

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: January 10, 2011
ATTENTION: Medical Board of California
SUBJECT: Recognition of International Medical School
Medical University of Silesia – English Language Program
Self Assessment Report
STAFF CONTACT: Curtis J. Worden, Chief of Licensing

RECOMMENDED ACTION:

Approve Medical Board of California recognition of the medical education from the Medical University of Silesia's English Language Program retroactive to the start of the English Language Program, and that a site visit of the school is not necessary for this action.

BACKGROUND AND ANALYSIS:

The Board already recognizes the Medical University of Silesia (MSU) pursuant to Section 1314.1 (a)(1) of Title 16, California Code of Regulations. MSU is a well establish medical school in Poland with the primary mission of training citizens of Poland to practice medicine in Poland. MSU started an English language program for medical students designed students that speak English with the goal of practicing medicine in the U.S., Canada and other European countries. MUS's English language program meets the criteria for the Board's review pursuant to Section 1314.1 (a)(2) of Title 16, California Code of Regulations.

In January 2009, MSU officials submitted a Self Assessment Report to commence the Board's review process of their medical school. Medical Consultant Joseph Silva, M.D., M.S.C.P., has been reviewing the school's application. Staff and Dr. Silva requested additional information from MSU and the medical school officials provided the requested information. The additional information was reviewed by Dr. Silva.

Staff requests that Board members review Dr. Silva's report and determine whether to recognize the medical education provided to students by MUS's English language program.

Alternatively, if the Board requires further information regarding the school's educational resources before a decision is reached, staff will request MUS officials to submit the information for your review during a future meeting. If the Board determines site inspections are necessary prior to making a determination, staff will prepare the necessary documents.

FISCAL CONSIDERATIONS:

In accordance with Business and Professions Code 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' air and ground travel costs within the guidelines allowed by the State, the consultant's daily per diem expense, and the consultant's travel expenses to and from any Board meetings where the team presents its report. Subsection (e) of Section 1314.1 of the regulations requires the medical school to reimburse the Board for the team's estimated travel expenses in advance of the site visit.

If you have any questions concerning this memorandum, please telephone me at (916) 263-2382.

To: Curtis J. Worden, Chief of Licensing
Medical Board of California

From: Joseph Silva, M.D., M.A.C.P.
Medical Consultant

Subject: Medical University of Silesia – Request for Recognition of English – Language Program – Amended Response

I have reviewed the materials listed above which you provided on December 14, 2010. The response involves answers to 27 questions framed by the Medical Board of California to Rector Ewa Malecka-Tendera. The document involves 21 pages and 8 backup exhibits. Overall, all questions are directly and succinctly answered and fills in gaps so their compliance with California laws and statutes can be ascertained (Business Professions Code Sections 2089 [Section 2089] and 2089.5 [Section 2089.5] and section 1314.1 of title 16 of the California Code of regulations [Section 1314.1]). The document is well written and includes responses to several new amendments to section 1314.1 which took place on January 8, 2010, after the date the original application for recognition was submitted. I will critique them in order as presented in their response document of October 11, 2010.

This amended response has more description and content concerning the above responses. Incorporated are changes made to date by the MBC in the preceding paragraph.

Section 1314.1

b(2) Organization: MUS has clarified that there was overlap for one Registrar in the third year course (i.e. dual responsibilities for the Polish and English programs). This is acceptable.

b(4) Clinical Oversight: In the submission of answers in the MUS letter of 12/14/10 this section was extensively addressed. They provide for central oversight to assure that their faculty define the types of patients and clinical conditions that students must encounter. Faculty clearly monitor and verify student experiences. Student diaries of experiences in clinical training are regularly reviewed.

Exhibit V11-10a lists administrative changes in number of departments, configurations, and leadership are delineated. These seem appropriate and are similar to many schools of medicine where hybridizations of departments are related to the scientific advances and trends. Compliant.

(3) Subsection (b)(5) Professionalism: MUS documents that there are three threads for educating medical students in Professionalism. The first is its mission statements, academic traditions, and every student studies the rules and regulations governing this area (exhibit provided) and the Hippocratic oath. The second are is devotion of time to this area in the basic sciences (Psychology and Physical Diagnosis) and even more extensively in the clinical settings and performance in professionalism are one of five determinants for setting the final grade.

