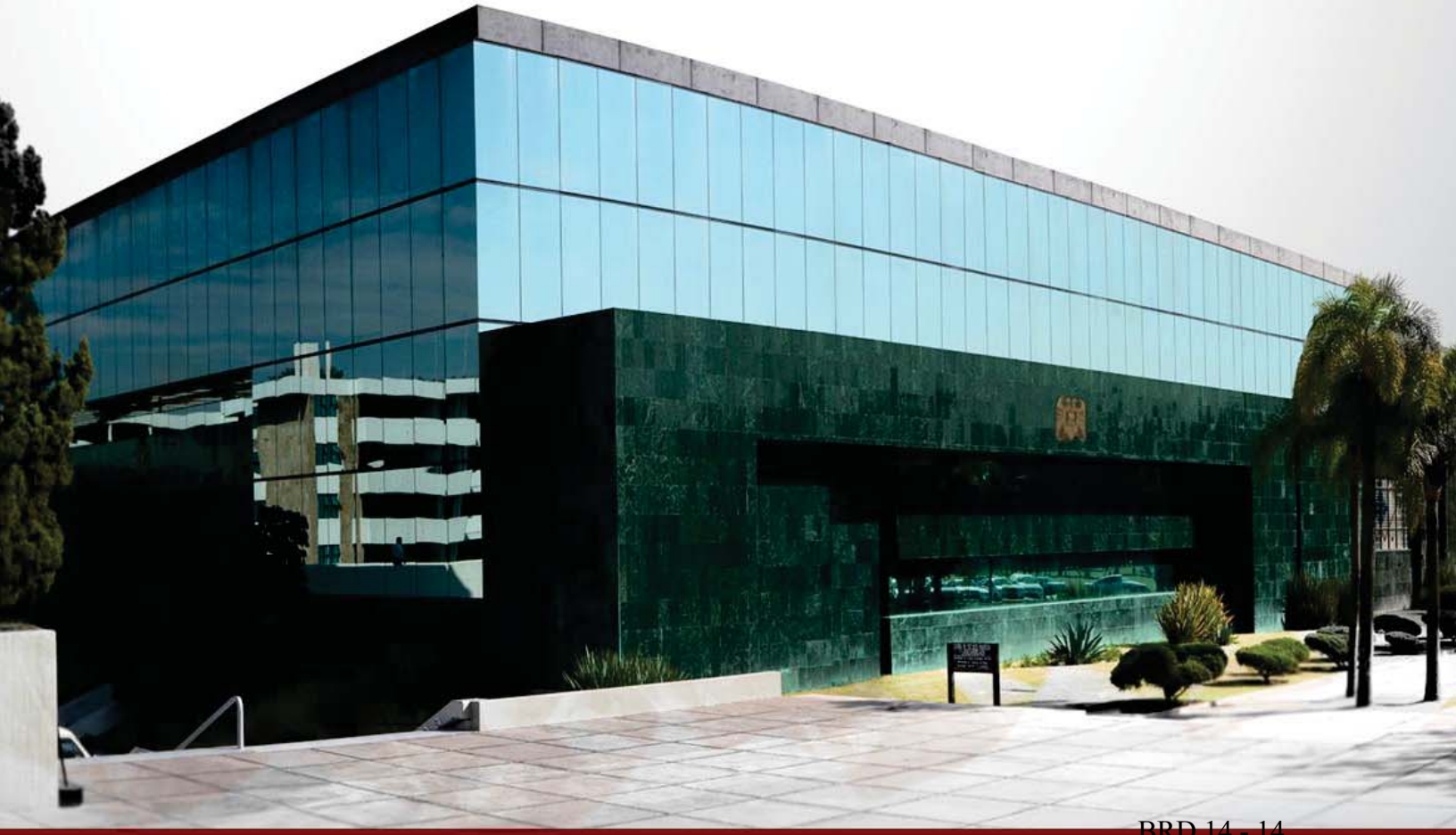
Attachment 4

MEDICAL BOARD OF CALIFORNIA

SELF ASSESMENT REPORT



Curriculum Hours Third and Fourth Years:

The tables for the 3rd and 4th years show that all clinical clerkship training is 100% ambulatory for all clinical services except for surgery. In a hospital setting, not all patients are ambulatory and not all surgery would necessarily be 100% non-ambulatory. How do the students get their inpatient experience and how much time the students dedicate towards this specific training? In addition, the charts state that all students would see about the same number of new patients per clinical rotation for each type of clinical clerkship, please explain if this is accurate. It seems that some clinical clerkships would have a higher number of patients that some other types of clinical clerkships. Please provide further clarification.

Yes in a hospital setting not all patients are ambulatory and not all surgery would necessarily be non-ambulatory, our students do treat both types of patients. It depends on the hospitals and the attending Doctor the percentage of the type of patients they actually treat. Their clinical experience can be acquired with patients either ambulatory or non-ambulatory.

As we mentioned before the students spend 8 hours a day on average, 5 days a week in a hospital to acquire their clinical experience with both types of patients.

The number of patients we mentioned in our charts is just an average, it is not possible to know if in any given week our students may see more patients or less than other weeks. The average of patients our students treat is provided to us by the hospitals where our students perform their clinical rotations.

USMLE Test Scores:

Please provide a table/spreadsheet with the USMLE results that UAG has available since 2012 for Step 1, Step 2 CK and Step 2 CS.

Attached is the USMLE Results.