(4) Subsection (b)(8) Admission and Promotion: Extensive documentation is provided as to documents and materials that are examined before a student is admitted, including background checks. As to the

latter, if a student has committed a crime, the severity is examined by the admissions committee of MUS.

(5) Subsection (b)(9) Financial Resources: Extracted from the 12/14/10 MUS response:

"As a state institution, school is financed by the Polish Ministry of Health and Ministry of Science and Higher Education. There is no pressure for institutional self financing that could compromise the education mission. Each academic year the total number of admitted students, both for Polish and English language programs, cannot exceed the limits set by the Senate of the Medical University of Silesia and approved by the Ministry of Health."

(6) Subsection (b)(13) Branch Campuses: None exist for MUS in terms of the MD degree.

(7) Subsection (b)(14) Program Effectiveness: MUS has experience in collection of data related to student education and effectiveness. As to this area, outcome data are collected for every credit and examination taken by their students. These data are then assessed against mission objectives.

These data are segregated by department and include many features of performance such as attitude, punctuality, behavior, leadership, and other characteristics including bedside manner and skill sets. A grading system exists (A-F). While the Polish ministry regulations do not require NBME/USMLE test score/results, these results are being collected from ECFMG materials as of Fall 2010.

Evidence for modification of the curriculum was provided based on evaluations from academic year 2009/2010. Curriculum is annually approved by the faculty (exhibit 7).

(8) Subsection (f): No major changes are anticipated nor have occurred since original submission of the Silesian application to our Board. This area involves locations, missions, name change, shifts in organizational control, and increases in enrollment beyond stipulated levels. Compliant.

VII. FACULTY

9. Faculty do not have joint appointments. New chairmen and chairwomen of preclinical and clinical departments was updated and all positions are filled.

VIII. ADMISSION AND PROMOTION STANDARDS

10. Numbers of students enrolled in 3 different programs have clarified the size of classes. For the Medical Board there are three distinct programs:

- (1) 6-year Polish language program for Polish citizens
- (2) 6-year English language program for non-Polish citizens
- (3) 4-year English language program

In exhibit Q11 in response to MBC queries (Question 11) are delineated the size of the program. Courses and facilities appear adequate to satisfactorily train these students.

X. FACILITIES

MBC questioned the number of autopsy tables and they were adequate for the number of students in the Polish and English programs. Their response was that they scheduled students in shifts and had assigned 10 students/cadaver and used subdivided tables. This can be adequate but are these prosected bodies with the anatomy well laid out or do students perform "fresh" dissection. The trend in anatomy in medical schools is to use more models, web based programs, and extensive three dimensional materials so that actual dissection time is limited. I viewed this facility years ago with the

previous director (Prof. Jerszy Gilecki) and his students were achieving satisfactory scores on standardized tests.

XI. MEDICAL STUDENTS

MBC queried as to the location of a hospital. MUS clarified the names were different but the location was the same. No problem with answer.

XIV. AFFILIATION AGREEMENTS

MBC presented a number of questions related to this important area. MUS has clarified what sites are currently being employed to train students outside Poland. Response to question 23 indicates that a number of English Program students train in 3 countries: Poland (63), USA (51) and Taiwan (4).

MBC raised questions about agreements for Polish institutions (Center for Treatment of Burns and Scalds Victims and Center of Oncology) which MUS state are existent. MUS also clarified that two duplications exist for names of (2) affiliations in New York, NY and incongruities have been resolved.

MBC also offered concern as to affiliation agreements with Hope Medical Institute (see exhibit 17). This document was reviewed and presents no problems to this reviewer.

MUS provided in Question 21 as to USMLE requirements that exist at MUS. Their answer is contained in this communication under subsection (b)(14).

Subsection (8) of Section 2089.5: Provisions of adequate patients for training.

MUS has responded that their overview is adequate and monitoring occurs every quarter (see response in this document (Subsection (b)(14))).

CONCLUSIONS

I believe all queries from our Board have been answered and provide no cause for me to raise any other queries.

I recommend that the Board recognize the program retroactive to January 1, 1996 as the school has been around since the late 1940s and is governed by a number of Polish Ministers with their own codes and regulations. In addition, this recommendation is based on my visit to MUS in May 2000 to review some of the programs, particularly Microbiology (as the Chairman spent some time in my laboratory) and briefly reviewed the English program (including a few discussions with students in this program). The programs looked "sound" and the students in the second year were pleased with their training and accommodations. In addition, our intrinsic processes of review have been glacial. I look forward to appear before the Board in January.

Sincerely,

Joseph Silva, M.D., M.A.C.P.
UC Davis, School of Medicine
Professor of Internal Medicine
Dean Emeritus
Medical Consultant (MBC)

Attention: Kathryn Taylor, Licensing Manager
Patricia Park, Licensing Program

From: Joseph Silva, M.D., M.A.C.P.
Medical Consultant and Professor of Internal Medicine, Dean Emeritus
University of California, Davis School of Medicine

Subject: Recognition of International Medical School Program at the Medical University of Silesia (School of Medicine in Katowice, Poland)

BACKGROUND

The Medical Board of California (Board) requested a review of materials provided by the Medical University of Silesia (MUS) in Katowice, Poland for their English Language Program. These materials were submitted to the Board on December 23, 2008. The content is divided into two areas: content related to MUS self assessment (92 pages) and 18 exhibit category with 4 sub-exhibit categories (ie: ba, bb, bc – 7a of over 150 pages). Assessments will be in two articles contained under title 16 Professional and Vocational Regulations and Article 4, Schools and Colleges of Medicine: Section 1314.1 International Medical Schools and Section 2089.

Section 1314.1

a(1) MUS was founded by special charter of the Polish government in 1948 and is under the Ministry of Health and Ministry of Higher Education. In 2008, MUS is one of the largest medical universities in Poland and is comprised of five schools: School of Medicine in Katowice, School of Medicine and Dentistry in Zabrze, School of Pharmacy and Laboratory Medicine in Sosnowiec, School of Health Care in Katowice, and School of Public Health in Bytom.

Since its founding, MUS has trained 26,036 physicians and dentists, 3646 pharmacists, medical analysts and cosmetologists, 2172 nurses and physiotherapists, and 241 public health specialists. The Rektor Malecka-Tendera touts that in the past 50+ years, MUS is in “the forefront for medical research, treatment, and health care for the vast population

of Silesia region". It was also the first to provide heart and lung transplant surgery and has maintained leadership in areas like cardiology, cardiac surgery, transplantology, nephrology, and public health. They have trained students from 90 countries.

b(1) Mission and Objectives (pages 1-12)

(A) The School has a tripartite mission of teaching, research and patient care. In Exhibits 1(a), 1(b) and 1(c) are the statutes that codify these activities. There is a strong Academic Senate which acts autonomously in all specified activities. Concomitantly, there are statutes which allow for self-governance of University staff members, undergraduate and graduate students, and doctoral and masters students. Faculty are charged with implementing curriculum (according to the European Union directive –see Exhibit 2), and self assessment of the curriculum is requested of faculty and students alike.

(B) MUS faculty are mindful that there has to be appropriate overview of students schedules for lecture and didactics, research, laboratory time and self study.

Students rights are published as are requirements for research (over 100 departmental groups are available). Articles are published in two periodicals of MUS: *Annales Academiae Medicae Silesiensis* and *Annales Societatis Doctrinae Studentium*.

(C) Availability of clinical facilities are codified under law and access to research activities are appropriately fostered. In addition, in statute is language to address education in human rights, beneficence in practice for community, regional and national communities. Educational objectives are spelled out in detail for the pre-clinical and clinical education programs by course (38 pre-clinical and 23 clinical courses). These courses are very much like the curriculum in US medical schools.

b(2) Organization (pages 13-15)

MUS is organized and run through three levels of authority which is codified and is graphically presented in Exhibits ba, bb, and bc. Under the overall Rector (Professor Ewa Malecka-Tendera, M.D., Ph.D.) are four vice-rectors – Scientific Affairs, Clinical Affairs, Student Affairs and Post-Graduate Studies. At level two are all five schools in the health sciences that report to the former group and which has their respective Deans and at least one Vice Dean. Within the MUS School of Medicine are the two broad divisions of medical studies in Polish and English. Appropriately so there are separate Deans and their functions as follows:

Polish Language

First Year

Second and Third Years

Fourth and Fifth Years

Sixth Year

English

Financial Aid

First and Second Years

Third, Fourth, Fifth and Sixth Years

Administrative Financial Affairs

There are some administrative functions which serve both language schools, however why are there two financial units for the English Language school? Do they have overlapping functions?

b(3) Curriculum (pages 16-39, Exhibit 2)

MUS indicates they are compliant with curricular requirements for education related to article 23 of European Community Directive 93/16 EEC and also endorsed by Program Minimum accepted by the Polish Ministry of Health. These two documents were reviewed for content and MUS is in compliance by in large.

The best place to analyze the curriculum is on page 18 where it is divided into preclinical and clinical. There are no overlapping clinical courses by and large in the first 4 years of the 6 year program, as is the trend in US medical schools. Thus for the 6 year program (primarily for Polish high school graduates) consists of 12 semesters being divided in 8 for pre-clinical and 4 semesters for clinical training. The other track is the advanced six year program (for college graduates from accredited universities or those with 90 hours of transferable credits in the biological sciences). This track is called both programs. Their curriculum is for 8 semesters split evenly between preclinical advanced courses and 4 semesters of clinical training. It is the latter program to which English language students are admitted.

Total number of hours for the 6 year courses (so called "Program Minimum") is 5700 hours and 5974 hours for the English language program/both programs. Attendance is mandatory for all classes, laboratories and clinical rotations with make-up sessions expected. Faculty monitor absences which is quite in contrast to US medical schools. Various components of the curriculum will be discussed in detail under Section 2089 of this report (California Business and Professions Code). They are listed in detail from pages 17 (item 10 in self assessment report) to page 38 and Exhibit 2. There are

discrepancies for time listed for Family Medicine and Psychiatry which will be discussed under 2089 where length of time is codified.

New Standards in Section 1314.1

One critical question to which we need an explanation is how MUS assesses and demonstrates comparably of educational experiences for all students at the numerous institutional sites. All following inquires were developed with assistance of the Medical Board Staff (ie. Ms. Pat Parks).

b(4) Clinical oversight is not well addressed. The MUS faculty must better define this area.

b(5) Professionalism. Please explain how the school's learning environment promotes the development of appropriate professional attributes in medical students.

The school's response should encompass how professionalism attributes are taught and monitored both in the basic sciences and clinical sciences settings, to promote the safe practice of medicine. This is an important new area for instructional programs being developed in US medical schools.

b(8) Admissions and Promotion Standards. Please document how the school's admitted students generally meet entrance requirements equivalent to those utilized by US and Canadian medical schools, including an appropriate background check of all applicants admitted to the institution. How does the school make decisions regarding applications from individuals with prior criminal convictions? How does the school address students who commit criminal acts while in medical school?

b(9) Financial Resources. Please explain what steps the school takes to ensure that pressure for institution self-financing does not compromise the educational mission of the institution or cause the school to enroll more students than its total resources can accommodate.

b(13) Branch Campuses. Please disclose any affiliation or other relationship that the school 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.

(This question does not pertain to the school's affiliations with hospitals at which only clinical instruction is provided).

b(14) Evaluation of Program Effectiveness. Please explain what outcome data the school collects to assess whether students are meeting the school's educational program objectives and how it uses that outcome data.

For purposes of this question, "outcome data" means specific and measurable outcome – based performance measures of knowledge, skills, attributes, and values (for example, measures of academic progress, program completion rates, performance of graduates in residency training and on licensing and certification examinations).

(f) Subsequent Notifications to the Board. Subsection (f) lists various changes to a school's program that schools are required to report to the Board while a school's application for recognition is pending before the Board.

Subsection (f) (2) (D) now requires schools to notify the Board of 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). Subsection (f) (2) (F) requires schools to notify the Board of an increase in their entering enrollment about 10% of the current enrollment or 15 students in one year, whichever is less, or 20% or more in three years.