USMLE RESULTS	2012	2013	2014
USMLE STEP 1	67%	72%	74%
USMLE STEP 2 CK	78%	81%	75%
USMLE STEP 2 CS	78%	71%	73%

Attachment 5

MEDICAL BOARD OF CALIFORNIA

SELF ASSESMENT REPORT

Curriculum Hours Third and Fourth Years:

The tables for the 3rd and 4th years show that all clinical clerkship training is 100% ambulatory for all clinical services except for surgery. In a hospital setting, not all patients are ambulatory and not all surgery would necessarily be 100% non-ambulatory. How do the students get their inpatient experience and how much time the students dedicate towards this specific training?

5 year Program

Clerkship	Total weeks	% Ambulatory	Number of sites used*	Typical weekly length of time for formal instruction	Average number of new patients per week	Average number of continuity patients per week	Number of hours with Teacher/Instructor	Number of Independent Study hours	Total Hours
Internal Medicine	12	70%	4		30	4-5	330	246	576
OBGyN	6	60%	3		30	4-5	110	82	192
Pediatrics	6	60%	3		30	4-5	110	82	192
Psychiatry	4	70%	3		30	4-5	55	41	96
Surgery	8	30%	4		30	4-5	51	45	96
	TOTAL HOURS THIRD YEAR								1152

Clerkship	Total weeks	% Ambulatory	Number of sites used*	Typical weekly length of time for formal instruction	Average number of new patients per week	Average number of continuity patients per week	Number of hours with Teacher/Instructor	Number of Independent Study hours	Total Hours
Legal Medicine and Forensics	4	0	2		0	0	50	46	96
Infectology	4	60%	1		10-20	10-20	55	41	96
Dermatology	4	80%	1		10-20	10-20	55	41	96
Hematology	4	0%	1		10-20	10-20	110	82	192
Traumatology	4	50%	1		10-20	10-20	110	82	192
Neurology	4	40%	2		10-20	10-20	55	41	96
Urology and Human Sexuality	4	80%	1		10-20	10-20	55	41	96
ENT	4	80%	1		10-20	10-20	55	41	96
Ophthalmology	4	90%	2		10-20	10-20	55	41	96
E.R.	4	100%	2		10-20	10-20	55	41	96
Geriatrics	4	80%	1		10-20	10-20	102	90	192
Oncology, Pain Mng. and Paliative Care	4	20%	1		10-20	10-20	102	90	192
	TOTAL HOURS FOURTH YEAR								1536

UNIVERSIDAD AUTÓNOMA DE GUADALAJARA
Fundada en 1935

4 year Program

Clerkship	Total weeks	% Ambulatory	Number of sites used*	Typical weekly length of time for formal instruction	Typical weekly from Monday to Saturday of Clinical	Average number of new patients per week	Average number of continuity patients per week	Number Of patient contact hours	Number of Independent Study hours	Total Hours
E.R	4	100%	3	3-8	40	0	0	195	77	272
Elective I								480	160	640
Elective II										
Elective III										
Elective IV										
TOTAL HOURS OF CLINICAL ROTATIONS FOR FOURTH YEAR										912

Clerkship	Total weeks	% Ambulatory	Number of sites used in the USA	Typical weekly length of time for formal instruction	Typical weekly from Monday to Saturday of Clinical Duties with	Average number of new patients per week	Average number of continuity patients per week	Number Of patient contact hours	Number of Independent Study hours	Total Hours
Endocrinology	4	60%	2	3-8	40	10-20	30	120	40	160
Infectology	4	60%	1	3-8	40	10-20	30	120	40	160
Neurology	4	40%	2	3-8	40	10-20	30	120	40	160
Ophthalmology	4	90%	2	3-8	40	10-20	30	60	20	80
Orthopaedics and Traumatology	4	50%	1	3-8	40	10-20	30	120	40	160
Urology	4	80%	1	3-8	40	10-20	30	60	20	80
Dermatology	4	80%	1	3-8	40	10-20	30	60	20	80
Clinical Nutrition	4	40%	1	3-8	40	10-20	30	60	20	80
ENT	4	80%	1	3-8	40	10-20	30	60	20	80

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Fundada en 1935

4 year Program

Clerkship	Total weeks	% Ambulatory	Number of sites used*	Typical weekly length of time for formal instruction	Typical weekly from Monday to Saturday of Clinical	Average number of new patients per week	Average number of continuity patients per week	Number Of patient contact hours	Number of Independent Study hours	Total Hours
E.R	4	100%	3	3-8	40	0	0	195	77	272
Elective I								480	160	640
Elective II										
Elective III										
Elective IV										
TOTAL HOURS OF CLINICAL ROTATIONS FOR FOURTH YEAR										912

Clerkship	Total weeks	% Ambulatory	Number of sites used in the USA	Typical weekly length of time for formal instruction	Typical weekly from Monday to Saturday of Clinical Duties with	Average number of new patients per week	Average number of continuity patients per week	Number Of patient contact hours	Number of Independent Study hours	Total Hours
Endocrinology	4	60%	2	3-8	40	10-20	30	120	40	160
Infectology	4	60%	1	3-8	40	10-20	30	120	40	160
Neurology	4	40%	2	3-8	40	10-20	30	120	40	160
Ophthalmology	4	90%	2	3-8	40	10-20	30	60	20	80
Orthopaedics and Traumatology	4	50%	1	3-8	40	10-20	30	120	40	160
Urology	4	80%	1	3-8	40	10-20	30	60	20	80
Dermatology	4	80%	1	3-8	40	10-20	30	60	20	80
Clinical Nutrition	4	40%	1	3-8	40	10-20	30	60	20	80
ENT	4	80%	1	3-8	40	10-20	30	60	20	80