After the school submitted its Self Assessment Report to the Board, did the school take any of the above actions or does the school plan to take any such actions in the future? This needs to be answered.

4 Governance (pages 41-46)

Structure of governance is very similar to that of California universities within medical schools. Dean's Administration is responsible for budget, academic calendar, space management and administrative personnel hiring/firing and work policies. Faculty are responsible for curricular design and faculty admission to the Senate and their promotion. Faculty and Administration communicate with one another, hold transparent meetings and mutually consult with students. Due processes are published for hiring/dismissals and faculty promotions. Appeal processes are stipulated for adverse decisions. Students do not serve as instructors, administrators, officers or director of school.

Members of the college ruling body (known as the "faculty council") are delineated as is election of new Deans and evaluation of faculty and administrators.

5 Faculty (pages 47-58, Exhibits 8a (teaching staff) and 8b (non-teaching staff))

As of September 24, 2008, MUS School of Medicine teaching faculty number 369 and non-teaching staff were 133. On pages 47-49 faculty are listed by pre-clinical versus clinical departments. No mention is made of joint appointees which often is not allowable in many European faculties. On page 54 are listed the criteria for professional titles. Do such joint appointments exist and if so how many? A large proportion of chairman/chairwoman of Academic departments or Clinical departments in hospitals have been granted at least one professional degree or holder of a postdoctoral degree (dr hab-“habilitation doctor”). On pages 55 and 56 are detailed faculty expectations for promotion and tenure and also their annual reviews which is a very metric assessment. Some faculty appointments are extended to clinical teachers at US affiliated hospitals (+Canada?). Assignment of duties for the faculty are discussed on pages 56-58. Faculty numbers appear adequate to meet the three missions of MUS, as does the non-teaching support staff who appear qualified.

6 Admission and Promotion Standards (pages 59-64 and Exhibit 9)

Admission criteria are well spelled out for 3 separate programs:

- (a) basic 6 year program after high school and primarily for Polish citizens
- (b) 6 year program in English for transfer applicants; curriculum very similar to (a) but recruitment appeal is to non-Polish enrollees.
- (c) advanced 6 year program in English

It is interesting that 1 semester of calculus is required whereas almost all US schools of medicine have eliminated this course requirement. Requirements for entry and promotion are consistent with MUS mission and objectives. Commentary is rendered as to remediation course and/or examinations, informing students of study rules and regulations, career guidance (page 60), examinations to be taken (page 62) by year of study. We need to know three metrics for this section from academic year 2008: 1) total number of students enrolled in a, b, c; 2) number of graduates for a, b, c; and 3) what countries are the enrolling students from in a, b, and c.

7 Financial Resources (pages 65-66 and Exhibits 10, 11, 12)

There are two areas to comment here for the Medical Board – tuition and overall operating budget. Tuition and fees (after a \$500 US one-time registering fee) is \$17,500 (US) for basic sciences years and either \$17,082 (US) or \$27,300 (US) for clinical year and whether it occurs in Polish or US hospitals. The individual student decides where to

obtain clinical training. Allied costs for books and equipment and living expenses are reasonable and almost 50% less than in the US. These tuition charges are much less than US private/public charges for medical students.

The operating budgets are significant and for 2008, 187,262,916 PLN with research receiving 52,704,000 PLN which is sizeable for this part of the world (although there are less funds (91%) devoted to this pot in 2008 from 2007). Audits of this operating budget have been completed with no error and growth is projected at a 1-6-7% increase for all costs when comparing 2007 vs 2008 budgets. This is commiserate with the increasing Polish GDP. Some of the greatest increases are for minor renovations, energy costs, and salaries. The 2008 budget will support their missions and objectives, and since this 2010 we should inquire what over expenditures occurred in 2008

8 Facilities (pages 67-73 and Exhibits 14 and 15 which contain affiliation agreements)

There is mention of only space for 6 lecture halls that can accommodate 400 seats in one hall and between 110-157 seats in the others. Each department has seminar halls for 30 seats. Total area of space in Basic Science Departments is 4 033, 82 m² but no detail is given as to the space devoted to teaching laboratories other than the student seats or bench spaces. In addition, there are only 3 cadaver tables. Does this mean that students get access by shifts or what other accommodations are made? How much conflict occurs for space accession between the Polish vs. English Language students? These questions should be answered before adequacy of facilities (number, modern or antiquated) can be determined.

Libraries are many, active, and have a full array of teaching materials including computers with WEB access. A visit to their website (www.sum.edu.pl) reveals a large University with modern, electronic interconnects to areas outside Poland.

9 Clinical Facilities (pages 68-69)

Six hospital affiliations are listed for the US. MUS indicates emphatically on page 69 that they take "full responsibility for the conduct and quality of the educational program at the hospitals." These facilities have approval by ACGME, LCME, JCAHO and close supervision is supplied by the Office of the Dean at MUS.

Polish hospitals are listed for obtaining clinical training. Polish hospitals (pages 50-53) are as follows: 1) Main Clinical Hospital (Katowice, 14 Medykow St); 2) 6th Public

Clinical Hospital, Child and Mother Health Care Center of Upper Silesia (Katowice, 14 Medykow St); 3) Mielecki Public Clinical Hospital (Katowice, 20/24 Fracuska St); 4) 5th Region Specialist Hospital (Sosnowiec, 1 Pl. Medykow); 5) 7th Public Clinical Hospital Upper Silesia Medical Center (Katowice, 45/47 Ziolowa St); 6) The Professor Michalowski Public Health Care Center (Katowice, 35 Ceglana St); 7) The Dr. Urhanowiz and Dr. Kosny Public Hospital (Chorzow, 10 Zjednoczenia St). Summary of teaching space is listed on pages 68 and 69 and appears adequate. These hospitals are all in the Katowice District (ie. 5-40 miles).

Affiliated facilities in the US (page 87) are: 1) Baptist Hospital, Nashville, TN; 2) LaGrange Hospital and Hinsdale Hospital, Hinsdale, IL; 3) MacNeal Hospital, Berwyn, IL; 4) Metrohealth Medical Center, Cleveland, OH; 5) St. John Hospital, New York City, NY; and 6) Wyckoff Hospital, New York City (Brooklyn), NY.

Another set of documents (pages 78-79) involve partnerships between MUS with other universities allowing exchange programs and summer clerkships up to 12 weeks in accordance with the European Union's Socrates/Erasmus program. This is a well documented program under EU sponsorship so examination of affiliation agreements is not necessary and exists for student exchanges between 10 countries and a total of 14 universities. Erasmus codes are listed. Also listed as University affiliations not under Erasmus aegis are 5 universities in four countries. No affiliation agreements for these European Union Universities were submitted but are probably not necessary unless the Medical Board desires such. I have visited 3 of the 5 centers and they have academic missions and objectives.

Affiliation agreements with the 7 Polish hospitals use the same boiler plate agreement and assures that MUS can fulfill its teaching and care missions. Polish hospital #6 agreement appears to have two names but the address is the same; "Katowice, 35 Ceglana St." In the document it is called "The Professor Michalowski Public Health Care Center" and in exhibit 14 it is listed as "No.5 Clinical Hospital of the MUS in Katowice." We should ask MUS to clarify if my assumption is correct. Also under exhibit 14 for Polish hospital affiliations are listed two hospitals that were not included in their overall self-study document: 1) Center for the Treatment of Burns and Scalds Victims in Siemianowice, Slaski and 2) Center of Oncology-M. Sklodowska-Curie Institute in Gliwice. We should ask for further clarification why they were not listed in the self-study, although the heritage of the Center of Oncology is legendary.

Scrutiny of affiliation agreements with US and Canadian hospitals is greater because they become the surrogate "University" for MUS. Two hospitals had no affiliation agreements with my packet: 1) Metrohealth Center in Cleveland and 2) St. John Hospital in New York City. We need to obtain these agreements. With the assistance of Pat Parks (licensing program) we have noted their accreditations by ACGME and in what specialties/subspecialties.

Baptist Hospital, Nashville, TN. This is a MAJOR teaching hospital for the University of Tennessee Health Sciences Center College of Medicine. The hospital has five ACGME-accredited residency programs. Because of its MAJOR teaching hospital status the hospital complies with Section 2089.5 (d)(3). Silesia students may complete any core or electives in this hospital.

Adventist Hinsdale Hospital, Hinsdale, IL. This hospital is a limited-level affiliate teaching hospital for Rush Medical School and has an ACGME-accredited residency in family practice. Because of its ACGME-accredited family practice residency, this hospital complies with Section 2089.5 (d)(2). Silesia students may complete any core or elective in this hospital.

The same is true of Adventist LaGrange Memorial Hospital in LaGrange, IL. The affiliation agreement in Exhibit 15 mentions the names of both hospitals but does not confirm the address of either hospital.

MacNeal Hospital, Berwyn, IL. This hospital has ACGME-accredited residency programs in family practice, sports medicine/family medicine and transitional year. Because of its ACGME-accredited family medicine residency, the hospital complies with Section 2089.5 (d)(2). Silesia students may complete any core or elective in this hospital.

Metrohealth Medical Center, Cleveland, OH. This hospital is a MAJOR affiliate teaching hospital for Case Western Reserve medical school. It has 22 ACGME-accredited residency programs, including family practice. Because of its MAJOR teaching hospital status and ACGME-accredited family practice residency, the hospital complies with Section 2089.5 (d)(2) and (d)(3). Silesia students may complete any core or elective in this hospital.

St. John's Hospital, NYC. (The school may have meant to state "St. John's Episcopal Hospital, Far Rockaway, NY." The coordinator's telephone number and website are for St. John's Episcopal in Far Rockaway). St. John's Episcopal has a graduate-level affiliation with SUNY-Downstate medical school. It has one ACGME-accredited

residency program in internal medicine and is a sponsoring institution for cardiovascular disease, gastroenterology, pulmonary disease/critical care and PM&R.

Because the hospital has a limited affiliation with its medical school and no family practice residency, Section 2089.5 (d)(3) limits students to receiving credit for rotations in the five indicated areas. However, Section 2089.5 (d)(4) allows international schools to execute affiliation agreements with US hospitals to train students in clinical areas in which the hospital does not otherwise comply with subsections (d)(1), (2), or (3). The affiliation agreement needs to comply with the provisions of subsection (e).

Note: The school omitted this hospital's affiliation agreement in Exhibit 15. This school should be required to submit this affiliation agreement?

Wyckoff Heights Medical Center, Brooklyn, NY. This hospital has a limited affiliation with Weill Cornell Medical College. The hospital has ACGME-accredited residency programs in family practice and internal medicine and is a sponsoring institution for gastroenterology, hematology/oncology, pediatrics and pulmonary diseases. Because of its ACGME-accredited family practice residency, this hospital complies with Section 2089.5 (d)(2). Silesia students may complete any core or elective in this hospital.

University of Saskatchewan, Canada. Although the school did not list this affiliation on Page 68 or 69, in Exhibit 15 the school provided a copy of its affiliation agreement with this Canadian medical school. The agreement provides for two Silesia students to rotate through the medical school's affiliated teaching hospitals (the hospitals are not named) in internal medicine, surgery, ob/gyn, pediatrics, psychiatry and subspecialty electives. This affiliation agreement needs to comply with Section 2089.5 (e)(1-10).

Note: The above hospital affiliation agreements were executed by Mahendra Patel of Hope Medical Institute (HMI) rather than a medical school official in Silesia. HMI is a private company in Virginia. On Page 5 of Exhibit 17, the school refers to a Memorandum of Understanding (MOU) between the school and HMI. MUS should provide a copy of its MOU with HMI delegating to Mr. Patel the authority to execute affiliation agreements and perform other functions.

Please also note in Exhibit 17, Page 3, that the school will allow students to train in their "homeland" including India and other European countries. In these instances, Section 2089.5 (d)(4) will require the school to execute an affiliation agreement with the foreign hospital that satisfies Section 2089.5 (e)(1-10). If not, students will be limited to 18 weeks of elective training credit.

Among international medical schools that purport to train US citizens to practice in the United States, a commonly accepted standard is to require students to pass USMLE Step 1 before they begin clinical rotations in US hospitals. None of the affiliation agreements in Exhibit 15 requires Silesia students to pass USMLE Step 1 prior to beginning their clinical training. While the agreement with Baptist Hospital requires students to have a "C" average in their courses, an increasing national and international practice is not to give letter grades.

MUS should explain how the faculty determines that students in the English program have demonstrated their readiness to begin clinical training in US hospitals. The Medical Board should also be provided data on the number of students who train in Poland versus the United States and other foreign countries.

In past instances, the Medical Consultant and the Board members have focused on the integration of the basic sciences and clinical sciences programs when these two programs are geographically separated. Exhibit 17 outlines the process by which the school monitors the quality of its overseas affiliate teaching sites. We need to review the tools that MUS employs to monitor and integrate its geographically-separated programs. In Exhibit 17a, the school provided a blank copy of its Off Campus Clinical Training Site Visitation Report form. MSU should also provide copies of completed site visit report forms for recent inspections of US hospitals. If provided these assessments and data, then we can review if the educational experiences outside Poland allow for quality education and the missions and objectives of MUS are being met in providing a medical doctorate diploma.

10. Quality Assurance System (page 80 and Exhibit 17)

None of the submitted documents in the assessments directly address this activity. However, it can be inferred to occur under the wrap-around reviews. For US hospitals, certification is by JCAHO, LCME and ACGME and for Polish hospitals, two entities provide accreditation: Panstwowa Komisja Akredytacyjna (PKA), Konfederacja Akredytacyjna Uczelnia Medycznych (KAUM). The latter is equivalent to the US LCME. The clinical volumes of Polish hospitals affiliated with MUS for inpatient beds, ER visits, and outpatient visits are all substantial. Medical students are only assigned to services with a daily census of 15 patients. This latter objective is probably being met but we should ask for confirmation.

11 Medical Records

MUS meets this section and even spells out what the continuity for passage of records will be if the institution ceases to exist. I have seen several transcripts of Polish students rotating to UCD SOM and they are very complete and meticulous (and rival the exactitude of German medical schools).

12 Branch Campuses (pages 80-82 and Exhibit 17)

MUS is meeting the requirements stated in this section which is discussed on pages 80-82. In addition, Exhibit 17 describes some of the mechanics whereby quality in education is insured. As indicated under Section 8 (Facilities), a sample form, presumably employed for a site visit report, was included. The metrics appear appropriate and I believe the Medical Board should consider obtaining any site visits to the 6 US affiliated hospitals and the one Canadian hospital.

Clinical Instruction of the Article 2089 California Business and Professions Code

- a) Annual hours – on page 17 is testament that total number of hours of all six year courses is 5700 hours (also dictated by the Polish Ministry of Health under the document entitled “Program Minimum”) and in English both programs equal 5974 hours. This standard is met.
- b) Curriculum in list of the 26 subject areas - on pages 17-32, are the courses required to meet this code and all topics under 2089(b) are taught thus meeting this guideline. Quantitative metrics for several critical courses as outlined in 2089.5 will be covered in that section (pages 32-39 and Exhibit 2). As a note of interest, there are also unique courses which MUS offers such as dentistry and Latin (Exhibit 8).

Article 2089.5

- a) Meets requirements.
- b) Meets requirements.
- c) Instruction in care clinical courses – minimum requirements are met for surgery and medicine (8 weeks), pediatrics and obstetrics/gynecology (6 weeks), and family medicine (page 38). Psychiatry hours have to be searched for and are not listed on pages 34-39. However, on page 33 180 hours is mentioned in year VI and Behavioral Sciences is listed on page 35 for 1st semester in the third year.

The Medical Board should ask for sustention that 180 hours do occur. In a list of Psychiatry faculty most are junior faculty so this may be a discipline that is “beefing up.” Classically under the old Soviet block, the field of Psychiatry was not established as a legitimate discipline except of KGB operatives.

- d) Hospital requirements for instructor criteria (1), (2), (3), (4) – guidelines met.
- e) For institutions specified under (d), criteria (1), (2), (3), (4), (5), (6), (7), (8), (9) (10) – guidelines met for hospitals MUS has affiliation agreements.

Overall Summary

Documents need some reworking and about 18+ questions need to be answered prior to final recommendations.